

CASE STUDY: Developing evaluation capacity (DECI) — Building an Organization’s Capacity to Conduct Use Focused Evaluations using a Mentoring Approach

LIRNEasia’s CPRsouth Program

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1. Utilization Focused Evaluation

“Utilization-Focused Evaluation (UFE) begins with the premise that evaluations should be judged by their utility and actual use” (Patton, 2008: 37). In UFE, evaluators facilitate a learning process with attention to how real people in the real world apply evaluation findings and experiences. In designing a utilization-focused evaluation — the attention is constantly on intended use by intended users.

UFE does not prescribe any specific content, method or theory. It is a framework, as opposed to another methodology. It can include any purpose of interest to the user: it is a process for making decisions in consultation with those who can benefit from the evaluation. It is based on the observation that intended users will more likely utilize an evaluation that they have ownership of.

About the DECI Project

DECI stands for Developing Evaluation Capacity in ICTD, an IDRC-funded evaluation research and capacity development project. This case study is one of five UFE experiences supported by DECI. The project built evaluation capacity among IDRC-funded projects in the field of Information and Communication Technology for Development (ICTD) across Asia. The project

provided researchers and evaluators with coaching and mentoring in UFE through a team of regional evaluation consultants. The mentoring team introduced the concepts and practices of UFE and facilitated the design and completion of evaluations across five ICTD projects. These five cases studies capture the mentoring team's experiences and reflections as a way to share what was learned by facilitating UFEs.

2. The UFE Framework

The following are an abbreviated representation of the 12 steps of UFE:

1. **Programme/Organizational Readiness Assessment** — Those who want the evaluation conducted need guidance to understand utilization-focused evaluation (UFE). This requires active and skilled guidance from an evaluation facilitator.
2. **Evaluator Readiness and Capability Assessment** — Facilitating and conducting a UFE requires that both managers and evaluators review their skills and willingness to collaborate. The facilitators' effectiveness will be judged on the basis of actual evaluation use.
3. **Identification of Primary Intended Users** — Primary intended users (PIUs) have a direct, identifiable stake in the evaluation and its use. The facilitator assesses the characteristics of primary intended users and sustains a climate of openness.
4. **Situational Analysis** — Evaluation use is both people- and context-dependent. Use will be enhanced when the evaluation takes into account situational factors, which the facilitator reviews, such as timing, resources, culture, turbulence, power and politics.
5. **Identification of Primary Intended Uses** — Intended use by primary intended users is the goal of UFE. A number of evaluation options are reviewed, screened and prioritized.
6. **Focusing the Evaluation** — The focus follows the intended uses of the evaluation by PIUs who need assistance identifying and confirming the uses. The fine-tuning of key evaluation questions is a critical component of the UFE. This process is difficult, however, it is critical for the richest research results.
7. **Evaluation Design** — The selection of methods is based on data needed to respond to the key evaluation questions. The facilitator ensures that the methods will yield findings that respond to the uses as intended. This step calls for coaching and design support.
8. **Simulation of Use** — Before data are collected a simulation of potential use is done with fabricated findings to verify that the expected data will lead to usable findings.
9. **Data Collection** — Managed with use in mind. It is important to keep the primary intended users informed and involved throughout all the stages of the process.

10. **Data Analysis** — Accomplished in consultation with the primary intended users. This involvement increases their understanding of the findings while adding to their sense of ownership and commitment to utilization.

11. **Facilitation of Use** — Use does not just happen naturally — it needs to be facilitated. This action includes priority setting among recommendations. This step is central to UFE requiring that time and resources are allocated to this activity from the project’s inception.

12. **Meta-evaluation** — UFEs are evaluated by whether primary intended users used the evaluation in intended ways. This step tells the story of how the UFE process evolved. It allows the users and the facilitator to learn from their own experiences. This case study is the product of Step 12.

3. UFE — Background

Communications Policy Research South (CPR*south*; <http://www.cprsouth.org/>) is a capacity building effort by the regional Information and Communication Technology (ICT) policy and regulation think tank LIRNE*asia* (<http://lirneasia.net/>). CPR*south* is, as well, a capacity building initiative to develop Asia-Pacific based policy intellectuals on ICT policy regulation among junior to mid-level scholars. LIRNE*asia* was inaugurated in 2005 and since then has conducted policy research on ICT and related infrastructure development in thirteen Asian countries. Its primary objective and expectation is to improve the lives of people, particularly those at the “Bottom of the Pyramid” (BOP) by catalyzing the reform of laws, policies and regulations. The main objective of CPR*south* is to create, sustain and facilitate the advancement of policy intellectuals with a particular emphasis on the Asia Pacific region. It also focuses on the aspect of field building through the promotion of interest and research in ICT policy and regulation in the same region. CPR*south* was first conceptualized as part of, and under, the LIRNE*asia*’s 2006–2007 research proposal that was submitted to the International Development Research Centre of Canada (IDRC) and received approved from the IDRC.

