Technical Quality Assessment of Operations Research Protocols: Child Survival and Health Grants Program

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Abbreviations and Acronyms

BCC	Behavior Change Communication
CSHGP	Child Survival Health Grants Programs
MCHIP	Maternal and Child Health Integrated Program
MDG	Millennium Development Goal
MOH	Ministry of Health
NGO	Non-governmental Organization
OR	Operations Research
TA	Technical Assistance
USAID	United States Agency for International Development

Executive Summary

This evaluation assesses the relevance and quality of 24 Child Survival Health Grants Program's (CSHGP) concept papers on operations research (OR) studies submitted to Maternal and Child Health Integrated Program (MCHIP) project and the United States Agency for International Development (USAID). The concept papers were produced by USAID cooperating international non-governmental organizations (NGOs), many of which collaborated with universities and research organizations and received technical assistance (TA) from USAID-supported MCHIP. The OR studies reviewed were funded between 2008 and 2011 and are embedded in larger five-year service delivery efforts. Sixteen of the projects were in Africa, four in Asia, and four in Latin America.

Involving international NGOs in OR is well justified. The NGOs have the flexibility to test solutions to service delivery problems that the larger public sector usually lacks, especially in remote communities. The NGOs are also important because they support projects in several countries, thereby permitting the replication of strong interventions globally.

All concept papers were scored using a set of standard criteria developed by the consultant. The papers' relevance scores were based on the local and global importance of the health problems addressed in the papers, as well as the service delivery priorities of local stakeholders.

Twenty-two of the papers dealt with highly important health topics and were priorities for the local public health sector. The large number of relevant papers demonstrates that supporting NGO research is a way to address important health and service delivery issues within the national health systems. In assessing the quality of the OR concept papers, those that were submitted in the first two years of the program (2008 and 2009) were fairly weak, which is not surprising given that the NGOs producing the concept papers had limited research experience. Only one in six papers in each cohort (2008 and 2009) were of high or very high quality. However, the quality of the OR concept papers for the 2010 and 2011 cohorts improved dramatically. Eight of 12 of the papers in the two cohorts were of high or very high quality. The improved quality of the concept papers appears to be because of the intensified technical support through MCHIP and NGOs' partnering with universities and other research organizations for the OR. Major recommendations for further strengthening the relevance and quality of OR concept papers include the following:

- Authors should be encouraged to include fewer interventions and dependent measures in papers.
- Strengthen the utilization and dissemination of concept papers by requesting specific information on "who" the program decision-makers will be, how they will be informed about the results, how the results will be presented so that they are both understandable and persuasive, and how decision-makers will be able to act on the results.
- Some papers propose testing the effect of behavior change communication (BCC) strategy, a demand creation factor, on utilization of services when serious supply side issues exist. However, demand cannot be studied in the absence of supply, therefore, such projects should ensure that adequate services exist.
- NGOs should be encouraged to produce simpler projects of shorter duration.
- NGO/research institutions (North and South) should continue to be encouraged to have partnerships.
- Local managers should be encouraged to participate in study design, monitoring and dissemination.

The review also revealed that MCHIP's level of efforts in providing TA to the groups in developing the concept papers is remarkable. They provide clear written directions to the NGOs on organizing the papers, engage and assign experts to review and make suggestions for improving the concept papers, and provide extensive detailed feedback comments to the authors. Recommendations for increasing efficiency include:

- Conduct a 5-10 day concept paper writing workshop for grantees and their research partners to produce the first drafts of concept papers.
- Continue the involvement of an experienced body of researchers, such as that assembled by MCHIP, to ensure success.

Introduction

This paper is an external review and evaluation of the relevance and quality of 24 operations research (OR) concept papers developed by the United States Agency for International Development (USAID) cooperating international non-governmental organizations (NGOs) under the Child Survival Health Grants Program's (CSHGP) during 2008–2011. The concept papers were produced by international NGOs, many of which collaborated with universities and research organizations and received technical assistance (TA) from USAID-supported Maternal and Child Health Integrated Program (MCHIP). Sixteen of the projects were in Africa, four in Asia, and four in Latin America. The review was conducted during April–June 2012 by James R. Foreit and was funded through the MCHIP project.

