How to do Capacity Assessments for Health Policy and Systems Research in University Settings: *A Handbook*
“A ‘how-to’ reference text for academics and researchers working in health policy and systems analysis. We will show you how to develop tools, carry out the assessment and analyse results. We advocate a collaborative and semi-structured approach that includes elements of self-assessment to help build a capacity strengthening strategy suitable for different contexts and organisational goals.”

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Doing HPSR&A Capacity Assessments in University Settings

Contents

Introduction ................................................................................................................................. 4

1. Designing a Capacity Assessment .................................................................................. 6
   Design Principles .............................................................................................................. 6
   Actioning Design ........................................................................................................... 8

2. Collecting Information .................................................................................................. 10
   Information Sources ...................................................................................................... 10
   Collection Methods and Tools ....................................................................................... 12
   Practical Issues to Consider ......................................................................................... 13

3. Analysing Information ................................................................................................. 16

4. Using Results ................................................................................................................ 17

5. Conclusion ..................................................................................................................... 18

Appendix 1: Information and methods for Context Mapping ........................................... 19

Appendix 2: Information covered in Individual/Organisational Assessments ................. 23

Appendix 3: Tools - Document Review Template ............................................................. 27

Appendix 4: Tools - Survey Template ................................................................................ 28

Appendix 5: Tools - An Interview or Focus Groups Using Stimulus Material .................. 30

Appendix 6: Tools - An Interview or Focus Group using NetMap ................................... 31

Appendix 7: Informed Consent Template .......................................................................... 33

Appendix 8: Introduction Sheet Template .......................................................................... 34

References ............................................................................................................................. 36

The Consortium for Health Policy and Systems Analysis in Africa .................................. 37
Introduction

Health Policy and Systems Research is an emerging field that sets out to understand how different societies organize themselves to achieve collective health goals. It takes a multidisciplinary approach to ask a wide range of research questions – from financing to governance - that probes into the issues surrounding implementation of services and delivery of care in both the public and private sectors. It is a crucial policy analysis tool – of both policies and processes – investigating the role, interests and values of key actors at local, national and global levels. Its explicit mission is to promote the coverage, quality, efficiency and equity of health systems and therefore the states of health experienced by a majority of the world’s population. Health policy and systems research is unique - and global research capacity in this important field is now urgently needed.

The importance of the field reinforces the need for adequate research and analytical capacity in a range of organisations, particularly local universities. Universities not only produce knowledge but teach and foster the next generation of policy-makers, health professionals and researchers. However, universities also face unique institutional opportunities and constraints that need to be taken account of in capacity strengthening. In a university setting, capacity to do HPSR&A therefore means capacity to conduct disciplinary rigorous research; to teach; and to network with policy makers and practitioners in order to get research into policy and practice (GRIPP); not least, a functional and supportive organisational environment is needed to support all of these activities.

When thinking of capacity, it is important to first know ‘capacity to do what by whom’. Here, we focus on the capacity to do Health Policy and Systems Research and Analysis (HPSR&A) by research units within university settings. Other researchers working in government or semi-autonomous research units that undertake health policy and systems research for health policy purposes may also find this handbook useful. In this handbook, we use the term health policy and systems research and analysis (HPSR&A) because we recognise that in addition to academic research, support for health system development typically includes routine analyses undertaken by government and private research institutions. The term is used to represent the full range of research and analysis relevant to health systems [1].

An essential part of building capacity of the field is capacity assessment. Comprehensive capacity assessment can help organisations plan, strategize, and make decisions on future capacity strengthening activities, while contributing to capacity strengthening in its own right [2]. There are currently no handbooks for assessing capacity of universities in health policy and systems research and analysis. This handbook is primarily aimed at HPSR&A groups within university settings considering capacity assessments in relation to their HPSR&A. It draws on work by the Consortium for Health Policy and Systems Analysis in Africa 2011-2015 (CHEPSAA) which designed and implemented a novel capacity assessment for seven HPSR&A units within African universities. This handbook sets out detailed guidance on how-to conduct a capacity assessment, based on the CHEPSAA experience.

In the following chapters, we identify and discuss the key practical issues related to the different stages of designing and implementing capacity assessments, and will demonstrate how we designed our capacity assessment, collected and analysed information and how we used our results. It is not a protocol that must be read in a linear fashion - we encourage readers to skip chapters and dip into sections as needed. Above all, we aim to be functional and accessible. The box below sets out what this handbook can and cannot do to help other HPSR&A units considering a capacity assessment for their own unique setting.
Box 1: What this handbook can and cannot do for you

**IT WILL**
- Provide guidance on overall assessment design whenever in the capacity strengthening process you intend to use it
- Highlight practical issues to remember throughout the stages of doing a capacity assessment
- Suggest contents and methods that you might use in your assessment

**IT WILL NOT**
- Provide a detailed off-the-shelf assessment protocol to import into different settings
- Provide fixed contents of assessment - rather we advise the contents are adapted to your particular context
- Provide a fixed set of methods - rather we suggest you tailor methods to the over-arching purpose of your assessment

The handbook can be used flexibly, before, during or after capacity strengthening activities. It could be used for early assessment of HPSR&A capacity to design a future capacity strengthening strategy. Or it could be used as a mid-term or final term evaluation to evaluate the impact of activities undertaken with the intent to strengthen HPSR&A capacity. It contains four sections which provide guidance on: 1) designing assessments, 2) collecting and 3) analysing information and 4) using results. The annexes contain detailed tools that can be adapted for use in different country and university settings.
1. Designing a Capacity Assessment

HPSR&A is most often undertaken by extensive research teams that are scattered across a single university and between universities within and across continents. Genuine collaboration is essential from the beginning as it means ownership of capacity assessment processes and outcomes across the participating partners.

**DESIGN PRINCIPLES**
This starts in design, by negotiating clear principles underpinning assessment design and agreeing the overall scope to the assessment and purpose of the work.

From the outset, the underlying principles of the CHEPSAA assessment were:

- **To be Comprehensive** in our understanding of capacity
- **To be Context specific**, by paying attention to different partner roles and context rather than take a standardised check list approach to assessment
- **To be Accessible**, by designing an assessment that was clear and easy to use.

In the interests of comprehensiveness and context specificity, CHEPSAA approached assessment design from an integrated perspective, as usefully set out in the Potter and Brough capacity pyramid. Potter & Brough distinguish four interrelated dimensions of capacity: a) structures, systems and roles; b) staff and infrastructure; c) skills; d) tools. Each dimension enables, and builds on, the effective use of others [3]. These different dimensions of capacity are engaged in complex interrelationships and each can represent a constraint or an opportunity for effective development of capacity at other levels. A comprehensive capacity assessment means focusing on three levels of capacity - an individual working within an organisation, the organisation itself, and the wider system or environment in which an organisation operates. These levels are seen as interdependent with the whole greater than the sum of the parts.

Practically, these design principles were realised in design in the following ways

1. To allow a comprehensive assessment of capacity,
   a. Three levels of capacity were incorporated: individual, organisational and context
   b. Assets (strengths) as well as deficits were sought, rather than only focussing on current deficits. Even before the assessment was conducted, partners recognised a number of pre-existing assets such as long experience with training programmes, links with national and regional health policy makers, and experience of networking across African institutions.

2. To ensure context specificity,
   a. Assessment of individual partner research capacity was conducted as a self-assessment. Self-assessment was particularly attractive to the consortium because it was able to take advantage of existing expertise. There was also a sense that the assessment process had potential to be a positive learning experience for all partners.
3. To allow an accessible assessment,
   a. A semi-standardised approach was explicitly discussed and consciously chosen. African partners agreed to return a minimum data set in their reporting to the consortium but no maximum. This approach enabled comparison of assets and needs at a consortium level so that recommendations in capacity strengthening across partner institutions (not only within each partner) could be made.
   b. Familiar research methods were used in data collection and analysis. New methods would require capacity development before the assessment could begin.
   c. A phased and incremental approach was taken as a practical way to ensure a) continuity of analysis alongside the data collection; b) to spread the workload of the assessment; c) discuss results from previous step and ensure they inform the next step.

The steps in the assessment are set out in Figure 1 below. Our phased and incremental approach combined four broad steps over 14 months.