The main activity of CPR*south* is an annual conference and tutorials for young scholars. The conference and tutorials are held in a different city in the Asia Pacific region each year. The conference accommodates 21 paper presenters and 30 young scholars¹, selected through a competitive process. The tutorials, held over two days, focus on topics such as the basics of ICT policy and regulation and information economies, quantitative and qualitative analysis in addition to communication strategies. The sessions are conducted by senior scholars and policy intellectuals in the field of ICT. The CPR*south* conference is usually held over two and a half days. The chair and moderator of the respective sessions mentor the presenters over a period of six weeks prior to the conference in order to improve the quality of papers. The young scholars attending the tutorials are given the opportunity to attend the conference. In addition, senior scholars and policy intellectuals are brought in as guest speakers and panelists. The conference

¹ The host country provides 15 young scholars and 15 are sourced from the rest of Asia Pacific region.

provides networking opportunities for the usually widely dispersed group of senior researchers and for young scholars to network for professional development.

Prior to this evaluation, CPR*south's* leadership was aware that its support from IDRC could end at some point. This realization would enable it to diversify its funding opportunities as well as to retool its existing activities to better enable it to meet its core objectives. The leadership decided to use the DECI supported evaluation to address these issues with the expectation of being prepared to address future funding needs. In addition, LIRNEasia was also committed to enhance its own evaluation capabilities and assigned adequate time for one of its researchers to work on this and to help build organizational capacity. The choice of focusing the evaluation on CPR*south* was also influenced by LIRNEasia's interest in assessing the value of its capacity building approach, as reflected in the CPR*south* activities that were a combination of (1) supporting young scholars to take up ICT policy research; and (2) providing an avenue for mid-level ICT research professionals to learn more about policy engagement. Expectations from DECI and the UFE were somewhat limited at the start of this effort. From CPR*south's* perspective, Dr. Samarajiva commented that "we know we'd be changing tracks, and when the opportunity came from IDRC we thought a review would be good for fundraising". The formative "use" contributions and the results for evaluation capacity building were not anticipated.

4. UFE – The What

LIRNEasia was one of the five organizations selected for DECI from a long list of those that had applied for participation in this project. This selection process was based on both the expression of interest by LIRNEasia to build evaluation capacity within the organization, as well its capability and importance of its programmes for improving ICT policies. The selection of an evaluator for the project helped fulfill one of the elements of the Programme and Organizational Readiness Assessment (*UFE Step 1*). At a very early stage of the UFE process, LIRNEasia assigned one of their talented young researchers, Ms. Nilusha Kapugama, as the professional who would implement this evaluation. She had been managing many of CPR*south's* activities and communications, including administering and tabulating its annual network surveys. She was well informed of CPR*south* issues and its network members.

Evaluation in the past had had a narrow focus on feedback following the papers presented during the annual conference. It used a short annual survey, posing 10 to 12 questions, sent out to all of CPR*south's* "network" members. The focus of the questionnaire had been mainly on: the extent of networking that had been achieved, examples of policy research, and advocacy activities by network members during the preceding year. It did not provide any systematic feedback to CPR*south* itself for evaluating either the process or outcomes achieved as a result of its activities. Results were reported in the annual board meeting following the annual conference. While it was clear that the group was in an "evaluation mode", it was not clear how this exercise would be different from past ones. A previous external evaluation conducted for LIRNEasia had not left a favourable impression with senior management. They welcomed a

“self-driven” evaluation that would put them in charge and that would address questions that they felt were relevant to the organization’s future development. What became apparent was an interest in “learning by doing” in the process. Evaluation skill building by LIRNEasia was also a well-stated commitment from the start and this shaped the mentoring process and contributed to meeting the requirements of *UFE Step 1*.