With renewed interest in knowledge to address critical challenges that hinder the delivery of high-impact health interventions effectively, equitably, at scale, and sustainably, involving international NGOs in OR is well justified. The NGOs mostly work in remote areas and have the flexibility to test solutions to service delivery problems that the larger public sector usually lacks, especially in reaching vulnerable populations. The NGOs are also important because they support projects in several countries, thereby permitting the replication of strong interventions globally.

MCHIP is a partnership of organizations funded by the USAID to help more than 30 developing countries progress toward achieving United Nations Millennium Development Goals (MDGs) 4 (reduce child mortality rates) and 5 (improve maternal health). The partnership, active since September 2008, includes John Snow, Inc., PATH, Save the Children, Jhpiego, Broad Branch International, ICF International, and Johns Hopkins University/Institute for International Programs. The MCHIP partners specialize in different technical areas to support service delivery programs, conferences, training, evaluation, and research. ICF International and Johns Hopkins University/Institute for International Programs provide TA to the private voluntary organizations and NGOs conducting OR.

OR is a major part of the MCHIP research and evaluation portfolio. The objective of OR is to improve the effectiveness, efficiency, or quality of health programs. MCHIP supports OR through the CSGHP innovation category. The innovation grants are awarded to organizations that seek to test interventions with potentially high impacts on maternal, newborn, and child health service delivery and health status within their larger five-year service delivery program efforts.

SCOPE OF WORK

The scope of work for the concept paper review includes:

- Review of 24 OR concept papers selected by USAID/CSGHP for funding,
- Assessment of the overall quality of research questions and designs,
- Assessment of the relevance of the proposed research questions to the solution of service delivery problems (national and global) that affect achievement of MDGs 4 and 5,
- Identification of concept papers with unique/innovative approaches to solutions of service delivery problems,
- Recommendation of the five best concept papers,
- Identification of important factors in the proposals that may facilitate or hinder uptake of successful interventions, and
- Recommendations for the future direction of the OR program.

OR Concept Paper Development Process

The reviewed concept papers are part of the CSGHP program to increase the use of OR among the organizations (especially NGOs) receiving funds for the improvement of maternal, newborn, and child health.

Involving NGOs in OR is well justified. They typically work in rural areas that are underserved by the public sector; and they have the flexibility to test solutions to service delivery problems in these areas that the larger public sector usually lacks. NGOs are also important because they implement interventions within a local context that makes successful interventions easy to be adopted by the public sector. NGOs also support projects in several countries, thereby permitting the replication of successful interventions globally.

The OR concept papers developed by CSHGP grantees usually have the scope and detail of standard research protocols. The papers are prepared and submitted by NGOs after they have been awarded the grant to conduct OR as part of a larger service delivery project. Applications for OR funding are reviewed by a USAID committee, and successful applications are forwarded to MCHIP to help applicants develop and submit complete and acceptable concept papers (many are more than 40 pages long).

Before the development of concept papers, MCHIP conducts a three-day orientation workshop for successful applicants and provides highly detailed guidelines for the preparation of concept papers. The guidelines include information on the purpose and uses of the concept paper, submission and approval information, and the paper's required sections. Papers may propose formative (diagnostic) and/or evaluative (intervention) research. The sections that are common to papers using either methodology include:

1. Background and problem statement
2. Objectives
3. Research Questions
4. Methods
5. Partners for study
6. Plans for use and dissemination of results
7. Timeline
8. Budget

Guidelines clearly specify the level of detail required in each section. For example, the background and problem statement includes a brief description of the content that should appear in each sub-section including:

1. Problem statement
2. Proposed intervention and expected result
3. Gaps in evidence and knowledge
4. Justification for the proposed research
5. Study location
6. Type of study design
7. Limitations of the study

Typically, several drafts are required to produce an acceptable concept paper (one paper reviewed by the consultant appears to have gone through six drafts). At least three internal reviewers are assigned to each concept paper. The reviewers make highly detailed comments designed to bring the concept paper up to acceptable levels. Once the concept paper is completed, MCHIP provides ongoing TA to the studies through frequent check-in calls and e-mail contacts.