The final issue to consider in design is that the scale of the assessment is appropriate to the capacity question being asked. In CHEPSAA, we assessed capacity to conduct HPSR&A, which covered numerous aspects of researching, teaching, networking, and communicating research produced in university settings to policy makers and practitioners. Other assessments need not be as broad as the CHEPSAA assessment and could focus on any one of these aspects, depending on their relevance to your assessment.
**ACTIONING DESIGN**

It is essential to develop shared understanding of underlying concepts, such as HPSR&A/capacity before launching an assessment. This can be done through a series of meetings and/or a workshop that involves all partners. In CHEPSAA, we developed a discussion document; reviewed that document through email; and conferred through regular consortium teleconferences and in person at the first consortium annual meeting. The discussion document was subsequently finalised as the conceptual basis for our assessment. Time spent developing a genuine shared understanding of underlying concepts will strengthen collaboration; ensure ownership and commitment of assessment processes and outcomes and ensure clarity in assessment design. This is especially important for extensive research and teaching consortia.

A phased and incremental approach is a practical approach for managing capacity assessments across multiple partners and contexts. In CHEPSAA, a common guideline was developed to map the contextual environment of HPSR&A for each participating partner. The key themes for assessment are outlined in Step 2, Figure 1. While the context mapping was anchored in a document review, it also included informal discussions with policy partners, and personal reflections by senior HPSR&A academics. Partners developed individual country reports against a minimum data requirement (though no maximum), which was subsequently synthesised using a framework approach based on the earlier mapping themes (Figure 2) to inform the next step in the assessment. The complete minimum data requirement is detailed in Appendix 1. We deal with analysis conducted by each consortium partner, and a consortium-wide comparative synthesis, at each step of the assessment in greater detail in Chapter three.

![Context Mapping](image)

**Figure 2: Context Mapping - Themes**

The next step in the CHEPSAA incremental approach was a thematic organisational self-assessment incorporating assessment of individuals. Participating partners returned reports that included relevant material from the context mapping exercise. Our conceptual understanding of capacity in HPSR&A effectively drove the emergence and refining of six themes for this next step in the assessment. These are set out in Figure 3 below. Again, a minimum information requirement was agreed to allow comparative mapping of capacity assets and need across partners but partners were at liberty to return additional information, pertinent to their unique circumstances. The complete minimum data requirement is detailed in Appendix 2.
In conclusion, we summarise the practical issues to remember when designing a capacity assessment in the box below.

**Box 2: Practical Issues - Design**

- Clear and shared principles underpinning design are especially important for extensive consortia
- Develop a shared understanding of underlying concepts early in the design stage
- Develop a vision for the whole process as early as possible
- An incremental and phased approach is a practical and accessible way to manage assessment activities
2. Collecting Information

When collecting information for a capacity assessment, the information sources and collection methods used should meet the purpose, scale and scope of the designed capacity assessment. The greater the scope of the assessment, the greater will be the need for a range and depth of information, and hence an appropriate method mix to capture that information.

INFORMATION SOURCES

There are at least two main sources of information - documents and people. There will be implications in using these sources, such as the quality of the information and the possible need for ethics clearance before undertaking the work. The sources of information and collection methods are discussed first, before considering such practical issues.

It is likely that significant and readily available documentary information is available. A sample of such sources is set out below. This is not intended to be exhaustive, but rather to indicate just how much information is currently generated in university settings that can be used to assess HPSR&A capacity:

- Existing and current information generated in the partner’s daily life such as: annual reports; budgets; written regulations; vision and strategy documents; project & monitoring process documents; guidance on applying for grant funding and costing in applications; past capacity development assessments reports; organisational charts; organisational websites; job descriptions; descriptions of promotion criteria; written ethics approval documents; databases (or spreadsheets) of past and existing external funding; project proposals; completed student evaluation forms; student survey returns,
- Information used by partners but created by external donors such as project management and monitoring requirements; contracts; meeting minutes and other meeting notes,
- Academic documents such as published and unpublished research papers; book chapters; student dissertations,
- Reports published to non-academic audiences,
- Mass media sources such as TV/radio programmes; newspaper articles; Internet sites, fora & discussion threads.

Likewise, there are many different groups of people who can act as information sources. Again, the scope and scale of the assessment is an important determinant of who such people will be. A comprehensive assessment integrating different dimensions of capacity (individual, organisational and context) - means including people within an HPSR&A unit or grouping, those at a department/school level and also at university level. The HPSR&A unit interacts with its research and teaching users, stakeholders and network members. These will be known to individual researchers and teachers. Additionally, by using a phased, incremental approach to capacity assessment, key respondents for an earlier phase, can be identified for a later phase.

The table below indicates many of the different respondents on the CHEPSAA assessment. Roles were not homogenous and varied by country, region, locality and organisation. This list may be altered to remove, or include additional respondents and participants as determined by the purpose and scale of different capacity assessments.
### Table 1: Potential information Sources: People

<table>
<thead>
<tr>
<th>PARTICIPANTS</th>
<th>EXAMPLES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>THE UNIVERSITY</strong></td>
<td></td>
</tr>
<tr>
<td>HPSR&amp;A team</td>
<td>Staff working on HPSR&amp;A research and teaching projects within a selected research unit and/or across the university in different research units</td>
</tr>
<tr>
<td>Other University employed academic and support colleagues with whom the participating assessment partner has necessary working relationships in research and teaching</td>
<td>School/department and university colleagues from cross cutting departments such as finance, HR and quality assurance</td>
</tr>
<tr>
<td>Leaders</td>
<td>Of selected research units / of the school or department / of the university legal entity</td>
</tr>
<tr>
<td><strong>WIDER STAKEHOLDERS</strong></td>
<td></td>
</tr>
<tr>
<td>Users of HPSR&amp;A research &amp; teaching</td>
<td>Current students in HPSR&amp;A courses / alumni working at other organisations / teachers from other HPSR&amp;A teaching &amp; research institutions</td>
</tr>
<tr>
<td>Key funders for both research and teaching: Overseas development donors for both HPSR&amp;A research and teaching Core grant providers for both HPSR&amp;A research and teaching</td>
<td>Donor staff at senior and project level / senior and midlevel bureaucrats in core grant administration and prioritisation</td>
</tr>
<tr>
<td>Major institutions involved in HPSR&amp;A research and teaching: These may include National Ministries and Quangos (Health &amp; Other) Provincial Ministry departments and research centres, as well as Research Committees</td>
<td>Politicians / Ministry department leaders at national, regional or local office level / bureaucrats responsible for policy drafting</td>
</tr>
<tr>
<td>Peer Organisations (collaborators; competitors; peers)</td>
<td>Formalised network member organisations / broader scientific community members / professional associations</td>
</tr>
</tbody>
</table>
COLLECTION METHODS AND TOOLS

It is important to select appropriate methods and tools to extract adequate and appropriate quantity and quality of information for an assessment. Some information can be collected from more than one source and more than one method. Practically, the sources and methods used will reflect the scope and scale of the assessment. Not least, we suggest that the ultimate purpose of a capacity assessment is always borne in mind - an assessment is not a research project but rather an exercise to gather information that can practically be used in strengthening HPSR&A capacity over a previously agreed period of time.

In the CHEPSAA assessment, a mix of methods was used to extract specific information from documents and people. We used a variety of collection tools in our assessment that were adapted to the method chosen. Four common methods were used. These were:

- Document Review
- Survey
- Key respondent interview
- Focus group discussion

A document review is a method used to extract specific information from existing and available text sources. It is mainly used to gather background information, although it can also be used to identify further information sources or persons that could be included in an assessment and to develop additional collection methods (e.g. see Stimulus Material below). A generic tool for document review is set out in Appendix 3. These generic tools should be adapted and changed as required for the particular context and circumstances of each capacity assessment.

Surveys are a method of gathering information from people, usually a large number of people. They can be conducted over the telephone, by mail, in person, or on the web. Every participant is asked the same question, so that the information collected is standardised for faster collation and synthesis. In CHEPSAA, we used a survey to gather information on HPSR&A staffing levels and desired skills development. The generic tool used to do so is set out in Appendix 4.

