Evaluation capacity building—Results and reflections across two years of a multisite empowerment evaluation in an HIV prevention context

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ABSTRACT

As the need for rigorous evidence of program efficacy increases, integrating evaluation activities into program implementation is becoming crucial. As a result, external evaluators are placing increased focus on evaluation capacity building as a practice. However, empirical evidence of how to foster evaluation capacity in different contexts remains limited. This study presents findings from an evaluation capacity survey conducted within a multisite Empowerment Evaluation initiative, in which an external evaluator worked with 20 project teams at diverse community agencies implementing HIV prevention projects. Survey results revealed representatives from project teams (n = 33) reported significantly higher overall evaluation capacity after engaging with the external evaluator on planning and implementing their evaluation. Improvements differed across organization type, intervention type, staff position, and reported engagement on various activities throughout the course of the evaluation. Results indicated empowerment evaluation and other stakeholder-focused evaluation approaches are broadly applicable when evaluation capacity building is a desired outcome, particularly when able to engage project staff in the planning of the evaluation and in delivering technical assistance services. Accordingly, efforts should be made by program funders, staff, and evaluators to encourage active engagement starting in the early stages of program and evaluation planning.

1. Introduction

In a time of increasingly limited funding for public health activities, funders have heightened the level of accountability to which they hold grantee agencies, often requiring detailed reporting on outcomes rather than on scopes alone. To accomplish this, grantee organizations must gather meaningful evidence of program effectiveness through rigorous evaluation (Centers for Disease Control & Prevention, 2012). This emphasis on evaluation is particularly relevant in the field of HIV prevention, as small budget HIV prevention services agencies often lack the resources needed to foster the technical ability, staff capacity, and external funding required to conduct an in-depth evaluation of their programming (Kegeles & Rebchook, 2005). Increasingly, funders of HIV prevention interventions allocate a portion of their monies for an

external evaluator to consult with funded agencies, following a model used by the Health Resources and Services Administration (HRSA) Special Projects of National Significance (SPNS) initiatives. This approach allows for evaluation, technical assistance, and capacity building to take place without drastically increasing the burden placed on agency staff and finances. However, in public health fields, particularly HIV prevention, target populations and social contexts are always changing, which can diminish the value of a point-in-time evaluation given that findings are nested within a system (Veniegas, Kao, Rosales, & Arellanes, 2009).

The field of evaluation has attempted to address these challenges by promoting evaluation capacity building (ECB) as a central topic within all community-engaged work. Successful ECB aims to foster an organizational learning culture where evaluation activities are integrated

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into the day-to-day operations of the organization, allowing them to self-monitor and improve program performance. Theoretical models (Preskill & Boyle, 2008) and research syntheses on ECB (Labin, Duffy, Meyers, Wandersman, & Lesesne, 2012) suggest that the evaluation field has reached consensus around the specific metrics indicative of successful ECB: increased knowledge of evaluation, improved attitudes about evaluation, and improved incorporation of evaluation activities within organizations. Despite this consensus, limited empirical research has been conducted to assess ECB in multi-site evaluation contexts. This study seeks to quantitatively measure successful ECB within a multi-site evaluation of HIV prevention organizations in Chicago, in which ECB was a central goal of the evaluation approach employed.

1.1. Empowerment evaluation's role in ECB

There are several key components of program evaluation that help stakeholders and evaluators better understand program activities and intended outcomes. First, generation of a logic model allows the evaluator and stakeholders to map intervention activities onto intended outcomes. Second, creation of data collection tools and an evaluation plan facilitate accurate measurement, which is essential to determining success based on outcomes defined in the logic model. Third, creation and utilization of a fidelity assessment plan is necessary to ensure the activities listed in the logic model match those implemented. Without fidelity assessment, an evaluation is limited in its ability to measure the success of the program, as there may be significant deviations from the ideal implementation of the program. Finally, generation of a program manual allows stakeholders to organize all information about implementing and evaluating the program in a single document. This final component includes all evaluation tools, a summary of the staff and resources needed to implement and evaluate this program, and other relevant project materials (e.g., handouts, links to videos, flyers) needed to replicate the intervention in different settings. Only after establishing each of these components will evaluators and stakeholders be able to fully understand the program they are evaluating.