Methods

The review includes 24 concept papers for projects approved between 2008 and 2011. Each annual cohort included six papers. The concept papers were scored on a set of standardized criteria developed by the consultant for this purpose (see Appendix for assessment form). The consultant also attended consultative meetings with MCHIP and USAID staff to learn their perspectives on the parameters that may be affecting the quality and relevance of the concept papers. The consultant also reviewed the comments of MCHIP reviewers on the drafts, and examined materials and guidelines developed by MCHIP to assist organizations in preparing concept papers. Five broad areas relating to the importance and quality of the papers are considered in the review: the relevance of the research to local (the most important relevance aspect) and global health problems, technical quality of the proposal, feasibility of the study, potential for scale-up of results, and contributions to local research capacity-building.
The final rating of the overall quality of the paper was derived from the scores given to the factors below, as well as subjective, non-numeric judgments of factors, such as innovativeness of solution and methodology or a focus on new or understudied problems.

1. **The relevance of the paper:** A protocol may be of high quality but deal with a low priority problem or may be of low quality but deal with high priority problems. Relevance was scored Yes or No, where Yes equals 1 and No equals 0. A paper was considered relevant if it included both a discussion of its relevance to local and broad global priorities related to MDGs 4 and 5. The ability of a project to leverage funds or attract in-kind contributions from other organizations is an indicator of a project's relevance to more than a single group. Leveraging was scored dichotomously as Yes or No, where Yes was assigned a score of 1 and No a score of 0.
2. **The quality of the paper:** The overall quality of the paper was rated on a four-item scale that assigned scores of very poor (1 point), poor (2 points), good (3 points), and very good (4 points). The overall quality of the paper was assessed in terms of its performance on relevance, technical quality, feasibility, scale-up potential, and capacity-building. Technical quality was assessed by measuring the individual sections of each concept paper including: (1) introduction/justification, (2) objectives/research questions, (3) methods, (4) utilization and dissemination. The proposed methodology in most OR concept papers included both formative and evaluative research phases using qualitative and quantitative techniques. The score assigned to the Methods section relates to all techniques used.
3. **Feasibility:** Estimation of the feasibility of the successful completion of the research is based on (1) the organization's research experience, (2) the likelihood of completing the project in the period specified in the concept paper, and (3) the appropriateness of the scale of the project in terms of the number of research areas and population size. Feasibility was scored on a scale of 1 – 4. The scores repeat the ratings of the overall quality of the concept paper with a score of 1 equal to "very poor" and a score of 4 equaling "very good."
4. **Scale-up potential:** Scale-up refers to the probability of extending a successful intervention to other areas in the same program or to other programs in the same countries. Scale-up potential is based on two factors, including (1) the strength of the intervention and the feasibility of completing the research successfully, and (2) the ability of the implementing organization to scale up to other areas/countries where they work or to take steps needed to encourage another organization, such as the local ministry of health (MOH), to scale up the intervention. The scale-up ability of the organization is based on the quality of the utilization and dissemination sections.

5. **Local involvement in research and research capacity-building:** CSGHP priorities also include the development of the capacity of local counterpart organizations to conduct OR. Capacity may include either (1) involvement of local research organizations such as universities, or (2) training of project staff in research. Each item was scored Yes or No, where Yes equals 1 and No equals 0.

Scales were pre-tested by the consultant, and final versions were developed with the input of MCHIP and USAID staff. All concept papers were graded on the same scales. Papers scoring high on all or most scales were considered to be of good or very good quality. Papers scoring low on all or almost all scales were considered to be of poor or very poor quality. The consultant also provided general comments on each paper in support of his overall ranking of the concept paper.

Interviews, attendance at meetings, and a review of materials used with the OR component were also used in the consultancy. Florence Nyangara of MCHIP was interviewed to determine the administrative and TA issues involved in concept paper development and implementation. The evaluator also attended two meetings dealing with the CSGHP component. These meetings included Kureshy Nazo of USAID, as well as Jennifer Yourkavitch, Leo Ryan, and Florence Nyangara. Two sets of materials were consulted including staff comments made on concept paper drafts and the "Operations Research Protocol Preparation Guidelines."

LIMITATIONS OF THIS REVIEW

There are some limitations to this review that may have affected the results and recommendations. Importantly, scoring was done by only one consultant. Other reviewers could easily have given the papers different ratings and come to different conclusions about the broader issues discussed in this report. To minimize this bias, the consultant reviewed consolidated feedback given to each paper on earlier drafts that helped triangulate his ratings.