Key respondent interviews and focus group discussions often make use of a traditional question sheet to guide the session. However, we used two additional tools:

a) Stimulus Material

As an alternative to direct questioning of a respondent in an interview or focus group, stimulus material can be used when respondents may find it difficult to verbalise beliefs, ideas and experiences. Stimulus material can include visual cues such as photographs, press clippings, maps, graphs, and pie-charts. Document review can generate highly effective stimulus material. In addition, participants may be given, or asked to identify, critical events. Respondents are asked to describe best / worst examples of, for example, effective internal information / financial systems, (leading into respondents identifying opportunities and constraints to strengthen current systems); or of effective teams. An interview or focus group using stimulus material is therefore less structured than a traditional interview and requires a flexible approach. If stimulus material is used as a tool for information collection, time will be necessary to think about the sequence of collection activities (discussed more fully below). A generic example of an interview/group discussion using stimulus material is outlined in Appendix 5.
b) NetMap

NetMap is a flexible tool that can be used in key respondent interview or focus group discussion. It helps people visualize and discuss situations in which many different actors influence outcomes. It is very strong on identifying, describing and analysing relationships. Comparing NetMaps created by different respondents can also be very valuable. Such comparisons could include:

- Between senior and junior staff within a HPSR&A grouping
- Between partners and different stakeholders e.g. key funders and/or users of HPSR&A Research and Teaching
- Between different organisations

The NetMap tool is procedural and relatively easy to use - more details are set out in Appendix 6. It is also flexible and can be used to understand organisational internal processes as well as external relationships. It allows respondents and focus group participants to generate unexpected and insightful information that a facilitator may be unaware of, and complements other methods and tools.

PRACTICAL ISSUES TO CONSIDER

There are a number of practical issues when thinking about collecting information.

The overall approach to information collection will inform, and be informed by, the accessibility of persons and documentation as well as the methods mix. The goal is to develop a practical assessment using an approach, method mix and sequence of collection and analytical activity that can answer the assessment question.

When considering information collection approach, bear in mind that capacity assessment teams are unlikely to have continuous access to all documentation and respondents equally. Access to senior figures is likely to be difficult; therefore assessment teams will need to plan accordingly. Additionally, there may be an advantage to engaging with HPSR&A academic and support colleagues more than once to generate the required depth of information for an assessment. Returning to respondents with interim findings can help to check earlier findings and generate additional information to support an assessment, such as for brainstorming on recommendations. Returning to respondents with interim findings is also a way to acknowledge their contributions and assist with networking. This could be done individually or in a group situation. For example, a senior office holder may be interviewed and a peer group of seniors invited to participate in a focus group to review results.

A mix of methods is likely necessary to capture the complex dynamics of organisational processes. It is highly unlikely that only one method will be able to generate the required information. Clearly, the mix of methods chosen should be able to generate the information required by a capacity assessment. For example, if the information requirement seeks relatively standard information on teaching and research activities this lends to survey. Depending on the scope of the assessment, focus groups or interviews could be used to explore staff opinions on existing staff development and whether future capacity strengthening should build on these or create new structures.

When developing an appropriate method mix, it is also useful to think about method sequence. Different methods have different start and finish times - hence information collection could take place sequentially or in parallel. These are not mutually exclusive. In a sequential approach, the assessment team designs a method mix and uses first one method, then a second, then a third until complete. Some methods can start immediately, for example, document review. These could precede key respondent and individual/group surveys or interviewing. The advantages of taking a sequential approach are:
Choosing one method to anchor the information collection can give focus to investigations and take advantage of different accessibility of information. For example, if seeking student feedback and students will only be available at certain times, the sequence of information collection can proceed accordingly. Assessment teams can also analyse new information requirements as they arise.

On the other hand, the disadvantages are:

Things change. Teams may miss information later, which was not found at the ‘start’. The anchoring method may not be useful. For example, a document review may have initiated the assessment but there was no documentation found on a key topic. However, such a finding could in itself be useful to know for future planning.

Alternatively, a mix of methods selected could progress in parallel until the end of the information collection period. The advantages to a parallel approach are:

Applying for ethical clearance and organising key respondent and group timetables take time; respondents cancel and role-holder’s change and teams have other work commitments. Working in parallel gives maximum flexibility as teams take advantage of different tempo of methods, respondent timetables and schedule information gathering accordingly.

A clear disadvantage is:

The team gets ‘lost’ in the collection.

A final option is a mix of the above. All methods to progress in parallel but with a break scheduled into the collection period. This has the advantage of:

Collection is tightly focused. Assessment teams can use the break to review progress to date and refocus on the second phase. For example, either focus on gaps that have been identified, follow up emergent ideas, or validate initial ideas and findings.

On the other hand, the disadvantages are:

Time and money resources may be scarce therefore a break may simply not be feasible given other commitments.

Further combinations can be created. Each combination has its own has advantages and disadvantages. The method mix and sequence should best suit the unique circumstances of the assessment teams and participating partners.

Ethical conduct is still important during information collection for capacity assessments. While we advocate approaching capacity assessments in a highly practical manner, confidence in the quality of information collected is still necessary and assessment teams are still accountable to their respondents and wider academia to conduct assessment activity in a morally responsible manner. We recommend a general approach to any capacity assessment of openness and honest intention to not harm specific individuals or the organization as a whole. In CHEPSAA, we sought ethical clearance for assessment activities, to both enable future publications and to act as an aide to developing clear procedures for approaching respondents (informed consent templates and a letter of introduction that were used in the assessment are set out in Appendix 7 and 8 respectively). Should other assessment teams wish to do so, bear in mind
that ethics committee requirements may have a bearing on the sequence of information collection. For instance, information collection with external stakeholders may not be able to commence before ethics clearance is gained. If this is delayed, assessment teams will have to reconsider method sequence.

A key issue is, as always, confidentiality. Different levels of confidentiality are necessary at different times for different respondents. For example, it may be necessary to know details on which job roles identified particular skills needs. However, for publication to academic journals, attribution of responses by job roles may not be appropriate, especially if by senior roles. As a principle, seek to keep individual information sources confidential. In addition, any individuals who provide sensitive information should be protected (for example, by restricting access and ensuring secure store of information). In group sessions, it may be appropriate to establish that potentially sensitive personal views and opinions should not be divulged outside the group [4].

A final practical reminder is that there is an opportunity cost to doing capacity assessments. Doing assessments require capacity - such as academic and administrative staff time to design and conduct an assessment, knowledge and skills to conduct collection and analysis activities (although we advocate here using known methods and tools to reduce this particular burden on assessment teams), access to basic infrastructure resources such as office space, electricity and IT facilities, and so on. In other words, a capacity assessment, especially one partially conducted as a self-assessment, is not ‘free’. Time and resources spent on a capacity assessment will therefore create a knock-on to other research and teaching activities within an academic grouping. Time available for these activities will be reduced during the period of a capacity assessment. These opportunity costs in capacity assessment can partially be offset by taking an overall phased and incremental approach and careful consideration of timing to avoid peak workloads. Ultimately, the benefits of capacity assessment to capacity strengthening will outweigh these opportunity costs.

In conclusion, we summarise the practical issues to remember when collecting information for a capacity assessment in the box below.

**Box 3: Practical Issues - Collection**

- The main sources of information are likely to be documents and people
- HPSR&A groups will likely have existing access to a wide range of documentary sources generated by everyday organisational life that can be included
- HPSR&A groups will have existing access to a wide range of persons (such as colleagues, students and external stakeholders) and who may be invited to participate
- Carefully consider which method mix and sequence can most effectively achieve the assessment purpose
- Follow ethical practice when collecting information for capacity assessments
- Remember the opportunity costs of conducting capacity assessments and seek to reduce this using a phased and incremental approach and known methods and tools
3. Analysing Information

It is essential to spend sufficient time in analysis as a prequel to making appropriate use of results. Again, we advocate a practical approach. Stop collecting information when there is sufficient for analysis and likely to answer the assessment question. Time spent in analysis should be appropriate to the scope of the assessment.