As the evaluation process began, the dialogue was primarily conducted with the assigned evaluator. It was clear from the beginning that the only evaluation experience of the assigned evaluator had been the aspects mentioned previously i.e. the CPRsouth conference paper feedback and short annual survey of all their network members. The mentoring process was critical to the success of the UFE and aided in meeting the elements of Evaluator Readiness and Capability Assessment (*UFE Step 2*). Additionally, the mentor was also aware that relevant evaluation literature would be needed to help build the process’s methodological rigour. The mentoring process had to be focused and used on an “as needed” basis to keep both the process on track as well as the other work duties of the assigned evaluator as this activity was only one of several activities in CPRsouth. Establishing that the evaluation would require a substantial time commitment was essential at the beginning so that it was possible to negotiate freeing Ms. Kapugama from some of her other responsibilities. To achieve this, CPRsouth had to assign some reserve funds to cover her time for the evaluation. This negotiation could be seen as an ongoing aspect of Organizational Readiness (*UFE Step 1*). As a basis for starting the UFE process, the mentor reviewed the entire design including the purpose and content of each of the 12 steps we would cover.

The evaluation process had laid out the steps in a sequential stepwise manner, however, the process did not always unfold in a linear sequence. Therefore, in order to arrive at the Primary Intended User (*UFE Step 3*) we also had to discuss the Situational Analysis (*UFE Step 4*) and Primary Intended Uses (*UFE Step 5*). This discussion identified that LIRNEasia was looking at a way to enable fundraising for CPRsouth and also to use the evaluation to help it to assess its most valuable contributions and strengthening them. The evaluator also identified that CPRsouth was perceived as being at a “cross roads”. Management wanted to know if the operation’s past four to five years had produced any meaningful results and to identify the best way forward. A clarification of these points suggested that a senior decision maker would be an ideal PIU. Ms. Kapugama suggested that Dr. Rohan Samarajiva, CEO of LIRNEasia and originator of CPRsouth, would be the best choice for Primary Intended User (PIU). She was hesitant to ask him due to his busy schedule. The mentor coached Ms. Kapugama in soliciting Dr. Samarajiva’s participation. A key aspect that ensured the participation of Dr. Samarajiva was his interest in having input into the evaluation to ensure that it addressed key questions that would help shape CPRsouth’s development.

The UFE mentor was then invited to attend the annual CPRsouth conference and board meeting. This provided an important opportunity to present the UFE strengths to Dr. Samarajiva, who, in turn, requested that this idea be presented to the board for their endorsement and input. This was done, and although the mentor was asked to present to the

board she encouraged Ms. Kapugama to make the presentation and thereby letting her take ownership of the effort. The board endorsed the UFE and also showed great interest in identifying issues that should be addressed. The board's engagement infused a lot of confidence in the whole UFE endeavour and also for Ms. Kapugama, thereby, raising its credibility.

Two developments emerged as a result of the presentation to the board. First, there was an acceptance of assigning funds to cover Ms. Kapugama's time allocated to the evaluation; and second a three-tiered PIU emerged. While Dr. Samarajiva would be the senior decision maker to be involved as the PIU, he wanted the concept of PIU to be broadened. He suggested that the nine member board of CPR*south* should also be a part of the PIU configuration since key management decisions were their responsibility. Finally, in terms of the implementation of recommendations stemming from the evaluation, it was decided that project managers that implement the board decisions should also be considered to be part of the PIU configuration. This three-tier PIU concept that was adopted by CPR*south* for their UFE did not diffuse the use; rather it strengthened it.

The PIU concept that emerged for CPR*south* was as follows. Professor Rohan Samarajiva, who had initiated CPR*south* and who was a CPR*south* board member would be involved as a PIU. He was also CEO of LIRNE*asia*, an administrative partner for CPR*south*. Professor Samarajiva would be involved to provide important strategic guidance and to ensure the right questions were asked. He acted as the main PIU, with the board and project managers as supports for making management decisions and for implementing them. The CPR*south* board chair and key members with an interest in the evaluation would give the "go ahead" for using the evaluation's results². Project managers would implement the decisions taken by the board. In practice, however, it was not very clear who all the implementers of the decisions would be. It was felt that Ms. Kapugama would work and communicate well with those involved. Other project managers who would also be involved as implementers were Ranmalee Gamage and Prashanthi Weragoda. They would also be kept informed about the progress of the UFE and its findings.

The Situational Analysis (*UFE Step 4*) included a review of the organization's vision, goals and achievements to date. Also considered were the current challenges and strategic priorities to be addressed. The decision-making structures and stakeholders who were involved in its activities at varying levels were also identified. Other contextual factors that shaped the organization, such as financing, policy environments or demands it related to were also assessed. This analysis helped with confirming the choice of the PIU. It also aided with identifying initial Primary Intended Uses, which were further refined in UFE Step 5 and also the preliminary evaluation questions, which were also developed in UFE Step 6.