In addition, some papers (2011 cohort) went on to further review after the consultant finished assigning his ratings. Presumably, the additional review would have strengthened some of the papers and may have resulted in improved ratings from the consultant.

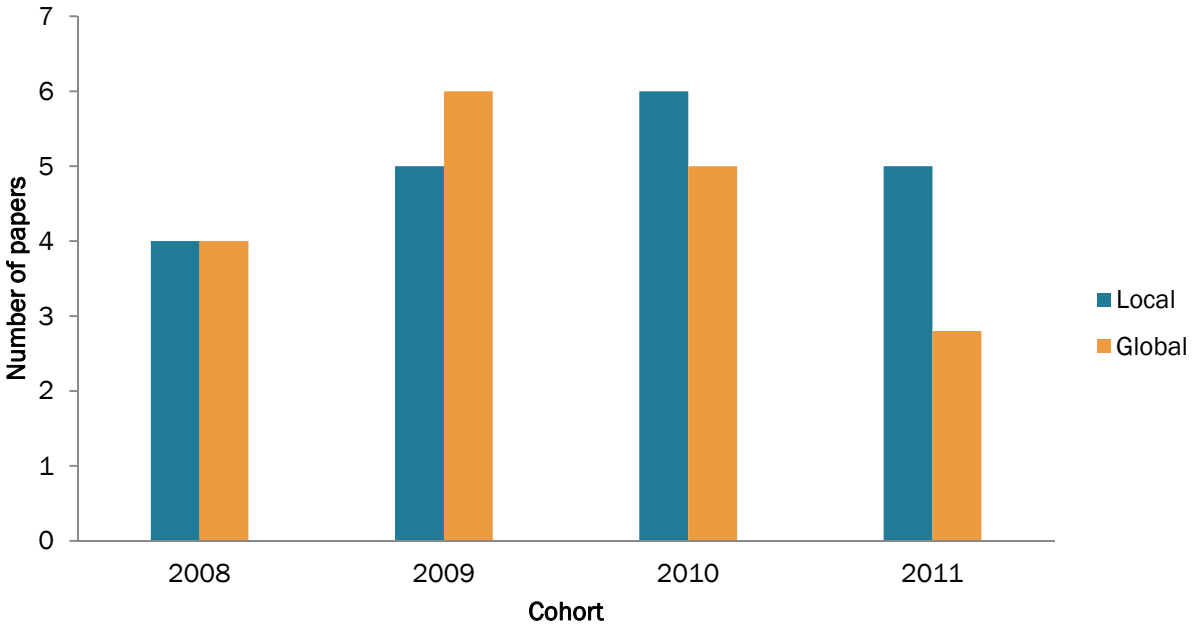
Results

LOCAL AND GLOBAL RELEVANCE

Figure 1 shows the local and global relevance for all concept papers in the 2008-2011 cohorts. The problems identified in the concept papers are mostly well supported with local and international data. Frequently, information is also presented from MOHs and international organizations stating that the problem(s) are priorities locally and globally. Only three of the 24 papers were judged to have neither local nor global relevance (two in the 2008 cohort and one in the 2011 cohort). In one case, the proposed intervention did not address the stated health problem, and in another, the paper failed to specify a health problem to be addressed by the intervention (both from the 2008 cohort). Although, the third paper was still being refined (2011 cohort), the research problem as stated was not a local priority, and the intervention—using volunteers to maintain a community surveillance system—was likely to produce unreliable data and to be unsustainable.