In CHEPSAA, analysis of the collected information took place on two levels: self-assessment by each research partner and an external comparative analysis across partners to generate a consortium view. Each partner carried out self-assessment of their own collected information, using a framework approach based on key thematic areas investigated during collection to generate an individual partner report. National workshops were organised in each African country to discuss and review the results of the capacity assessment with key HPSR&A stakeholders. The results of these discussions were also incorporated into reports. An external partner then reviewed these reports using a framework that allowed partner results to be collected into two matrices - thematic based results and recommendations for individual partner research capacity strengthening. The external partner carried out a series of internal meetings to discuss and agree the key findings arising from the comparative summaries. The final comparative assessment focused on the implications for each of the key themes previously identified in the context mapping and organisation/individual assessment phases and implications of findings for the consortium. The completed matrices were circulated to the consortium and extensively discussed at a consortium workshop. From this, recommendations were made for a three year capacity strengthening strategy.

Both assessment of partner organisation and of the wider consortium took a balanced view between the existence of assets and the identification of gaps and therefore needs. This was important to us as part of the CHEPSAA overall design was to take account of existing assets. We also approached analysis in an integrated manner, considering assets and needs at different levels of the capacity pyramid and whether or not there was linkage between particularly assets that would indicate stronger capacity to undertake HPSR&A. Scope was given to research partners to give their own personal assessment of the HPSR&A situation based on their experience and to take account of context (such as the likelihood of change in political support for HPSR&A) and short, mid and long term sustainability (such as staff turnover issues).

To summarise, then, we recommend three practical issues to remember when analysing information for your research capacity assessment, set out in the box below.

**Box 4: Practical Issues - Analysis**

- Think about how your design principles will inform your analysis from the outset
- Ultimately the function of analysis is to generate actionable results - use an analytical method that can do this
- A framework approach to analysis can be fast and functional, and provide useable results
4. Using Results

Throughout this handbook, we have emphasised that any capacity assessment should be practical. Capacity assessments are usually undertaken with a key purpose in mind. The underlying principles, scale and methodological approaches should all work together to achieve that purpose.

In the CHEPSAA assessment, we undertook a comprehensive capacity assessment of HSPR&A activities within seven African university settings in order to develop a practical three year capacity strengthening strategy. As our assessment aimed to be comprehensive in assessing three levels of capacity, the capacity strengthening strategy was also aimed at these three levels. Additionally, we took into account time and resources - we had a limited budget for activities within a three year period. Some activities were highly desirable but not achievable within these constraints.

The practical ways in which the assessment results were used to support capacity strengthening in different settings are highlighted by two different country partners, below:

**PARTNER 1:**

*The capacity needs assessment was not only an opportunity to snowball participants for interviewing but also an opportunity to snowball ideas with participants and get their buy in for future activities. A good example of this is the Journal Club which two local Universities now jointly host. There are 5 journal clubs a year with an average of 30 participants; attendees come from a range of places, such as the Provincial Department of Health, those who work in public health facilities and from a range of teaching and research institutions in the area. This built on existing networks, but the assessment helped us pull them together for greater coherence.*

**PARTNER 2:**

*The findings from the capacity needs assessment highlighted that HPSR&A was less recognized as an area of health research within our university and it was therefore receiving less attention in terms of recruiting experts and developing the capacity of interested public health and health systems researchers. The realisation of the need to raise the profile of HPSR&A in our institution resulted in creating a link to the CHEPSAA website on the college homepage and introducing CHEPSAA and HPSR&A through brief presentations at college and faculty meetings, as well as during project meetings and feedback workshops. These activities led to an increase in interest for HPSR&A. Understanding the capacity gap between health policy and systems researchers and practitioners in proposal and paper writing led to the design and implementation of periodic HPSR&A proposal and paper writing workshops for both the academia, policy makers and project managers, with some outputs being successfully funded proposals, successful expressions of interest, and research papers undergoing review. We already had some of these links between researchers, policy makers and practitioners, but the capacity assessment helped us target our scarce time and money more effectively.*

**Box 5: Practical Issues - Using Results**

- Remember the original purpose of the assessment and tailor results to suit that purpose
- Remember to focus activities on all three levels of capacity
- Build on the assets that are present, to reach a new level of capacity for the future
5. Conclusion

As far as we are aware, to date the CHEPSAA methodology is new and unique to the field of HPSR&A. Our purpose has been to share our experience and offer practical support to others. In this handbook, we have provided guidance on how to design and conduct an HPSR&A capacity assessment and show how we used our results.

There are two final points to raise. In conducting the CHEPSAA assessment, we found that identifying the ‘unit of assessment’ was often a challenge because HPSR&A activities tended to overlap between different university departments and are embedded in different external networks. This is inherent to the nature of the field, since it is still emerging, is multidisciplinary and seeks to be relevant across sectors. Thinking of HPSR&A as a networked activity could be an alternative way to conceptualise the field. One way to make this practical in a capacity assessment could be to revisit the tasks undertaken by HPSR&A staff and units to understand the relative balance between responsibility for tasks and governance of those tasks [2].

In addition, we found that conducting a capacity assessment is not only a planning tool but was also capacity strengthening of itself. It provided unique opportunities to synthesise known internal information sources, acted as a powerful awareness raising activity within and outwith university settings and allowed greater scope in the application of existing HPSR&A assets [1].

The CHEPSAA assessment methodology can be potentially useful to research units in non-university settings such as Ministries of Health or civil society organisations. The specific scope of work of different organisations should be reflected in the assessment themes. For instance, HPSR&A Quality Assurance may not be a priority for a Ministry of Health but other themes such as Leadership and Governance, Communications and Networking, and Resources would continue to be relevant [1].

Finally, there are six Take Home messages to remember when conducting a capacity assessment, set out in the box below.

**Box 6: Take Home Messages**

- Capacity assessment is an important part of capacity strengthening
- It is important to first be clear on capacity to do what by whom
- Ensure ownership of capacity assessment processes and outcomes from the outset
- An integrated asset based approach will give room for flexibility in design and implementation
- Collection and analysis methods and tools should always be adapted to suit your own context and scope of your own capacity assessment
- Use results in a way that is consistent with original assessment aims
### Appendix 1: Information and methods for Context Mapping

#### Table 2: Mapping Context - Questions, Suggested Methods and Key Considerations

<table>
<thead>
<tr>
<th>Broad question</th>
<th>Examples of specific questions for exploration</th>
<th>Data collection method</th>
<th>Considerations / notes / prompts</th>
<th>Relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) What are the implications of the country’s policy and political environment for HPSR&amp;A and its uptake in policy and practice?</td>
<td>What key political facilitating factors and constraints exist in the public sector which may affect uptake of research/evidence in policy and practice?</td>
<td>Document Review</td>
<td>Examples could be Govt willingness/resistance to change, political elections, background of decision-makers, ruling Party’s manifesto/views</td>
<td>Policy and political environment affect the degree of national-level support (or hindrance) to all aspects of HPSR&amp;A research and teaching, including uptake of results in policy and practice</td>
</tr>
<tr>
<td></td>
<td>How do the above factors affect uptake of research/evidence in the health sector?</td>
<td>Team Discussion</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What is the position of research in the National Health Policy/Strategy/Plan and/or National Scientific Strategy? What is the position of HPSR&amp;A within this?</td>
<td>Interview</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>2) What, if any, mechanisms exist for priority-setting for research and in what way does this affect the position of HPSR&amp;A?</td>
<td>Is there a process for identifying research priorities in the public sector and what are its main features (e.g. who is involved, how is it done)?</td>
<td>Document Review</td>
<td>Including roles of key national and international actors</td>
<td>Priority-setting mechanisms affect not only the position of HPSR&amp;A but also provide information for partners to possibly engage (and improve where feasible) these processes, in order to increase the recognition of HPSR&amp;A in the country.</td>
</tr>
<tr>
<td></td>
<td>How does research priority-setting in the wider public sector compare with the health sector?</td>
<td>Team Discussion</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What are the implications of priority-setting mechanisms and processes on the current position of HPSR&amp;A?</td>
<td>Interview</td>
<td>x</td>
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</table>
### 3) What main decision-making styles are used and in what way do these affect the linkages between policy-makers and other actors, including possible implications on getting research into policy and practice?