Program evaluators are accustomed to creating the aforementioned tools. However, the organization evaluands may have limited experience with creating an evaluation framework in tandem with program development, which is key to a rigorous evaluation. By completing the logic model, data collection tools, fidelity measures, and program manual collaboratively with an external evaluator, organization staff build their internal evaluation capacity (Kaufman et al., 2006; Rodriguez-Campos, 2012). This form of ECB is one of the guiding principles of the Empowerment Evaluation (EE) approach, and can occur at both the individual and organizational level (Fetterman & Wandersman, 2005). First, by granting ownership of the evaluation to program staff, the evaluator helps staff build skills at an individual level. Simultaneously, encouraging project directors and field staff to lead the completion of critical evaluation components promotes knowledge and expertise that would allow them to develop future program evaluation plans for their organization. Second, EE has an overarching goal of organizational ECB. Organizational learning and integration of evaluation activities into the day-to-day operations occurs by engaging program staff in the planning and implementation of evaluation activities (Duignan, 2003). Furthermore, the EE theory of process use states involving stakeholders will increase the likelihood that results will be used to make recommendations and inform future project activities (Fetterman, Kaftarian, & Wandersman, 2015). Together, the increased evaluation capacity and increased likelihood of use allow the evaluator to cultivate a more sustainable impact than a traditional, evaluator-led, point-in-time evaluation.

Although approaches, such as EE, place an emphasis on ECB at organizations, limited research has focused on the specific scenarios in which these approaches are most effective. The type of intervention, organizational setting, and project staff engagement with the evaluator each play significant roles in affecting the extent to which capacity

building occurs. Further, there is a dearth of knowledge about ECB and the role of an external evaluator in the context of HIV prevention organizations. Addressing this gap in the literature is relevant to evaluators, service organizations, and funders. Evaluators will be better informed when deciding whether to propose an EE model, particularly when working with an HIV prevention organization. Additionally, they can increase effectiveness by tailoring future EE models with best practices and lessons learned from this study. In turn, service agencies will benefit from evaluators using evidence-informed approaches, ultimately resulting in an increased likelihood of successful ECB occurring during a rigorous, stakeholder-led evaluation. This built capacity will not only allow these agencies to implement programs that work through ongoing monitoring and refinement, but it will also enhance their ability to communicate results with current and potential funding agencies. Each of these instances assures funders that they can hold their delegate agencies accountable for implementing effective programming, which also increases their ability to assess the success of ongoing funding initiatives, as well as inform future opportunities they will announce.

This study aims to assess the impact of an external evaluator using a stakeholder-focused evaluation approach, such as EE, on the evaluation capacity of 20 HIV prevention programs in Chicago. Results will provide lessons learned about the efficacy and perceived importance of an external evaluator, or similar entity, using an EE approach in an urban non-profit landscape. While we expect to find successful capacity building taking place in all cases, we anticipate individuals who report engaging the most with the external evaluator will see the most significant gains. Furthermore, we expect organizations implementing their own, locally developed intervention will benefit more than those implementing evidence based interventions (EBIs), and that staff at community based organizations (CBOs), as opposed health centers and hospitals, will similarly report the most significant gains in ECB.

2. Methods

2.1. Evaluation environment

The Center for the Evaluation of HIV Prevention Programs ("Evaluation Center") was funded by the Chicago Department of Public Health (CDPH) to oversee the evaluation efforts of 20 HIV prevention projects at 15 community-based agencies across Chicago. Ten of these projects are Centers for Disease Control and Prevention (CDC)-endorsed EBIs, while the other ten projects are locally-developed ("homegrown") interventions. The Evaluation Center has used an EE approach to provide technical assistance, engage in ECB activities, and ensure the site-specific evaluations result in rigorous, usable findings. This EE approach ensures that community members remain engaged and in control of the development, implementation, and evaluation of each demonstration project.

2.2. Survey development

The Evaluation Center identified six vital capacity-related domains: overarching evaluation plan history, understanding of evaluation components, success in engaging in evaluation activities, organizational evaluation capacity and approach, technical assistance reflections and needs, and satisfaction with Evaluation Center performance. To develop this survey, Evaluation Center staff adapted individual evaluation capacity measures (knowledge and skills) from the Evaluation Capacity Assessment Instrument (ECAI) to reflect the key evaluation components identified by the Evaluation Center team as being most germane to this project (Taylor-Ritzler, Suarez-Balcazar, Garcia-Iriarte, Henry, & Balcazar, 2013). The study team also adapted specific measures from both the ECAI and the Organizational Evaluation Capacity Self-Assessment (Bourgeois & Cousins, 2013) to measure organizational evaluation support and capacity specific to the context of this project.