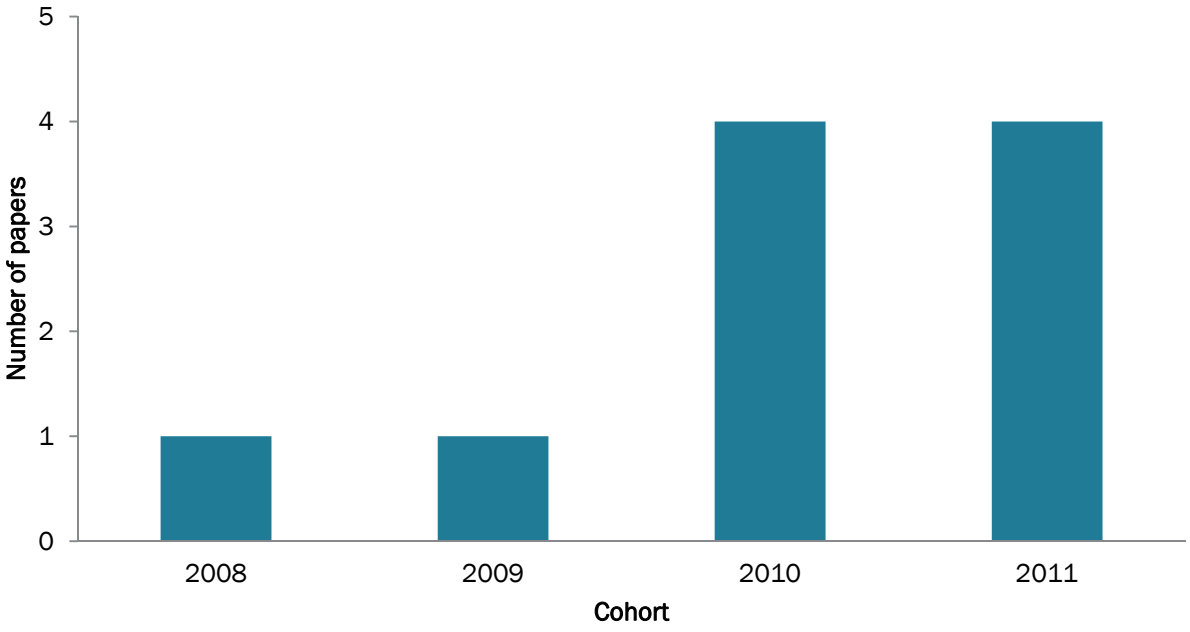
The ability of a project to attract leveraging from other organizations is an indicator of the study's relevance to other organizations. Leveraging is comparatively rare, so its occurrence should be considered a strong outside endorsement of the proposed project. Three projects were leveraged in the 2009 cohort, and one each in the 2010 and 2011 cohorts.

Figure 1. Local and Global Relevance (N=6 each Cohort)



Overall quality of paper: Figure 2 shows the number of papers classified as good or very good in each cohort. The overall quality of the concept papers increased over time. Of the total six papers for each year, the number of papers scoring good or very good increased from one in the 2008 and 2009 cohorts to four in the 2010 and 2011 cohorts, respectively.

Figure 2. Overall Quality: High or Very High (N=6 per cohort)



Beginning in 2010, the papers improved in the quality of the introduction, methods, feasibility (beginning in 2009), and scale-up sections. However, there was no improvement in capacity-building or leveraging of resources reported across cohorts. Complete scores for individual concept papers were analyzed, then modes and medians for each cohort were used to determine their overall quality.

The plausible explanation for the observed improved quality of the papers is probably because of the increased number of universities and research organizations partnering with international NGOs and the intensified technical support through MCHIP in their development. In the 2008 cohort, no research organization was involved in the development of the concept papers. In 2009, three research organizations were involved, in 2010, three organizations, and in 2011, four organizations. However, it is also worth noting that although increased research organization partnership is a positive factor, it does not automatically result in a high quality concept paper. For example, in 2009, two of the three projects involving collaborations between service delivery and research organizations were graded "poor and "very poor."

Major quality issues with the 2008 and 2009 cohort papers include failure to discuss the intervention in enough detail, inappropriate statistical analyses, and failure to measure outcomes changes before and after the intervention, among others. In contrast, all collaborative projects in the 2010 cohort received high scores, as did four of five in the 2011 group.

FEASIBILITY

Organizational feasibility was found to be generally weak in the 2008 and 2009 cohorts as the modal scores were "poor." Organizational feasibility improved in 2010 and 2011 when the modal scores were "very good." Factors reducing the feasibility of successfully completing the OR included a large number of interventions in the study (as many as 10 or more in some papers) and a correspondingly large number of dependent measures. It is unlikely that such a large number of variables can be tracked and reliably measured. Most studies are quite lengthy for a typical OR study, which usually seeks to solve current problems as rapidly as possible. A study that lasts more than three years can encounter problems, such as the arrival of similar

programs in the study area or a change in health system priorities that would reduce utilization possibilities. Another important advantage of shorter studies is that they allow a broader range of issues (e.g., the effect of price increases on utilization of services or the impact of adding a new service on the provision of existing services) to be investigated than longer studies, hence, more than one program problem can be researched in a three-year time period. However, results/findings are expected to be used on an ongoing basis to overcome some of these limitations of studies that are 4-5 years long.

