



SHORT COMMUNICATION

Evaluation for learning and improvement at the right time: an example from the field

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ABSTRACT:

Evaluation expertise to assist with identifying improvements, sourcing relevant literature and facilitating learning from project

implementation is not routinely available or accessible to not-for-profit organisations. The right information, at the right time and in an appropriate format, is not routinely available to program managers. Program management team members who were implementing The Fred Hollows Foundation's Indigenous Australia Program's Trachoma Elimination Program required information about what was working well and what required improvement. This article describes a way of working where the program management team and an external evaluation consultancy collaboratively designed and implemented an utilisation-focused

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FULL ARTICLE:

Trachoma Elimination Program

The program commenced in 2012 and focused on adding value to the Australian Government's efforts to eliminate trachoma. The program aimed to increase the number of Aboriginal people being screened and treated for trachoma. It was based on the premise that community engagement is central to the elimination of trachoma¹. The program employed and supported local Aboriginal community-based workers (CBWs), and residents living in remote communities, to provide a bridge between external medical and health promotion services and community members. During implementation, the Indigenous Australia Program (IAP) required evaluation expertise to assist with learning from project implementation, sourcing relevant literature and identifying improvements.

Evaluation and ways of working

Between 2013 and 2016, IAP commissioned the external evaluators Pandanus Evaluation for approximately 10 days each year to provide evaluation expertise. There was flexibility in the contract to enable the evaluators to be responsive to the knowledge demands of IAP as they arose. A daily rate was negotiated that could be broken down into smaller segments of part days. Travel and expenses were allocated but may or may not have been used depending on the demands for travel to the field versus desk-based activities. The contract allowed for the evaluators to submit an invoice when the work was completed, which suited the unpredictable demands of IAP's knowledge needs. Initially in 2013, IAP did not intend to commission the evaluators over a 3-year period, but the quality and timeliness of the utilisation-focused evaluation information resulted in the contract being re-negotiated annually, informed by a developmental evaluation approach across the duration of implementation^{2,3}. Table 1 summarises types of engagement with evaluators and flow of information.

IAP was explicit in its intentions to use the evaluation to learn about what was working well and what was not, and to make decisions about program modifications based on the available findings, discussions and strategic advice from the evaluators. This

evaluation, informed by a developmental evaluation approach. Additionally, principles of knowledge translation were embedded in this process, thereby supporting the evaluation to translate knowledge into practice. The lessons learned were that combining external information and practice-based knowledge with local knowledge and experience is invaluable; it is useful to incorporate evaluative information from inception and for the duration of a program; a collaborative working relationship can result in higher quality information being produced and it is important to communicate findings to different audiences in different formats.

'learning through evaluation' framed how the evaluators reported to the program managers and staff. IAP and the evaluators agreed that providing regular briefings about achievements, issues and challenges as they were identified would provide the opportunity to discuss what was happening. This way of working is consistent with a 'developmental evaluation approach', where evaluation participants apply evaluative thinking to interventions that are developing as they are implemented³.

The evaluators presented findings, based on a combination of focused discussions and formal interviews with stakeholders and informants, observations during site visits and document and literature reviews, to the IAP team periodically, either verbally or by written report, at mutually agreed points in time. IAP would request additional information to clarify issues raised. They also provided opportunities to discuss options to address what was not working well and strategies that could add value. This process facilitated the application of evaluative thinking and lessons learned to the ongoing planning process. Through the process, the next steps in the evaluation would be identified or planned steps confirmed. Evaluators also provided confidential briefings, verbally and written, to the team leader if they thought it prudent. There were no 'surprises' when more formal reports were presented. The evaluators also facilitated participatory ways of developing a monitoring and evaluation framework with IAP, stakeholders and CBWs, and various data collection and 'sense making' workshops.

