
Purpose - The purpose of this evaluation is to identify short term impact of 2 key project work-streams (research capacity strengthening, and impact of research capacity strengthening on policy communications on the way qualitative research is conducted in Cambodia and on the mind-set of researchers and policy makers. We selected these two work-streams (rather than the full set of project objectives) because by mid-project we estimated that these two streams were where we could reasonably expect to see impact within the project period.

Audiences - The intended audiences to whom these impacts may be described are the following stakeholders active in international health & development, primarily in LMICs –

- academics (primarily qualitative) through results/methodology publication in recognised high quality journals/ ReBUILD Consortium Conference 2016
- international policy making organisations through policy briefs distributed by CDRI & Leeds to contacts within these organisations and ReBUILD Consortium dissemination activities
- government ministries, NGOs and key funders through main ReBUILD Consortium research uptake activity/HEART programme

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<tr>
<th>Evaluation Objectives – Did…</th>
<th>Indicator(s)</th>
<th>Means of Verification</th>
<th>Resources/risks involved</th>
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<td>1. ...project researchers follow the quality assurance framework in fieldwork and analysis.</td>
<td>Research tools and analysis criteria reflect the quality assurance framework, specifically: a) Existence of strengths based question guides (linked to QA framework) b) Existence of strengths based analytical framework. c) Research results sharing workshop (with participants) conducted in an Appreciative Inquiry manner.</td>
<td>Monitoring of the QA framework (ongoing). Minutes from team meetings (ongoing). Externally facilitated focus group discussion in June 2015 or one month before project end. Meeting note created by external facilitator.</td>
<td>Monitoring gets interrupted by other workload.</td>
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<td>2. ...project researchers became confident in the use of strengths based analytical tools.</td>
<td>a) Researchers used strengths based tools in other projects within CDRI b) Researchers used strengths based tools in other projects with other organisations c) Researchers can give examples of how strengths based tools might evolve to be used</td>
<td>Anecdotal discussion or discussions minutes from team meetings (ongoing). Externally facilitated focus group (see earlier).</td>
<td>Researchers leave CDRI and cannot be contacted. Organisational environment does not encourage use of new theoretical frameworks.</td>
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<td>Impact of research capacity strengthening on policy communications</td>
<td>in the future to fit Cambodian health research needs</td>
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| 3. ...project researchers clearly identify the value of strengths based research. | a) Comparison/interpretation of difference between our project findings and findings from other published qualitative research conducted on the following topics - MCH in Cambodia; AI in healthcare.  
   b) Researchers can give examples of how strengths based research adds value to their own career and, through them, Cambodian research capacity generally.  
   c) Researcher have submitted proposals for research funding using strengths based tools | Assessed through academic publications (likely to be post project).  
   We do not get to publication (for resource/review reasons) |
| 4. ...the project strengthen participating researcher ability to design and conduct qualitative research generally. | Reflection of project researchers on how they see changes in their research practice from:  
   - developing a research idea  
   - designing a proposal  
   - implementing research – data collection (quantitative and qualitative; data analysis – quantitative and qualitative; writing  
   - and that they would attribute those changes to participating in this project. | Externally facilitated focus group discussion (see earlier).  
   Cannot get all researchers who worked on the project at various stages together at the same time/logistics of organising meeting.  
   A weak facilitator prevents robust reflection and full participation by all. |

**1. ...researchers undertake research communications for policy change in Cambodia.**  
Description of research communications undertaken by the project - formats used, dissemination undertaken, persons involved, timing (formats = policy board, policy briefs, meetings etc.)  
Documents produced by the project (ongoing).  
Minutes from team meetings (ongoing).  
Research communications not undertaken. If none undertaken, should explore why.  

**2. ...the project change/strengthen researcher ability to communicate research to inform policy making in Cambodia.**  
Reflection of project researchers on how they see changes in communications and if these changes resulted from participating in this project.  
Type of communication produced.  
How communication is disseminated.  
Focus group discussion with researchers, facilitated externally.  
One to one meetings with policy board members,  
Not getting full participation in the discussion so that participants don’t feel free to express opinions.
| 3... policy makers see a strengthening of research communication for policy making. | Reflection of policy makers on whether they see changes in TYPES and STYLE of communications, identify what these changes are, and the utility of these changes for policy making. 
(Comparison made with researcher's response to identify gaps and disparities). | facilitated by the project team. 
Meeting notes created. | Logistics of organising meeting. A weak facilitator prevents full participation and robust reflection. |
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<td>4. ... the project change the mind-set of health policy makers to be more strength based.</td>
<td>Policy makers are able to give examples of how they use AI in their ongoing work and/or give examples of where it might be used, for what reasons and what difference they believe the approach would make.</td>
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