SCALE-UP

A strong intervention is highly associated with the overall relevance and quality of the proposal and the ability of the organization to take the steps necessary to maximize the possibility of scale-up. Thus, the 10 high-quality projects have interventions with scale-up potential, but not all 10 projects had strong utilization and dissemination plans. Seven papers had both strong interventions and strong scale-up plans.

Some examples of the strengths of scale-up plans include the following:

- High levels of MOH and other local stakeholder involvement in the study from design through dissemination.

BUILT-IN SCALABILITY

"The program is scalable as it relies on present MOH staffing and community health workers to implement [the intervention] across one district after a Training of Trainers (TOT) by the NGO staff. In the future a similar TOT team could roll out the program in each district, starting with the six priority districts that have the highest malnutrition and stunting rates. The NGO will also create a TOT manual for Master Trainers and a step-by-step guide for CHWs to use as job aids in implementing the intervention to further facilitate replication by MOH and partners in other districts".

- Segmentation of the audience for different dissemination products and activities.

However, there are a few examples that have a very strong intervention, but a very weak scale-up plan. Specifically, there was no discussion of how the intervention could be scaled up, and the dissemination plan was not tailored to the local stakeholders.

- Although scale-up refers to expansion of the project in the same country, the NGOs currently involved in the OR operate internationally. However, few NGOs, if any, discussed replicating successful interventions in programs in other countries where they have a presence.

LOCAL INVOLVEMENT AND RESEARCH CAPACITY-BUILDING

Improving the ability of local organizations to conduct OR is essential to the sustainability of OR itself. As USAID and other international organizations increase the demand for OR, it is also necessary to increase the supply of trained researchers who can produce high quality research. Only two studies in the 2008 cohort used local research organizations, and only one of the two studies included activities to increase the capacity of local staff to conduct research. In 2009, only two studies made use of local research organizations and none included capacity-building. In 2010, three studies used local research organizations, and one included capacity-building; and, in 2011, three studies used local research organizations, but none planned to conduct capacity-building. Two projects included U.S.- and Canadian-based graduate students who were supported in-country to improve their research skills. However, the concept papers included no provision for local research capacity-building, suggesting that universities may have agendas that differ from their collaborators, hence, care should be taken to make these agendas as similar as possible.

INNOVATION

The scope of work includes an assessment of the degree of innovation in the concept paper interventions and methods. Virtually all projects were innovative in the sense that they tested interventions that were new in the project country, although not new globally. Given the primary importance given by USAID to the improvement of local programs, this level of innovation is acceptable. True innovation is very rare in any discipline. The service delivery organizations conducting the OR should first be encouraged to adapt and use the experience of others. Once the organizations are able to use these experiences, some may be encouraged to attempt true innovation.

OVERALL BEST CONCEPT PAPERS

The overall best studies were selected from the group of 10 studies rated "good" or "very good." This rating was derived from the scores given to the five factors discussed above, including strong interventions, appropriate research designs, and scale-up potential, as well as subjective, non-numeric judgments of factors, such as methodological and solution innovativeness or a focus on new or understudied problems. The following are examples of some important components that the best-rated concept papers included:

1. **Good scale-up potential:**
    - *Simplicity of intervention*: In one study, the improved intervention model appears to be relatively easy and inexpensive to implement as the new elements consist mainly of educational activities, suggesting good scale-up potential if the intervention is successful.
    - *Costing the intervention*: Another best-rated study had plans to collect cost data for the intervention, as well as outcome data, to help inform replication and scale-up.
    - *Strong local support*: One of the best-rated concept papers also described how the MOH is actively encouraging and supporting innovative service delivery approaches in-country, and consequently, public health authorities are actively involved in both the design and implementation of the study.
2. **Good research practices:**
    - *Study design strengths and limitations*: Some of the best papers not only presented their study design, but also discussed its strengths and limitations in the context of each intervention. An example of a study design limitation given stated: "A before and after design does not permit causal attribution, but is relatively easy to implement, increasing the feasibility of successfully completing the study. The design is appropriate in this situation where the demonstration of large outcome differences should be sufficient for decision-making by the MOH. A well-known OR organization will provide TA to the project, further increasing the feasibility of a successful evaluation."
    - *Strong partnership for research:* Several projects have skilled research partners with relevant expertise. For example, the best-rated study partnership was one in which the organization made efforts to partner with a local research organization with experience in qualitative research, an in-country bureau of statistics for data analysis, program field staff, and MOH for the development of the research questions, design, plans for study implementation, and use of results. Thus, the study appears to have meaningful local capacity-building and input that are key to facilitating the use of the results.