The processes were also in line with the knowledge translation approach, described as 'A dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve [health]'⁴. The evaluators synthesised existing knowledge from the literature with the emerging findings. This process was participatory, engaging key stakeholders from the beginning, with the evaluators acting as a knowledge broker and responding to knowledge needs from both groups over a long period of time⁵. These processes can also be described as a form of 'integrated knowledge translation', which allows a co-production of knowledge through integrating different stakeholders' knowledge bases, creating a 'sustained synergy' (p. 33), and facilitating a collective approach to solve problems⁶. In

this way, the translation of evaluation findings, alongside research and other forms of data analysis, occurs in an ongoing, sustained way.

Table 1: Timeline summarising types of engagement with evaluators and flow of information

Time	Activity
September 2013	Evaluators were commissioned to conduct a mid-term review that was collaborative, focused on being useful for immediate decision-making purposes
October 2013	Mid-term review was undertaken where program staff participated in aspects of data collection, analysis and sense-making and information was exchanged periodically between program staff and evaluators
November 2013	Formal report presented models for CBW engagement that identified the advantages and disadvantages of each model, based on program staff and other stakeholders' perspectives
December 2013	Report and additional data were used to identify the preferred model, inform plans for 2014 and the decision to expand to other communities
January 2014	IAP used the evaluation report to develop and disseminate a developmental effectiveness bulletin to communicate process, preferred model, lessons learned and next steps, to an external audience
June 2014	Evaluators were commissioned to undertake CBW scoping study with the intention of identifying best practice from across northern Australia and from the literature
September 2014	Evaluators facilitated a workshop titled 'Celebrating community based workers', which involved CBWs, partner organisations and stakeholders. The participatory workshop resulted in the development of a monitoring and evaluation framework for the program
February 2015	Evaluators compiled additional literature for the scoping study
April 2015	Evaluators contributed to implementation of the monitoring and evaluation framework on an as-needs basis at request of IAP
June 2015	IAP and evaluators jointly developed 'Lessons learned' information sheets, in consultation with an Aboriginal Community Controlled Health Organisation, that packaged the results of the scoping study and literature review in a format appropriate for external dissemination
February 2016	'Lessons learned' was published and disseminated via the Australian Indigenous HealthInfoNet (https://healthinfonet.ecu.edu.au/key-resources/resources/30884)
June 2016	Practice-based case studies were published to supplement the 'Lessons learned'

CWB, community-based worker. IAP, Indigenous Australia Program.

Lessons learned

1. Combining external information and practice-based knowledge with local knowledge and experience is invaluable

IAP's strengths were in understanding the immediate implementation setting and the target audience for the evaluative information. However, the external evaluators were able to report on the views of the CBWs, health service staff and stakeholders about how the CBW component could be strengthened. The flexible contract arrangement enabled IAP to be able to ask for answers to specific information needs as required. IAP, knowing the target audience requirements, ensured that the information sourced by the evaluators in a timely manner was packaged in a way that suited the audience. The amount of work required to achieve the ultimate product was substantial on both sides but the information was what was needed, at the right time and in an appropriate format.

2. It is useful to incorporate evaluative information from inception and for the duration

IAP found value in having relevant and timely information about the strengths and weaknesses of the models of service delivery to assist in preparing for discussions internally with management, communicating to senior executives and the board, and sharing successes and lessons learned externally with donors and stakeholders. Having access to critical friends who could share the day-to-day achievements and frustrations, be a sounding board to test ideas and engage with others who had a long-term, big-picture perspective was of great benefit to the IAP. The value of informal interactions and engagement should not be underestimated as a legitimate source of evaluative thinking applied at exactly the right time.

For the evaluators, receiving feedback that the information being provided was useful meant that effort could be focused on refining

the results and answering any remaining questions. Because of the in-depth discussions between program staff and the evaluators prior to the provision of formal pieces of work, no additional time was required and the terms of the consultancy were satisfactorily met. No time was wasted wondering if they were on the 'right track' because the collaborative approach meant there was constant assurance that we were all on the 'same track'.

3. A collaborative working relationship can result in higher quality information being produced

Value for the evaluators came in the form of being able to engage with the CBWs through participatory approaches to ensure their insights could be incorporated into the mix of information obtained. This information could only be secured because of the existing relationships that the IAP had with the community members and the introductions that were made. Involving community in the co-design of the monitoring and evaluation framework was essential to ensure a meaningful yet rigorous document that would be useful in the long term.

However, for community members the distance between evaluative knowledge and benefits for their communities was understandably a stretch. Improvements in the program 'down the track' can seem intangible for community members wanting to see immediate positive change. IAP attempted to bridge this gap by making the link between involvement with the evaluators and a tangible benefit connected to the actual program a priority.

An example was calling the workshop to develop the monitoring and evaluation framework 'Celebrating community based workers'. This title ensured that all participants understood that there was not only a focus on evaluation but also an emphasis on learning, celebrating success and sharing stories between communities, and it resulted in practical information being immediately accessible for the people who needed it the most.

IAP aims to ensure that evaluation activities are undertaken with the appropriate respect for, and participation of, Aboriginal and Torres Strait Islander individuals and communities with a focus on reciprocal respect, cultural humility and appropriate acknowledgement⁷. Hence, using a collaborative approach not only resulted in higher quality information being produced but was consistent with a culturally appropriate way of incorporating evaluation expertise.

4. It is important to communicate findings to different audiences in different formats

Evaluators found frequent, short telephone conversations, face-to-face briefings and facilitated discussions to be effective and efficient ways of reporting findings during the course of the evaluation, providing an opportunity for clarification and facilitating 'learning along the way'. The workshop and facilitated discussions that brought together key stakeholders enabled everyone to hear the same information and discuss it as a group.

Written reports, development effectiveness bulletins and information sheets were targeted to different groups and served specific purposes. As information came to hand, IAP made this

information more widely available to an external audience. The information was packaged in 'Lessons learned' information sheets that formed part of a wider knowledge translation project⁸.

Conclusion

As a result of the evaluation, IAP arrived at a clearer understanding of the potential and importance of evaluation. The evaluation elicited information that could be used immediately for learning and improvement, as well as for sharing with stakeholders and others, in appropriate formats. The trusting relationship that developed between IAP and the evaluators during the consultancy led to an openness and willingness to use evaluative thinking when considering what was happening in the program. IAP realised that there was no blame to be apportioned when it was discovered that some aspects of the program were not going so well. Issues could be rectified after they were identified, and strengths celebrated. The lessons learned from the evaluation may be helpful to other organisations and program managers, and encourage them to undertake a utilisation-focused evaluation, using a developmental approach for learning and program improvement.

REFERENCES:

- 1 Hollows F. Community-based action for the control of trachoma. *Reviews of Infectious Diseases* 1985; **7(6)**: 777-782.
- 2 Patton MQ. *Utilization-focused evaluation*. Thousand Oaks, CA: Sage, 2008.
- 3 Patton MQ. The developmental evaluation mindset: eight guiding principles. In: MQ Patton, K McKegg, N Wehihipeihana (Eds). *Developmental evaluation exemplars: principles in practice*. New York, NY: Guildford, 2006; 289-312.
- 4 Canadian Institutes of Health Research. *Knowledge translation*. 2016. Available: <http://www.cihr-irsc.gc.ca/e/29529.html> (Accessed December 2016).
- 5 Donnelly C, Letts L, Klinger D, Shulha L. Supporting knowledge translation through evaluation: evaluator as knowledge broker. *Canadian Journal of Program Evaluation* 2014; **29(1)**: 37-62. <https://doi.org/10.3138/cjpe.29.1.36>
- 6 LaPaige V. 'Integrated knowledge translation' for globally oriented public health practitioners and scientists: framing together a sustainable transfrontier knowledge translation vision. *Journal of Multidisciplinary Healthcare* 2010; **3**: 33-47. <https://doi.org/10.2147/JMDH.S5338> PMID:21197354
- 7 Rogers A, Bower M, Malla C, Manhire S, Rhodes D. Developing a cultural protocol for evaluation. *Evaluation Journal of Australasia* 2017; **17(2)**: 11-19. <https://doi.org/10.1177/1035719X1701700203>
- 8 Rogers A, Malla C. Knowledge translation to enhance evaluation use: a case example. *The Foundation Review* 2009; **11(1)**: 49-60. <https://doi.org/10.9707/1944-5660.1453>