Most of the Situational Analysis was conducted early on (even during UFE Step 1 related activities) and also included UFE Step 2. At the CPR*south*'s annual conference of 2009 and board

² CPR*south* board members currently consist of nine members; all decisions are made with board approval.

meeting the proposed UFE evaluation was discussed. Consultations with the PIUs on identification of key issues that needed to be addressed were also made. Key uses helped in the formulation of key evaluation questions. As the situation analysis was already being conducted at that early stage, it helped in the PIU selection. It also identified and resolved the issue of resources required for the evaluation, in addition to strengthening the Organizational Readiness (*UFE Step 1*). Additional resources were required for this UFE step as previously generated records were not adequate to address the evaluation issues that were emerging for this UFE. As noted earlier, the decision was taken at the board meeting to allocate additional resources. These were primarily aimed at covering the time of Ms. Kapugama to focus on this work exclusively for a period of three months. However, in practice the three months of her time budgeted for the evaluation were spread out over six months as she was also continuing with her established responsibilities at CPR*south*. Allocating the work over a three to six month period was helpful. An early Situational Analysis was also helpful, as preliminary ideas on evaluation issues and uses were discussed at the board meeting and, therefore, progress was made on Primary Intended Uses (*UFE Step 5*). Management was in agreement that results of this evaluation would be used for both formative improvements as well as to document results of the past five years of the work of CPR*south*. This would strengthen the organization's ability to enhance its fundraising.

The primary uses for the evaluation (*UFE Step 5*) identified by the PIUs were: (1) Assist in sustainability and make progress towards measuring the success of the programme. Enable the measurement of the success of the programme in meeting its objectives. In this process sustainability benchmarks were set by prioritizing the criteria for the success of the programme; (2) Acting as an aid for making decisions on the future direction of CPR*south*. This includes aspects of programme management as well as the focus; and (3) Build evaluation capacity that is relevant to CPR*south's* development mandate. A comprehensive methodology to evaluate CPR*south* that could be used as a guideline for other similar programmes.

Focusing the Evaluation (*UFE Step 6*) was probably one of the most challenging parts of this UFE experience as the evaluation was not externally or donor driven. Rather the CPR*south* organization, itself, needed to select a number of Key Evaluation Questions (KEQs). In order to organize the main issues management was interested in narrowing down the possible questions. Based on a wide range of possible questions posed by Michael Patton in *Utilization-Focused Evaluation* (2008, p. 297), the selected questions pertained to: (1) the purpose (uses) of the evaluation; and (2) the objectives and execution of the programme. In reviewing the main objectives and desirable outcomes of CPR*south* an interesting combination of outcomes and process elements were evident. This was the result of an earlier Outcome Mapping (OM) approach that had been used to develop the 'results framework' that included both process and outcomes. This structure easily led to the identification of a small set of formative and summative KEQs that matched the primary uses identified. These were separately stated for each of the two main CPR*south* outcomes regarding supporting ICT policy research and impact, and, as well, to encourage young scholars to engage in ICT policy research. The outcomes were: (1): To stimulate ICT Policy research assessing policy impact; and (2) Young scholars are supported in ICT policy research.

Based on the above desired outcomes for *CPRsouth*, the following four KEQ were formulated for the evaluation in close consultation with the main PIU: (1) “To what extent has the *CPRsouth* conference process (call for papers, review and mentoring process) resulted in attracting ICT policy and regulation scholars throughout the Asia region to participate in the conference?”; (2) “To what extent are the procedures used by *CPRsouth* (call for applications, tutorial topics) attracting young scholars?”; (3) “To what extent have *CPRsouth* members influenced or engaged in the policy process since becoming a member of the *CPRsouth* community and to what extent has *CPRsouth* influenced and or facilitated the community members’ current work?”; and (4) “What activities have the *CPRsouth* Young Scholars been engaged with since attending *CPRsouth*; and to what extent has *CPRsouth* influenced the young scholars’ current activities?” These key questions were then broken down into sub-questions that were more specific and could be translated into measurable indicators and data collection methods. The main PIU, Rohan Samarajiva, was consulted to ensure that these sub-questions were adequately covering the KEQs. His feedback was incorporated before proceeding to selecting methods for data collection. At this stage, a report on the UFE’s progress was prepared and sent to the *CPRsouth* board for feedback.

In order to formulate the Evaluation Design (UFE Step 7) and the methods to be used for data collection, a matrix showing KEQ, sub-questions, indicators and source(s) of information was produced (UFE Step 7). At this point, the uses were revisited to make sure there was a match between them and the data to be collected. Drawing from the Outcome Mapping approach of the *CPRsouth* project conceptualization, a combination of implementation and results and outcomes aspects were identified for analysis. A combination of survey and non-survey methodology was developed that involved stakeholder analysis, social network analysis, content analysis and quantitative data records from *CPRsouth*. Data sources included a combination of existing records maintained by *CPRsouth* over the past four years as well as new surveys for all its main stakeholders and web analytics. Prior to data collection, a listing was made of all data sources available and to be collected to address the KEQs. Questionnaires were drafted for each of the main stakeholders to cover all KEQs. From these data sources a list of indicators was constructed that would be used in the analysis. Tables and figures shells were constructed that would be used in the evaluation report.

To fulfil the Simulation step (*UFE Step 8*), the shell tables were filled in with fabricated results and the implications of the results were discussed with the main PIU, Rohan Samarajiva, for his strategic assessment of the information’s usefulness. Ms. Kapugama’s familiarity with *CPRsouth* issues aided her in filling out the shell tables and graphs. During this meeting some additional questions were identified that should be added that would be helpful in better understanding the underlying factors in the findings and assist in drawing better conclusions and lead to clearer “use” implications. This simulation did not change the KEQs but did add some sub-questions. Also, methodologies that had not been considered previously were added; such as, doing visual mapping of *CPRsouth*’s network to better understand and document the networking that was taking place; and collecting additional feedback on the capacity building role and activities of *CPRsouth*. As a result of this discussion *CPRsouth* commissioned another larger contextual evaluation for ICT policy research to assess whether its theory of change for

capacity building needed to be revisited. This new evaluation was presented at the CPR*south* 2010 annual conference, along with the results of this UFE evaluation. This led to a major re-evaluation of how CPR*south* should focus its efforts.

A detailed matrix was prepared to guide the data collection process fulfilling Data Collection (UFE Step 9). In this matrix each KEQ and sub-question was associated with the actual question to be asked of each of the stakeholders; and other data sources either already existing or from Internet sources were identified. Questionnaires were sent to: (1) All CPR*south* applicants; (2) Selected paper presenters; (3) Selected young scholars; (4) Members of the board and mentors; and (5) Supervisors of the selected young scholars. Data from CPR*south* records and existing surveys were also linked to relevant sub-questions. A high level of interest was present in the organization by this time and this was clearly derived from the PIUs' engagement with the process. Several of LIRNEasia managers became involved in assisting in the data collection and analysis, including the evaluation unit of LIRNEasia, CPR*south*'s parent organization. Many experimental approaches also came to be developed during this process that were applied, for example, Facebook was used to reach out to network members for feedback, information exchange, announcements, etc.

The level of detail and depth of analytical perspectives in the CPR*south*'s UFE evaluation report are indicative of a combination of several factors that played a part in meeting the UFE Data Analysis requirement (UFE Step 10). These included the engagement of Dr. Samarajiva, CEO of LIRNEasia and founder of CPR*south*, as well as several interested members of CPR*south*'s board. The board members were also interviewed adding a breadth of perspectives that related CPR*south*'s work and approaches to similar international efforts globally. In addition to a wealth of qualitative descriptive information and analysis about the CPR*south*'s network, its members and their activities, the evaluation also provided concrete results on achievements of this programme (summative) and suggestions for strengthening its core objectives (formative). Interest within LIRNEasia was intense. In response several seminars were held by Ms. Kapugama to present the concepts, methods and emerging findings for discussion and feedback within the organization.

Facilitation of Use (Step 11) connected the findings of the evaluation with the Intended Uses that were identified in Step 3. The results confirmed several positive outcomes from CPR*south*'s activities on ICT4D policy research capacity building and networking. The contribution to field building was evident through the widely dispersed researchers in Asia who were now working on ICT policy research. These findings were incorporated by CPR*south* into its brochures and in its annual report for dissemination to potential donors. Several findings pertained to procedures used by CPR*south*. Recommendations related to these also emerged from this UFE. Some of the main findings of the evaluation report, *CPRsouth Evaluation Report (2010)*, that were of a formative nature for use consideration were the following:

(1) While the number of applicants for CPR*south* conference were satisfactory, they should continue to improve; however, the young scholar applicant numbers were a cause for concern. The viability of the mailing list has been questioned by the board members. However, the data

indicates that it is of value; though a re-structuring of the mailing list is recommended. The use of Facebook advertisement was not as successful as anticipated as targeting proved to be difficult. The posting of the call for applications and abstracts on the blogs and websites of previous participants should be further encouraged as it also worked as a form of endorsement.

(2) Problem focused researchers (mode 2) seemed to be more constrained to participate, vs. discipline/technical focused researchers (mode 1). Considering the constraints faced by the former, the level number of applications is satisfactory. However, if more of these applicants need to be attracted then a more direct approach may be needed when publicising *CPRsouth* among mode 2 individuals. This could easily be done through the previous *CPRsouth* mode 2 participants. The language of the calls for papers and application may also need to be changed to attract the mode 2 population.

(3) The efforts to mentor the *CPRsouth* paper presenters and young scholars is what makes *CPRsouth* unique from other similar conferences. More efforts are currently being made in order to enhance this feature. The services of an expert have been retained in order to give feedback on the policy briefs for the paper presenters. Furthermore, work is underway to set up an internship programme that will give a select number of the young scholars a chance to work with some of the board members and senior scholars of *CPRsouth*. It is also recommended that the current conference (event) evaluation form be changed to capture more feedback about the processes used by *CPRsouth*; and

(4) The data shows that both individuals and organisations are willing to pay for *CPRsouth*. While both young scholars and paper presenters were willing to pay, neither could afford the full cost. New rates were agreed upon as well as partial travel refunds for participants from certain countries. Since some Asian institutions may either not have the capability or the culture of paying for the participation in such events, this makes the need for funding events such as *CPRsouth* all the more imperative.

The main PIU, Rohan Samarajiva, was actively involved in interpreting findings. This greatly facilitated use implications. As can be seen from the examples taken from the evaluation report, many of the findings were already being implemented even before the report was finalized. An aspect of interest was the findings regarding the willingness of network members to pay for attending the *CPRsouth* annual conferences. Based on these results several decisions were taken by the middle of 2010 to reduce financial outlays and to introduce cost sharing by network members. Results were also used to prepare short donor briefs for potential donors who were interested in expanding *CPRsouth's* work. In the words of the main PIU, Dr. Samarajiva, the results achieved by this UFE were "far higher than had been expected; even before UFE was completed, we were using the results".

5. UFE – The How

Building evaluation capacity in organizations is one of the main challenges in this process and was one of the goals of the DECI project. *CPRsouth's* evaluation capacity was limited, but the individual assigned to the project, Ms. Kapugama, had been previously involved in management

of the network activities, including documentation of membership feedback. This was very helpful as she was part of the organizational dialogue about its strategic directions and the important issues being addressed. She had no previous evaluation experience, but held the designation "Researcher" and applied a systematic research perspective with which to conduct the evaluation. The role of the mentor was critical for guiding the UFE process and for providing resources and information on practical evaluation approaches and methodologies. This helped to build capacity in a "learning by doing" mode and proved to be an adaptive and innovative response to changing needs in the evaluative environment.

The main PIU, Rohan Samarajiva, was also the CEO of the CPR*South's* parent organization, LIRNE*Easia*, and, therefore, had many time constraints. A challenge and decision point for the process was engaging his expertise. The Researcher conducting the evaluation was a junior professional. She was not accustomed with interacting with the CEO and discussing her work, its progress and getting his input. These issues needed to be addressed in this UFE. Gaining the involvement of the main PIU enriched the entire process. Establishing the early interest and endorsement of the CEO and board in the evaluation raised the profile of the effort and set an example for the sharing of experiences and learning within the organization. This was an important solution for the process and his commitment energized the evaluation. By *UFE Step 7* the evaluation unit of the parent organization, LIRNE*Easia*, also became involved in generating ideas and methodologies, especially those related to Internet surveys and network analysis that could be applied in this evaluation. All of this was the result of the early engagement in this process and the ownership that was produced; both referred to as "credibility creators". According to Ms. Kapugama: "The ownership was an important factor which was taking the UFE through and overcoming the challenges".