Discussion and Recommendations

As noted earlier there are some limitations to this review that may have affected the results and recommendations that readers need to be aware of when interpreting and using the results. Based on the findings of the review the following recommendations were made:

1. **Relevance and Quality of Papers:** Virtually all papers were relevant to local and global health problems. For the most part, concept papers correctly focused on the basic service delivery problems of access, availability, and quality of services. However, the description of the local service delivery (as opposed to health) problem sometimes lacked specificity. This shortcoming could be addressed by closer collaboration between local program staff and researchers at the local level.

   The overall quality of the first two cohorts of papers was fairly low, but quality improved markedly as technical support through MCHIP was improved and the NGOs began to partner with research organizations. However, some of the NGO/research organization partnerships did produce low quality concept papers, raising questions as to whether the research organizations were actually involved in the writing of the concept paper. In recent cohorts (2010 and 2011), most concept papers were good or very good quality. A specific problem that should be addressed across the board is the tendency of OR designs testing behavior change communication (BCC) and other demand creation interventions not to ensure that supply side factors are also strengthened enough to accommodate any increase in demand.

Recommendations:

- A set of basic service delivery system details should be required in each concept paper, including the number and type of health facilities and/or community workers in the study district, the number and type of services actually provided (if data are available), and discussion of other programs providing the same services as the applicant's program in the study area.
- NGOs without a research track record should be urged to partner with research organizations from local and/or developing country institutions.
- Researchers should be required to take the lead role in writing the methods sections of the OR concept papers. An annex to the paper should state major contributors to each section.
- Demand creation studies should include discussion of supply factors to ensure that increased demand can be accommodated by the service delivery system.
- There should be greater collaboration and consultations between local program manager and researcher in study design.

2. **Feasibility of successful completion of the research:** Organizational capacity to successfully conduct research has increased in recent cohorts. However, many studies are overly ambitious, especially for organizations new to research. Some studies contain very large numbers of independent and dependent variables that usually results in poor reliability and problems in interpreting results. Other studies include mortality and morbidity as dependent variables. The focus on population level impacts rather than on outputs and outcomes requires large samples and lengthy studies. These studies usually require very large budgets and a team of specialists to complete successfully. The appropriateness of small NGOs, even when partnered with research organizations, studying mortality is questionable. OR is most likely to benefit NGO programs by rapidly solving problems affecting outputs (e.g., vaccinations and micronutrients provided).

Recommendations:

- Papers should focus on fewer dependent variables, and studies should be of shorter duration. These changes can be done by discouraging lengthy health impact studies in populations of marginally adequate size and encouraging studies that can produce actionable results in two or fewer years of actual intervention testing.
- Overall study duration could also be reduced by limiting the duration of formative research in the studies that combine both formative and intervention research. Answers for many of the questions listed in the formative components of the concept papers should be known without formative research.

3. *Sustainability and Scale-up:* Few concept papers presented convincing arguments that successful interventions would be scaled up. This is a widespread problem in intervention research that is not limited to the organizations whose concept papers were reviewed. Despite the uncertainty about how to scale up, there are a few necessary conditions: (1) the study must be relevant to the decision-maker, (2) the decision-maker must be aware of the results of the study, (3) the decision-maker must understand the results, and (4) the decision-maker must be able to act on the results.