<table>
<thead>
<tr>
<th>Broad question</th>
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<th>Data collection method</th>
<th>Considerations / notes / prompts</th>
<th>Relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td>How are national health policy decisions made in the health sector and by whom?</td>
<td>- What specific linkages/relationships between health policy-makers and other actors (including researchers / academia) are you aware of in your country? What is the role of your organisation in these relationships?</td>
<td>Document Review</td>
<td>- Explore degree of: - actors’ participation - evidence-informed</td>
<td>The knowledge of decision-making styles provides opportunities for researchers to engage in dialogue with (and inform / influence decisions, where feasible) policy-makers</td>
</tr>
<tr>
<td>What are the effects of the above on a) quality of HPSR&amp;A research (and teaching) and b) uptake of research in policy decisions?</td>
<td></td>
<td>Team Discussion</td>
<td></td>
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</tr>
</tbody>
</table>

### 4) What is the existing funding environment for HPSR&A research and teaching, including its likely trends, and in what way does this affect areas targeted for capacity strengthening?

<table>
<thead>
<tr>
<th>Broad question</th>
<th>Examples of specific questions for exploration</th>
<th>Data collection method</th>
<th>Considerations / notes / prompts</th>
<th>Relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td>How accessible is HPSR&amp;A research funding? Where does funding for HPSR&amp;A generally come from and in what form? What proportion of it comes from national and international sources?</td>
<td>e.g. Calls for research project proposals, commissioned studies, research within wider investment / development projects</td>
<td>Document Review</td>
<td></td>
<td>The knowledge of the of funding environment will provide opportunities for partners to predict, respond to, and explore funding opportunities available at national and international levels for HPSR&amp;A research and teaching</td>
</tr>
<tr>
<td>What existing funding exists for HPSR&amp;A teaching in your country? What proportion of it comes from national and international sources?</td>
<td>e.g. Targeted core funding for teaching, tuition fees</td>
<td>Team Discussion</td>
<td></td>
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</tr>
<tr>
<td>What proportion of the above funding (for both HPSR&amp;A research and teaching) is available for your organisation (or network) and based on what?</td>
<td></td>
<td>Interview</td>
<td></td>
<td></td>
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</tbody>
</table>

### 5) How can the capacity of decision-makers (and other actors) be characterised/described in relation to: - use of evidence in policy processes - understand research systems - identify priorities for research and commission studies?

<table>
<thead>
<tr>
<th>Broad question</th>
<th>Examples of specific questions for exploration</th>
<th>Data collection method</th>
<th>Considerations / notes / prompts</th>
<th>Relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the main strengths and weaknesses of decisions-makers’ capacity in these areas?</td>
<td>If possible, cover the four dimensions of a Capacity Pyramid</td>
<td>Document Review</td>
<td></td>
<td>The knowledge of decision-makers’ capacity will enable partners to recognise their strengths and weaknesses in the dialogue and improve decision-makers’ capacity where feasible and relevant to partner priorities</td>
</tr>
<tr>
<td>What are the key/major differences in capacity and its application between the areas?</td>
<td></td>
<td>Team Discussion</td>
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<td></td>
<td></td>
<td>Interview</td>
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<tr>
<td>6) What major institutions (or individuals) are involved in HPSR&amp;A research and teaching and what are the implications for capacity strengthening?</td>
<td>Which university institutions are considered as the major institutions/organisations in HPSR&amp;A research?</td>
<td>Document Review</td>
<td>Possible characteristics: • Ownership (public, private) • Experience/years in the field • Thematic focus of work • Number of qualified staff in the field (e.g. with the PhDs in Health Policy Analysis)</td>
<td>The knowledge of key/major institutions in the field will provide opportunities for partners to effectively engage with these institutions in relevant areas (e.g., course development)</td>
</tr>
<tr>
<td></td>
<td>Which university institutions are considered as the major institutions/organisations in HPSR&amp;A teaching?</td>
<td>Team Discussion</td>
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<tr>
<td></td>
<td>What are the main characteristics of the major institutions and in what way do these affect their role?</td>
<td>Interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Is there a critical mass of HPSR&amp;A organisations in the country, what are their interrelationships and implications for capacity strengthening the field?</td>
<td>How many institutions/individuals are working in the field of HPSR&amp;A research?</td>
<td>Document Review</td>
<td>The knowledge of critical mass will enable consortia to engage with, and build on the strengths of, other institutions in the field of HPSR&amp;A research and teaching</td>
<td></td>
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<tr>
<td></td>
<td>How many institutions/individuals are working in the field of HPSR&amp;A teaching?</td>
<td>Team Discussion</td>
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<tr>
<td></td>
<td>What national networks exist in the area of HPSR&amp;A research? What institutions are involved and who is leading these? What is the role of your organisation (if any) in these?</td>
<td>Interview</td>
<td>e.g. professional associations, academia- decision-makers, both formal and informal networks (incl. civil society and media)</td>
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<tr>
<td></td>
<td>What national networks exist in the area of HPSR&amp;A teaching? What institutions are involved and who is leading? What is the role of your organisation (if any) in these?</td>
<td></td>
<td>e.g. professional associations, academia- decision-makers, both formal and informal networks (incl. civil society and media)</td>
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<tr>
<td></td>
<td>Which international networks does your organisation participate in? What is the role of your organisation in these networks?</td>
<td>Team Discussion</td>
<td>a list of key international networks is provided in the CHEPSAA proposal</td>
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<td></td>
<td>What outputs can be identified from national and international networks and what are the effects of these on teaching/research quality and GRIPP?</td>
<td>Document Review</td>
<td>e.g. joint research, joint courses, advocacy, peer support.</td>
<td></td>
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<tr>
<td>Broad question</td>
<td>Examples of specific questions for exploration</td>
<td>Data collection method</td>
<td>Considerations / notes / prompts</td>
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<tr>
<td>8) What national and international regulatory frameworks exist for HPSR&amp;A research and teaching and what are their implications on capacity strengthening?</td>
<td>What formal national teaching quality assurance frameworks/ standards exist and how (and by whom) are these reflected in teaching of HPSR&amp;A?</td>
<td>Document Review</td>
<td>Team Discussion</td>
<td>Interview</td>
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<td></td>
<td>What informal influences exist and what are their effects on teaching of HPSR&amp;A?</td>
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<td></td>
<td>What national frameworks/ standards for assessing research quality exist and how (and by whom) are these implemented/ endorsed?</td>
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<tr>
<td>9) What research and teaching career structures for staff exist in the country and how does this affect HPSR&amp;A teaching and research?</td>
<td>What potential career pathways exist for research and teaching staff in the country?</td>
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<td></td>
<td>What key differences, if any, can be identified between the career pathways for HPSR&amp;A researchers and teachers and other health/social sciences?</td>
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<td></td>
<td>Are there any key differences in career pathways between public and private sectors for HPSR&amp;A research and teaching staff?</td>
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<tr>
<td>10) What key information systems and gateways exist and what are their roles/implications on networking, access to information, advocacy, getting research into policy and practice?</td>
<td>What key information systems and/or gateways exist in support of research, networking, advocacy, getting research into policy and practice?</td>
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<td></td>
<td>Who is normally involved in setting up/maintaining/ using these information systems and gateways?</td>
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<td></td>
<td>What are the implications of these systems/ gateways on HPSR&amp;A research and teaching?</td>
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Appendix 2: Information covered in Individual/Organisational Assessments

Table 3: Minimum Information Requirement

<table>
<thead>
<tr>
<th></th>
<th>HPSR&amp;A Leadership and Governance</th>
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<tbody>
<tr>
<td>1.</td>
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<tr>
<td>1.1</td>
<td>Leader’s vision for HPSR&amp;A research &amp; teaching at 3 different levels - the partner; the school department in which the partner is nested; the university</td>
</tr>
</tbody>
</table>
| 1.2 | Partner and school/department organisational culture in terms of:  
| 1.2.1 | Organisational structure                                                                                                         |
| 1.2.2 | How decision making takes place (e.g. by committee; by senior leader only; consultation with staff; etc)                         |
| 1.2.3 | How communication of organisational vision, priorities and activities occur (e.g. extensive use of email; team meetings; regular unstructured discussion such as daily ‘tea’ breaks; newsletters; team members meet 1:1 to discuss their projects; etc) |
| 1.2.4 | Whether and how team building takes place (e.g. team ‘day away’; mentoring; ensuring senior and junior colleagues job-share; etc) |
| 1.2.5 | Division of labour and definition of job roles (e.g. existence of formal job descriptions and how these are created; etc)        |
| 1.2.6 | Whether and how responsibilities and authority are allocated and hence how organisational succession planning occurs (e.g. informal through mentoring relationships; etc) |
| 1.2.7 | Lines of accountability for performance / non-performance (e.g. if staff perform well are they rewarded?)                        |
| 1.2.8 | Processes for giving rewards, bonuses & promotions                                                                              |

*N.b Some of this information may have been gathered in Phase 1 and should complement any additional information gathering in Phase 2. The final country report should integrate both Phase 1 and Phase 2 collected information*

|   | Organisational priority-setting for both HPSR&A research and teaching.  
|   | (Characteristics could include: consideration of available funding & source vs. availability of qualified staff vs. areas of interest vs. funding/national priorities; consultative vs hierarchical vs adhoc.) |
|   | Whether and how partners have a financial strategy in place to support organisational priorities discussed in 1.3 above |
|   | Champions for both HPSR&A research and teaching - within in the school/department; the university (e.g. persons active in raising profile of HPSR&A research and teaching; funding received from different sources within the school could also be used as proxy measure of importance. N.b. champions may emerge in the course of the assessment) |
|   | Financial governance and regulations used within the partner. (Characteristics could include: allows for diverse funding flows for both HPSR&A research and teaching. N.b These may be university wide mechanisms) |
|   | Central institutional support for, and partner systematic mechanisms for, management of both HPSR&A research and teaching.  
|   | (Characteristics could include guidance on navigating ethics committees; availability of a research support unit to support grant finding; manage grant maker demands; administration support for collating reports to donors; etc) |
|   | Future opportunities for strengthening both HPSR&A research and teaching - respondents views on how to build capacity in all its dimensions (both what would be desirable and what is actually feasible). Deliberately open.
## 2. Overview of HPSR&A Research Undertaken by the Partner

### 2.1. Extent of current HPSR&A research activities in terms of:

- **2.1.1. Topic**
- **2.1.2. Total number of projects**
- **2.1.3. Total financial value across all projects**
- **2.1.4. Duration of projects**
- **2.1.5. Number of researchers per project**
- **2.1.6. Balance between HPSR&A research and other types of research**

### 2.2. Extent of current management only of research activities in terms of:

- **2.2.1. Scope of activities**
- **2.2.2. Experience in this area and whether experience is relevant to the scope of work**
- **2.2.3. Challenges faced and support available in dealing with those challenges**

### 2.3. Future opportunities for strengthening the extent and availability of HPSR&A research & teaching - respondent’s view (both what would be desirable and what is actually feasible). Deliberately open.

## 3. HPSR&A Research Quality Assurance

### 3.1. Processes in use to ensure quality of research outputs (N.b: some of these processes may be the same for all kinds of research including HPSR&A research). This topic could be approached through consideration of the following:-

- **3.1.1. Does the institution have written research guidelines (general & specific for HPSR&A)?**
- **3.1.2. Are there national research guidelines? If yes, what is the level of dissemination?**
- **3.1.3. What are the policy and legal issues relevant to HPSR&A?**
- **3.1.4. Which are the relevant regulatory institutions?**
- **3.1.5. What is the level of engagement in quality assurance?**
- **3.1.6. What is the status of strategic linkages of key stakeholder institutions?**
- **3.1.7. What strategic HPSR information/data is collected? And how regularly?**

This topic is included because of an observation made in the context mapping reports that there did not appear to be any such processes in existence. In academia, publication in a peer-reviewed journal acts as a quality assurance mechanism. However, when creating research outputs for policy makers and practitioners, there was no sense in the context mapping reports that any mechanisms existed. This topic is therefore generally open to partners to interpret and put to different respondents in interview and focus groups.

### 3.2. Project monitoring & evaluation processes in use (incl. own or donor design)

### 3.3. Ethical approval processes (incl. timing, complexity of application. *N.b. part or all of this may be found in the Phase 1 Context Mapping reports*), for example,

- **3.3.1. What current approval procedures exist?**
- **3.3.2. Are there any specific requirements for HPSR&A research or need for the same, in contrast to other research**

### 3.4. Future opportunities for strengthening the quality of HPSR&A research processes and outputs - respondent’s view (both what would be desirable and what is actually feasible). Deliberately open.

## 4. Demand for HPSR&A Research & Teaching

### 4.1. Policy/practitioner satisfaction with HPSR&A teaching and HPSR&A briefing notes/research syntheses when taken up (incl. recently expressed need of policy makers and managers in the field; whether and how policy maker/practitioners value HPSR&A research)

### 4.2. What mechanisms exist for appraising and conveying HPSR&A needs of different stakeholders, consumers, implementers

### 4.3. Patterns of development aid demand for partner research outputs (incl. priorities, topics, seasonality, degree of fit with partner priorities and vision for HPSR&A research & teaching)

### 4.4. Patterns of government funded research undertaken by the partner (incl. whether researchers have been commissioned to do work and on what; whether government issues tenders for research and if so, on what topic, their value and occurrence)
### 4.5. Student and staff satisfaction and concerns about a) current teaching/learning priorities; b) teaching style/approach c) whether teaching meets their competency needs

### 4.6. Opportunities, and mechanisms, for student & staff exchange of ideas and experience

### 4.7. Future opportunities for strengthening HPSR&A research and teaching demand, including any sense of where demand is currently unmet - respondent’s views (both what would be desirable and what is actually feasible). Deliberately open.

## 5. HPSR&A Communications, Networking & Getting Research Into Policy & Practice (GRIPP)

### 5.1. Socio-cultural communication norms within professional/academic formal and informal networks that the partner participates in

### 5.2. Perceived socio-cultural barriers and opportunities for developing research-policy maker-practitioner relationships

### 5.3. Support for GRIPP in terms of:
- **5.3.1.** Frameworks within the partner as well as region/country that enable GRIPP activities
- **5.3.2.** Identification, and assessment of organisation’s role, in national and international networks for both HPSR&A research and teaching
- **5.3.3.** Gatekeepers & channels incl. linkages between policy makers, practitioners and research organisations; form and level of engagement with policy/practitioner makers (e.g. input into decision-making processes; providing briefing notes; feedback of research results; participatory research activities; whether media and private consultants are a channel and if so, how)
- **5.3.4.** Champions for both HPSR&A research and teaching in other organisations, networks, institutions *(N.b. champions may emerge in the course of the assessment)*
- **5.3.5.** Communication mechanisms in use (at level of participant partner; the legal entity; the country) including dissemination and feedback mechanisms and how HPSR&A outputs are packaged.

### 5.4. Description of case studies of networking and GRIPP that the institution has engaged in.
- **5.4.1.** What are the lessons and best practices that can be recommended for scale up or replication?

### 5.5. Perception of partner by external funders and stakeholders - how do others see us (e.g. neutral?)

### 5.6. Coordination/harmonisation mechanisms between donors & research organisations & govt for HPSR&A research & teaching

### 5.7. Future opportunities for strengthening future engagement between policy makers and practitioners for HPSR&A research and teaching - respondents views on how to build capacity in all its dimensions (both what would be desirable and what is actually feasible) and what improved future outcomes could be. Deliberately open.

## 6. Resources - Finance

### 6.1. Partner funding patterns for both HPSR&A research and teaching in terms of:
- **6.1.1.** Total amount
- **6.1.2.** Sources
- **6.1.3.** Sustainability
- **6.1.4.** Relative balance between core vs. short term / donor funding for research

### 6.2. Ability to identify, apply for and obtain different funding streams that complement organisational priorities

### 6.3. Effectiveness of internal information systems (incl. whether systems enable or undermine good management and why/how (e.g. able to cope with external/internal audit & reporting requirements of donors)

### 6.4. Implementation of full cost recovery in external grant applications (defined as recovering all costs, including direct costs - such as salaries - and overheads - such as rent/leasing of buildings in use)

### 6.5. Future opportunities for strengthening financial systems to support HPSR&A research and teaching - respondent’s views (both what would be desirable and what is actually feasible). Deliberately open.
### Resources - Human Resources

6.6. Partner existing academic staff:
   - **6.6.1.** Age
   - **6.6.2.** Gender
   - **6.6.3.** Expertise (discipline/topic)
   - **6.6.4.** HPSR&A specific research qualifications (e.g. undergraduate; postgraduate (Master/PhD), other)
   - **6.6.5.** Experience of health systems research and teaching (incl. work experience in a previous relevant role/organization)
   - **6.6.6.** Teaching qualifications (teaching diplomas, short courses with recognised accreditation)
   - **6.6.7.** Teaching training undertaken but not accredited

6.7. Academic staff turnover in terms of:
   - **6.7.1.** Relative balance between academic staff engaged in HPSR&A on permanent / contract posts
   - **6.7.2.** Minimum and maximum length of short contracts
   - **6.7.3.** Number of contract renewals before termination
   - **6.7.4.** Number of senior vs junior vs admin staff left/joined in the last 5 years

6.8. Existing support staff in terms of:
   - **6.8.1.** Number
   - **6.8.2.** Age
   - **6.8.3.** Gender
   - **6.8.4.** Expertise
   - **6.8.5.** Years of experience in project administration/finance/communication

6.9. All staff: In the last 5 years, awareness and uptake of any staff development/support activities (e.g. mentoring; job swap; fellowship/sabbatical; skills development; other)

6.10. All staff: Felt need for any of the following:
   - **6.10.1.** HPSR&A technical skills (e.g. formal knowledge/skills in HPSR&A approaches; other)
   - **6.10.2.** HPSR&A research and writing (e.g. methodologies; briefing notes; academic texts; other)
   - **6.10.3.** HPSR&A teaching (e.g. pedagogy; designing taught courses; designing teaching materials; lecturing; group facilitation; presentations; MSc and PhD supervision; other)
   - **6.10.4.** Human Resource skills (e.g. mentoring; coaching; other)
   - **6.10.5.** Management & Administration (e.g. negotiating; leadership; networking; other)
   - **6.10.6.** Financial strategy (e.g. identifying external funding sources that fit with organisational priorities; grant proposal-writing; other)

6.11. Future opportunities for strengthening HPSR&A research and teaching by building on, retaining and taking advantage of, current HR assets - respondent’s views (both what would be desirable and what is actually feasible). Deliberately open

### Resources - Infrastructure

6.12. Appropriate office space available for both academic and support staff in research and teaching (incl. meeting/classroom space etc)

6.13. Research resources available (incl. IT hardware & software - quality and availability of internet connection; IT staff support with training/use; teleconferencing facilities; paper and electronic libraries access incl. subscription to journals)

6.14. Teaching resources available (incl. equipment)

6.15. Reliability of basic services supply (e.g. electricity) and availability of alternative sources (e.g. generator)

6.16. Key infrastructural challenges and how they influence current research and teaching as well as how they are (or not) addressed - respondent’s views (both what would be desirable and what is actually feasible). Deliberately open.

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Appendix 3: Tools - Document Review Template

This template is suggested to help guide standardised information collection. The template is used for one document only. There are 4 sections: document reference information; contents as related to the information requirement of the assessment; summary of relevant contextual information; researcher reflection on what has been read.

<table>
<thead>
<tr>
<th>Section</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reference</td>
<td></td>
</tr>
<tr>
<td>Full document reference</td>
<td></td>
</tr>
<tr>
<td>Document type</td>
<td></td>
</tr>
<tr>
<td>Researcher name &amp; date of completion</td>
<td></td>
</tr>
<tr>
<td>2. Contents</td>
<td></td>
</tr>
<tr>
<td>Minimum Information Requirement - Relevant topic(s)</td>
<td></td>
</tr>
<tr>
<td>Topic ...</td>
<td>Brief summary of relevant information</td>
</tr>
<tr>
<td>Topic ...</td>
<td>Brief summary of relevant information</td>
</tr>
<tr>
<td>Topic ...</td>
<td>Brief summary of relevant information</td>
</tr>
<tr>
<td>3. Context</td>
<td></td>
</tr>
<tr>
<td>Audience</td>
<td>Who is document aimed at?</td>
</tr>
<tr>
<td>Circulation</td>
<td>If known, how many copies were made and to whom was it circulated?</td>
</tr>
<tr>
<td>4. Researcher Reflections</td>
<td></td>
</tr>
<tr>
<td>Are there any obvious gaps or bias?</td>
<td></td>
</tr>
<tr>
<td>When reading this document, what else did it make you think about?</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 4: Tools - Survey Template

A partner staff survey template is set out here. It may be adapted and used to collect information on Overview of HPSR&A Research & Teaching and Resources - Human Resources. The template can be found on the following page.

The survey could be adapted by:

- Specifying what is meant by HPSR&A according to the research partner for the purposes of the assessment
- Being specific on what is considered to be a qualification
- Deciding whether to use an integrated academic/support staff questionnaire
- Deciding whether to add in additional questions
- Other considerations for adapting tools discussed earlier in this document

Survey Introduction

This survey is part of a capacity assessment carried out (specify and add information).

For the purposes of this assessment, HPSR&A means (partner to complete).

All information you provide will be treated confidentially. We will use the results of this survey to develop future work-based training and development for HPR&A staff at the (inset name of partner).

The survey will take from 5 - 15 minutes to complete. We will feed back the results of the survey through (partner to insert feedback mechanisms). Staff will also have the opportunity to make recommendations for their future training and development at that time.

The survey should be completed and returned to (name; address) by (date).
<table>
<thead>
<tr>
<th>Information Topics</th>
<th>Suggested Questions</th>
</tr>
</thead>
</table>
| General - All Staff | Age: Female / Male  
Gender: Job Role (e.g. Research Fellow/Research Secretary/Accountant)  
Disciplinary Area: Field of Greatest Experience |
| HPISA Teaching Staff | HPISA Specific Qualifications in Teaching  
General Teaching Qualifications - Accredited Training  
General Teaching Qualifications - Non Accredited Training  
No. of years HPISA teaching experience  
Previous HPISA teaching experience (including at a different organisation) |
| HPISA Research Staff | HPISA Specific Qualifications in Research  
No. of years HPISA research experience  
Previous HPISA research experience (including at a different organisation)  
Experience of supervision of student research  
What HPISA topics are you currently researching?  
How many HPISA research projects are you involved in?  
What is the total value of the HPISA research projects to the CHEPSAA partner?  
How many researchers are working on these projects?  
In % terms, how much of your time is spent on HPISA research compared to non HPISA research? |
| Management of HPISA Research | Does your institution separate research and research management? Yes / No circle as appropriate  
If so, are you involved in Management of HPISA Research? Yes / No circle as appropriate  
If yes, how much experience do you have in this area? Please specify  
If yes, what challenges do you face in this work? Please specify  
If yes, what support do you receive from CHEPSAA partner to meet your management responsibilities? Please specify |
| Administration Staff | No. of years experience in project administration/finance  
Previous HPISA research administration/finance experience |
| All Staff | What do you see as the opportunities for strengthening HPISA research & teaching in this organisation? Please specify |
| Turnover (all staff) | Are you on a temporary or permanent contract T / P circle as appropriate  
When did you start this contract?  
If on a temporary contract, how many times has it been renewed? Please specify  
If temporary, what has been the shortest contract period? Please specify  
If temporary, what has been the longest contract period? Please specify  
If permanent, how long did you work at [CHEPSAA partner] before gaining a permanent contract? Please specify |
| Staff Training & Development (all staff) | Are you aware of career development opportunities for your job role at [CHEPSAA partner]? Yes / No circle as appropriate  
If no, why not? Please specify  
If yes, what are they? Please specify  
If yes, have you taken up any of these opportunities the last 5 years? Please specify  
If you have taken up these opportunities, how helpful were they for your job role/career? Please specify  
Do you think that you need additional training in any of the following:  
What is HPISA and what constitutes HPISA approaches to research and teaching Yes / No circle as appropriate  
Writing Research Methodologies Yes / No circle as appropriate  
Writing Briefing notes for politicians, policy makers, external funders and donors Yes / No circle as appropriate  
Writing Papers for Academic journals Yes / No circle as appropriate  
Pedagogy - approaches and methods Yes / No circle as appropriate  
Designing Tought Courses Yes / No circle as appropriate  
Designing Teaching Materials Yes / No circle as appropriate  
Lecturing, Student Supervision and Group Facilitation Yes / No circle as appropriate  
Mentoring & Coaching Others Yes / No circle as appropriate  
Successful Negotiation Yes / No circle as appropriate  
Leadership Yes / No circle as appropriate  
Effective Networking Yes / No circle as appropriate  
Identifying and Applying for External Funding Sources Yes / No circle as appropriate  
Creating & Managing Effective and Efficient Financial Reporting Systems Yes / No circle as appropriate  
Creating & Managing Effective Internal Information Systems Yes / No circle as appropriate  
Other training not yet stated Please specify |
| Resources - Infrastructure | How do you think (CHEPSAA partner) can retain and build on the current skills and experience of staff to develop its strengths in HPISA research & teaching? Please specify |
| Working Conditions - All Staff | Do you have adequate access to any of the following to support you in your job role:  
Office space Yes / No circle as appropriate  
Computers including internet and email Yes / No circle as appropriate  
Electronic resources including online journals Yes / No circle as appropriate  
Administration and Research specific software Yes / No circle as appropriate  
Reliable electrical supply Yes / No circle as appropriate  
Teaching space Yes / No circle as appropriate  
Teaching equipment Yes / No circle as appropriate  
What infrastructure issues do you think are currently constraining your ability to perform your job role to your best ability? Please specify  
Are there any infrastructural assets that (CHEPSAA partner) is currently not taking advantage of but could do so in the future? Please specify |