Focusing the evaluation (*UFE Step 6*) was perhaps the most challenging of the UFE steps as there was an inherent tendency to add more questions without a clear link to use. According to Ms. Kapugama "the Use focus helped to put things in perspective". Also CPR*South's* clear results framework was derived using Outcome Mapping that helped identify the key outcome and process parameters in the change theory that needed to be assessed. It was only later, once some results started to emerge, that CPR*South* also started addressing the issue of its change theory itself. Another study was commissioned to examine that issue.

It was determined early in the process that additional allocation of resources were needed for this evaluation to facilitate Ms. Kapugama's work on it. There was also an assumption, by some, that the assigned mentor would actually do the evaluation. However, it was up to the mentor to help redirect the funding to cover Ms. Kapugama's time. This helped build organizational capacity. It was a testament to the commitment of CPR*South* that it produced both a quality "self" evaluation and also built up its own evaluation capacity. This involved re-assigning Ms. Kapugama's responsibilities so that she could devote her energies in an almost full-time effort to the evaluation for an extended period. Once the results started to emerge the value of this time allocation became apparent.

The seminars on the UFE by Ms. Kapugama created a great deal of interest. For example, researchers were interested to learn about the extent of networking by members between

annual CPR*south* conferences. They studied methods for mapping networks and produced illustrative graphics demonstrating this activity. These results were incorporated into the CPR*south* *Evaluation Report* (2010). The mapping activity proved to be both an adaptive and innovative addition to the process.

CPR*south* researchers experimented with innovative means of increasing response rates to Internet surveys, including with Facebook and Twitter to enhance connectivity and response collection. Based on this experience, these new modes of engagement were being incorporated into the organization's subsequent communication strategy. Additionally, innovative approaches for future evaluations were identified by CPR*south* during the course of this UFE. This was facilitated by discussions generated by a paper presented by the mentor on innovations in network evaluation at the 2010 annual conference. Based on the analyses, it was determined that lessons should be drawn from the experiences of comparable organizations and networks for applying "good practice" lessons to CPR*south*.

6. UFE — Outcomes

In the experience of LIRNE*Asia's* leadership, the UFE as a "self-evaluation" was found to be much more useful than previous external evaluations. Based on this experience Dr. Samarajiva felt that "external evaluations may be overstated, and can produce deceptive results" likely due to the evaluator's limited exposure to organizational issues. Both Dr. Samarajiva and Ms. Kapugama said that "we started using findings even before the UFE was completed" and "it became useful as a whole". Results from this evaluation have also been used by IDRC headquarters in shaping their supporting policy research, as well as its support to LIRNE*Asia* and in promoting the CPR*south* model learnings to other regions such as Africa where a programme is being developed. CPR*south's* capacity building evaluation was also used in IDRC's evaluation of its PAN programme that integrated data generated by Ms. Kapugama. From a wider perspective, the learnings from this evaluation and from DECI overall, have provided IDRC with a rationale for expanding this type of support to other programmes. According to Laurent Elder, who was the Program Officer PO for LIRNE*Asia* when this UFE was started, and is now heading IDRC's Information & Networks Program: "when partners are good at evaluation, they are not afraid of it and this is useful when IDRC does its own larger evaluations that also involve them; UFE is perfect for building that capacity in organizations".

DECI contributed to building evaluation capacity for CPR*south* in a "learning by doing" mode that had multiple beneficial outcomes for the organization. It is important to note that CPR*south's* own financial contribution to the effort was significant, but worthy in light the benefits obtained. According to Dr. Samarajiva: "it was not a high cost operation; we were deeply involved in everything and it fit seamlessly into our operations. It was a good opportunity and Nilusha got trained in evaluations". Ms. Kapugama has used the experience to improve the organization's ongoing feedback mechanisms to build in better monitoring that allows for ongoing adjustments.

The results of the evaluation produced wide ranging outcome measures that have been very helpful in marketing the concept. CPR*south-Asia* is now going to provide a model based on its

learnings to the development of a similar ICT Policy Research Network in Africa. Stakeholders rated the ability to network very highly. A positive response was received for a “pay to attend” suggestion: such responses indicated that value was produced. In addition a large number of insights were obtained for improving the processes; how to expand awareness about the programme; how to better target applied policy researchers; and overall how to better respond to what applicants wanted; all offering areas for improvement. Initiating changes based on such feedback could be a valuable marketing tool which could include putting the evaluation on their website.

The findings have helped to refocus the goals of *CPRsouth* to be primarily oriented to supporting quality ICT policy research and enabling professional development, rather than aiming at producing policy changes that were perceived as beyond the scope of *CPRsouth*'s capacity building activities. A focus on young scholars, one-to-one mentoring and enabling a support system for them to be able to network with senior scholars emerged as a desirable focus and thus constitute a beneficial outcome.