Recommendations:

- The utilization section is presently unstructured and might be strengthened as follows:
  - Authors should be asked to identify one or more organizations that would be candidates to scale up the intervention. This organization could be the local MOH or other ministry, another NGO in-country, or the NGO actually conducting the study. If the target is the NGO actually conducting the study, the authors should discuss both the potential of local scale-up and replicability by the NGO in its affiliates in other countries.
  - The relevance of the results to the candidate(s) should be demonstrated by quoting from the organization's work plans, policies, or other official documents indicating the priority of the problem.
  - The strategy for making stakeholders aware of the results of the study should be explicit. The strategy might include joint planning of the study, a mechanism for frequent and regular contacts, and other activities designed to produce buy-in, such as having collaborating staff present results at conferences. A dissemination strategy should be prepared that identifies the targeted audiences and the communications mediums used to reach each audience.
  - The targeted organization must understand the results. Designs and analyses must be understandable to non-researchers.
  - The targeted organization must be able to use the results. Potential sources for financing scale-up should also be discussed.
- Affordability is usually a key factor in determining if and to what extent an intervention can be scaled up. An estimation of the scale-up costs, based on the project's budget should be a required formative research topic. The estimate would be expected to take into consideration potential economies of scale and resource substitution.
- Studies should also include cost analysis measures among the variables in the study.

4. **Research capacity-building:** Concept papers generally do not include local research capacity-building. Although an NGO usually does not have the experience or resources to do research capacity-building, the research institutions involved in the projects do have the resources.

Recommendations:

- A capacity-building section should be added to the concept papers. The use of local research organizations should be encouraged, and/or staff of the NGO and the organization expected to scale up the intervention should be trained to participate in the research. Importantly, data should be analyzed and reports written in-country with the participation of local program staff and researchers.

Future Directions of the CSHGP/OR Program

The OR program with a focus on NGOs should be continued by USAID. Although NGO projects are usually relatively small scale in terms of populations served, they have greater flexibility in experimenting with new program solutions in the real world to make their programs more effective, efficient, and equitable. The NGOs that participate in CSHGP usually have programs in more than one country and therefore have the potential of replicating successful interventions globally. By using systematic research techniques in their programs, it becomes easier to determine and to document what works and what does not work for the organization conducting the OR and for a larger audience as well.

MCHIP has done a remarkable job of providing TA to the groups developing concept papers. They provide clear written directions to the NGOs on organizing the papers, and the experts assigned to review and make suggestions for improving the concept papers provide extensive detailed comments to the authors of the papers. Because many of the organizations that have successfully applied for CSGHP grants are research novices, the process of producing high-quality concept papers is extremely time consuming (usually requiring several drafts and the efforts of three or more experts) and not always successful because of the applicants' inexperience in research.

Currently, MCHIP provides the NGOs developing concept papers with a three-day orientation workshop. The short duration may not be sufficient given the lack of participants' OR experience. The concept paper development process might become more efficient if, rather than having the organizations work on their concept papers in isolation, the three-day orientation were expanded to a 5-10 day writing workshop facilitated by MCHIP and attended by various organizations.

Other Recommendations

MCHIP should address a few formatting issues in the papers.

- All papers should have a title that clearly identifies the OR study. Some of the reviewed papers had titles, such as "Annex 8."
- All papers should begin with a brief abstract.
- "Concept Paper" implies a brief document of a few pages. The papers are actually quite long and contain much detail. It would be more accurate to call the documents "Study Protocols."

Appendix

CONCEPT PAPER ASSESSMENT FORM

Concept Paper Title: _____

Organizations: _____

Country: _____

1. Overall Quality

VERY POOR 1	POOR 2	GOOD 3	VERY GOOD 4

2. Relevance

Does the proposal correspond to national/global priorities? Yes/No

3. Quality of Protocol

SECTION	VERY POOR 1	POOR 2	GOOD 3	VERY GOOD 4
Introduction/Rationale				
Objectives/Questions				
Methods				
Dissemination				

4. Feasibility

FACTOR	VERY POOR 1	POOR 2	GOOD 3	VERY GOOD 4
Organization experience				
Practicability in time				
Appropriate scale (number of research areas, sample size, etc.)				

5. Leveraging

Is there any leveraging of resources with other organizations or programs? Yes/No

6. Local involvement in research

Are any local researchers included on the research team? Yes/No

Is there a plan to help develop local research capacity in some way? Yes/No

7. Scale-up potential

VERY POOR 1	POOR 2	GOOD 3	VERY GOOD 4

General comments: