



Asking questions in the solution space: Methodological issues in evaluating equity[☆]

Fred Carden

International Development Research Centre, Canada

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ABSTRACT

This paper presents an overview of some core methodological issues in improving the evaluation of health equity interventions. It argues that evaluation can play a central role in the solution space if it takes a futures orientation and develops adaptive approaches. It makes the case that purpose must drive method and that clarity in values is central. It suggests a process to rethink health equity interventions, reshape policy based on evaluation at the systems level, and reform evaluation of health equity so that it has the capacity to adapt and to more realistically reflect the dynamic and changing nature of systems.
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1. Introduction

“The important tasks of investigating what works and what does not in the fight against poverty cannot be monopolized by one method.” (Ravallion, 2009, p. 5)

Equity is one of the most burning issues in development work. It occupies the thinking of agencies such as WHO and UNICEF; it occupies the work of researchers as reflected in this volume and yet remains one of the intractable of problems. The purpose of this volume is to provide some pathways to focusing on the solution space for addressing health inequities through a more effective use of evaluation. The volume recognizes that there is no singular solution, that many paths have to be explored. Further it recognizes that solution spaces are evolutionary: that the problems around health equity are not static hence the solutions have to embrace that uncertainty and be in themselves adaptive. This final contribution identifies some of the core issues that cut across evaluation's contributions to the solution space and proposes a focus on the reform of the role of evaluation in addressing health inequities.

Evaluating health equity interventions opens questions:

- Whose development and whose results?
- Whose values are important?

- How do we define progress – equity is a continuous challenge so we cannot define an end state but only continual improvement: here then we have to clarify:
 1. Improvement for whom?
 2. How do we avoid increasing inequalities?
 3. And, finally, knowing what happened is not enough: to improve, to use findings for policy purposes, to take ideas to scale, we need to know why, how, to the benefit of whom, in what context?

These are some of the questions I want to speak to here in discussing methodological issue we struggle with in evaluating for health equities. In this volume, many useful questions have been raised that can help frame evaluation in the solution space. Here, I want to highlight some key underlying issues that should guide the articulation of guiding questions and evaluation design.

Let me declare my own position: results are not about the project or program being implemented but about the change that is taking place on the ground. It is therefore essential to consider results from the perspective of what change is happening on the ground, not what change is happening in the program or the project.

2. Methodological plurality

“The main problem . . . is that they have put their preferred method ahead of the questions that emerge from our knowledge gaps.” (Ravallion, 2009, p. 1–2)

I am going to offer a survey of the methodological issues that we confront as we try to improve evaluation and its contribution to

[☆] Earlier versions of this paper were presented at the Sri Lanka Evaluation Association Conference, Colombo, 22nd April 2009, and at the Witwatersrand Virtual Conference on Methodology in Programme Evaluation, 2010.

E-mail address: fcarden@idrc.ca.

health equities. The papers in this special issue are more concrete on some of the approaches that make up the range of possibilities in this rich and growing field.

Let me briefly make three points about method that I think are central to understanding what methods to use.

1. *Form should follow function:* What this means is that the method of choice is never pre-determined but follows from what you are trying to find out, who needs to know and for what purpose they need to know. The above quoted critique is actually of random assignment as a method – but I removed the method identifier because this problem applies equally to any method where the proponent chooses first the method and then applies it to a problem. Many researchers are guilty of this and evaluation utility suffer in consequence. For purposes of methodological development it is useful to have experts focused on a single method. For real world problem-solving however, method should be determined in context of the problem to be addressed.

2. *Values and political positions matter.*

The question then becomes, which or whose values and political stances are legitimately included in development evaluations? Which impacts get assessed? (Greene, 2009, p. 5)

All social science, including evaluation, is conducted in contested environments where the science must dance with the values and politics of those who use the science. The science must contend with human volition and decision processes with all their uncertainties and indecision. So method cannot protect knowledge claims on its own and we should not allow ourselves to fall into this trap – it only leads to frustration and cynicism. What is most important here is to be clear on whose values and beliefs are included and whose are excluded. I will come back to this later.

In my estimation, we have the hardest-to-do science of them all! We do our science under conditions that physical scientists find intolerable. We face particular problems and must deal with local conditions that limit generalizations and theory building – problems that are different from those faced by the easier-to-do sciences. (Berliner, 2002, p. 4)

3. *Qualitative versus quantitative is a data question, not a methods question.* This is an important distinction. We often hear debates about the use of qualitative versus quantitative as if this were a methods issue. In evaluating equity, most methods will make use of both qualitative and quantitative data. In the four standard social scientific approaches – experimental, statistical, case study and ethnographic – both types of data are used. Some will have more emphasis on one data type over another, but method itself does not limit data to only quantitative or qualitative.

Table 1
Traditional and new policy mindsets.

Traditional policy framing	New policy mindset
<ul style="list-style-type: none"> • Presumptive • Long list of reforms 	<ul style="list-style-type: none"> • Diagnostic • Experimentation with lots of Monitoring & Evaluation
<ul style="list-style-type: none"> • Complementarity among reforms • Best practices, rules of thumb • Straight mapping from policies to outcomes: testing innovations 	<ul style="list-style-type: none"> • Selective, narrowly targeted reforms • Policy innovations • Experimentalist: innovation through implementation

Dani Rodrik (2008) describes the new mindsets emerging from these considerations as a shift from a traditional approach to policy framing to a new policy mindset (see Table 1):

Building this shift calls for changes in how we think about methods for measuring health equities. To get to this we need to **rethink** evaluation for development to shift our focus and priority away from the project or program and its funding to health equities on the ground. Practice, not only but especially in evaluation, is lagging. We need to **reshape** evaluation to take the local setting not the project or program as its unit of analysis. And we need to **reform** evaluation practice to directly address the asymmetries and inequities.¹

This has methodological implications not only value implications. I have alluded to the value implications already. Let me elaborate the methodological implications because these are the main focus of this discussion. I will elaborate them around the agenda of **rethinking, reshaping and reforming** evaluation proposed above. The agenda is intended to focus attention on what both evaluators and those who commission evaluations can do to take on this agenda. Addressing inequities is a difficult challenge. For evaluation to make a serious contribution in the solution space it needs to make its own changes and adaptations.

2.1. Rethink

“No method is sufficient to provide conclusive proof” (House, 2009, p. 425)

Evaluation emerges from a tradition of examining discrete interventions – projects, change in academic method or medicine, and so on. Increasingly what we are concerned about in improving equity is system change. This suggests we have to stop thinking about improving health equities as an intervention and think of it as a process where constant adjustment and experimentation is the norm. Evaluation must then find ways to be a useful tool in that more emergent process.

Rethinking development evaluation methods is defined by three key elements

1. Purpose of evaluation
2. Rigour: evaluating evaluation (evaluation can be a negative)
3. Systems orientation.

2.1.1. Purpose

Evaluation is most useful when it is built around the needs of the user, not the needs of the funder. We should go back to first principles about why health equity interventions are initiated: activities are meant to improve conditions in a community or in a society. It is therefore most important to think about the success, not in project terms, but in how change happens in society: has equity improved? Are more people better off, or are some better off and some worse off or seeing no improvement? Evaluation should be used to improve health equity not only to account for the expenditure of funds. A use focus is essential.

2.1.2. Rigour

Any method can be more or less rigorously applied. This seems self evident but is often in dispute. As Ernest House points out in his recent article in the American Journal of Evaluation (House, 2009), many evaluations are poorly done, including many scientific

¹ Here I am drawing heavily on a collaborative paper, prepared by David Bonbright, Fred Carden, Sarah Earl, Sanjeev Khagram, Nancy MacPherson, Zenda Ofir and Patricia Rogers: “Impact Evaluation for Improving Development (the IE4D Group). A short version” is available at: http://www.idrc.ca/en/ev-142698-201-1-DO_TOPIC.html. The full paper is published in 2010.

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