7. UFE — Lessons Learned

Presenting the UFE evaluation concept at the *CPRsouth* conference and board meeting in December 2009 helped to develop confidence in and acceptance of the exercise at a senior level. The engagement of Dr. Samarajiva and the *CPRsouth* board enriched and grounded the identification of uses. This support also gave a big boost of confidence and support to the researcher, Nilusha Kapugama, not to mention allocation of additional resources to cover a significantly larger share of her time for this evaluation than was allocated previously. Hence there is value in events where influential stakeholders - or “credibility creators” - exhibit behaviours that visibly support the process. The presence of such support is particularly useful when the task of evaluation is considered a low level one in the organization with a junior professional assigned the responsibility, as had been the case with *CPRsouth*. This was noted in the *CPRsouth Evaluation Report* (2010) where it was stated that: “It was a good idea to have a top level person of the organization as the Primary User — his support was evident when the idea was presented at the Board meeting, and many supportive decisions were taken right there”. The level of readiness of the organization is considered at *UFE Step 1* in the UFE process. However as the acceptance and value of the exercise gained ground, it was seen that this readiness increased gradually, for instance as *UFE Step 3* activities were being carried out.

The initial focus of uses identified by the researcher, in consultation with the main PIU, were more in line with summative evaluation, as these were easier to identify. This focus was in line with what appeared to be the most pressing strategic agenda for *CPRsouth* : generating a narrative to raise funding and ensure its sustainability. The dialogue at the board meeting in December of 2009 was helpful in raising additional formative and developmental uses (*UFE Step 5*). The broader dialogue was helpful in re-focusing the evaluation to address both summative and formative issues. It also validated another use — that of evaluation capacity building for the organization.

The timing of this UFE was a beneficial factor for CPR*south*. The leadership had understood that a re-tooling as well as new fundraising strategies were both necessary. Although an external evaluation was perceived to have greater credibility for fundraising, it may have given rise to a greater demands for new data and with a cost higher than expected. Also a previous experience with an external evaluation had not been a positive one for them. Conducting a well-designed evaluation internally, in which the organization was in control throughout the process, gave them confidence. As it turned out it increased the value of the evaluation for them to the extent that the findings were used for decision-making even before the report was completed. This was a positive factor as was the ongoing mentoring support provided by DECI. There were many occasions when the UFE effort could have become diluted and weakened, thereby reducing its cost effectiveness. A willingness by organizations to allocate resources to evaluations and building evaluation capacity for UFE is an important facilitating factor; that in turn is augmented when mentoring support is made available.

Facilitation skills for evaluation mentors include, but (are) not limited to: (1) Listening and asking questions; (2) Forming a good organizational assessment for facilitating stakeholder and decision making analysis; (3) Building a good relationship that facilitates open and clear communication; (establishing these issues up front enhances the progress); and (4) Understanding and being responsive to needs. In addition to these general attributes that help throughout the UFE, specific technical support on evaluation practice and methods is needed, especially for UFE Step 6 and UFE Step 7. Patton's book *Utilization-Focused Evaluation* contains a wealth of practical guidance. However, it can be overwhelming. The mentor's guidance in the selective use of this practical knowledge was found to be important. In the case of the CPR*south*'s UFE, Ms. Kapugama was well acquainted with the organization's technical, management and strategic issues, thus there was a focused and detailed examination of the issues. The end result was very useful. In cases where the evaluator is new to the organization, an evaluation mentor or manager from within the organization may also be important.

A research organization such as LIRNE*Asia* has both its leadership and staff grounded in analytical research and its value potential. As most good evaluation studies are also grounded in good research, this orientation was very helpful in getting traction for the UFE exercise from the beginning. It is possible that some adaptations to the approach of DECI may be required for conducting UFE oriented "self-evaluations" in other, more operational, development programmes and organizations. Prior to conducting this evaluation, CPR*south* had been in operation for four years. This helped in broadening and deepening the information base for the UFE. Both formative and summative aspects could be addressed with greater reliability.

Appendix: Case Study LIRNE*Asia* Acronym List

BOP: Bottom of the Pyramid

CPR*south*: Communications Policy Research South CPR*south*

ICT: Information and Communication Technology

IDRC: International Development Research Centre of Canada

KEQs: Key Evaluation Questions

PIU: Primary Intended User

UFE: Utilization-Focused Evaluation