Conclusion

Thank you for your time and participation in this survey.
Two options for using stimulus material to collect information are given below. The respondents are assumed to be students and policy-makers / practitioners.

**Option A**
- Ask participant to draw a graph of their satisfaction with a teaching course or research output: on the vertical axis is a satisfaction rating (0-10) drawn across time on the horizontal axis (time of course or time of user interaction with HPSR&A).
- This may involve discussion on what ‘satisfaction’ means. Take note of working definition created by the participant (this could include e.g. for teaching adequacy of the training; effectiveness; sufficiency; support & mentoring available; stimulating peer group; confidence with topics & methods; enjoyment; etc)
- Use graph as a discussion tool - review the line generated (straight line, peaks and troughs), probing for more information on key events indicated by the participant(s).
- Keep the generated graphs for comparison with other participant(s).
- In the course of this task, participant(s) are also likely to give opinions on the partner

**Prompts for discussion:**
- Why is the graph high/low/straight?
- Why a certain rating over others?
- What do they remember of the course or research output?
- What or who stands out?
- What would they change?
- What do they think was/is missing?
- Is there anything they wish to add?

**Option B**
- Use sticky notes to write out the participant(s) idea of the components needed for effective teaching / policy briefs. One component is written on one sticky note only.
- The participant(s) prioritise these as a tree - the most important at the bottom and least at the top.
- Using a different colour of sticky note, participant(s) are then asked to list out the components of learning they undertook / policy briefs they read from the partner.
- Create a tree from participant(s) understanding of what the partner prioritised in their teaching / policy briefs
- Review the 2 trees and discuss components in each. If in a group, discussion on what should or should not be included as a component is valuable information.
- Take photographs of the trees created to support information collection.
- In the course of this task, participant(s) are also likely to give opinions on the partner

**Prompts for discussion:**
- Reflect on differences and similarities between the trees.
- Is the second tree merely desirable - ask participants to reflect on feasibility.
- Is there anything they wish to add?
Appendix 6: Tools- An Interview or Focus Group using NetMap

INTRODUCTION FOR PARTICIPANT(S)
We are undertaking this discussion to understand (organisational processes; stakeholder interactions & communications; other; insert or delete as appropriate). All in this meeting are experts in some aspect of (topic). By using Net-Map to stimulate discussion, we will learn which (organisations; actors - delete as appropriate) support and communicate with each other; how these are connected and what barriers and opportunities exist for strengthening these relationships in order to build capacity for HPSA.

The Net-Map is about how things are actually done and not what participants think should be done, or as written in formal documents. This is why we need the insight of people like you, who are part of the process and know it from the inside.

This generic tool uses the two imaginary questions below)

• “What support for GRIPP exists in this locality and/or region and/or country?” By GRIPP we mean linkages between policy makers, practitioners and research; level of engagement between these organisations; and whether these organisations value interaction with each other
• Who influences organisational culture in the CHEPSAA partner? By organisational culture we mean decision making, communication, allocating responsibilities and rewards.

FACILITATOR’S GUIDE
Step 1: Determine Actors

Who plays a role in (question above)?

• Prompt the interview partners by asking for actors within various categories (government, NGO, private, etc.). Each category of actors gets a different colour sticky-note. These can include Government; International Organizations /INGOs; Private (persons, groups of persons, businesses, local NGOs); Mass Organizations (e.g. mass media, Women’s Union, Youth Union etc.,)
• Actors should be those supportive, be unaware or be directly detrimental to the issue
• Write names on actor cards as they list them and place actors on flipchart sheet, in no particular order. Keep a list of abbreviations and review before going onto Step 2.

Step 2: Drawing links between actors

For the following links, ask who provides ____________ to whom?
These could include:

• Formal supervision/command - formal
• Payments and benefits - formal and informal
• Funding
• Technical information /data - formal and informal
• Advice/advocacy/Pressure - informal

Following no more than 4 is advised.
Doing HPSR&A Capacity Assessments in University Settings

• Links should be clearly related to the question. Spend time clarifying what the links mean
• Draw arrows between actors using a different colour for each link. Draw one link at a time (e.g., finish all of formal command before starting on funding) but allow participants to add links later if they remember something
• Prompt if interviewee/group does not know how to start - e.g. who gives commands to the leader of the partner? Money flows from x to y but where does it go after that?
• Create a crib sheet of key words that the note taker should look out for when noting discussion (e.g. may wish to takes notes on socio-cultural communication norms and/or perceived socio-cultural barriers and opportunities when developing policy-research engagements
• Alter the terminology to make the discussion more free-flowing. For instance, participants may not like talking about ‘command’, but prefer ‘supervision’. Define very clearly what the link means but use language that participants are comfortable with
• Sticky notes that do not have links have to be removed - if none are linked, say so and ask “Can we take them out?”

Step 3: Attribute influence

How strongly can each actor influence (question above)?

• First define influence: Ask “what are different ways organizations and individuals could influence (topic question)?”
• Prompt if discussion wanes: ways of influencing include, but are not limited to, control, formal supervision, through funding, by providing technical information; providing advice; through advocacy and pressure. As well, influence because one is respected etc.
• Participants then attribute influence: Set the scale (10 for most influential, zero for least). First, ask the influence level of some of the more highly linked actors. Ask who is the most influential, starting with the most influential actor(s). Then go through each actor, comparing with different actors. Ask why questions: Why do you attribute so much/so little influence to these actors with greater/lesser links etc. Ask respondents to discuss “Where does their influence come from and how do they use it?” for each actor. In particular, get explanations about all actors that are very high, very low, or seem inconsistent or unclear where their influence comes from
• If participants do not know what level of influence to allocate, prompt - e.g. what does this organization do? How can they create impact through what they do?
• DO NOT PROMPT PARTICIPANTS TO CHANGE THEIR INFLUENCE RATING. ASK QUESTIONS UNTIL YOU UNDERSTAND THEIR ANSWER OR THEY CHANGE THEIR RATING IF THEY SO DESIRE
• Last, review all the ratings - this allows participants to reflect on his/her answers and possibly make changes upon noticing inconsistencies.

Step 5: Conclusion/Debrief

• The facilitator should give as well as ask for, general observations on the Net-Map created
• Questions that have not already been answered can be discussed and will allow participants to think more widely about how to answer such a question
• Ask participant(s) if there is anything they wish to add.
Good morning/afternoon.

My name is ________________________________ from _________________________________.
I am here today on behalf of (insert organisation, programme or project as appropriate with a very brief overview of remit).

We are currently carrying out a research capacity assessment and given your current job position and experience, we thought it important to include you. I would like your permission to talk with you today about your ideas and experiences related to this topic.

You are at liberty to answer or not answer any or all of my questions. You may end our discussion at any time. Nothing you say will be directly attributed to you in any way. However, we need to release information about (experience, skills, needs, barriers, constraints identified) (delete/insert as appropriate) in order to develop capacity strengthening plans for (your job role) (delete/insert as appropriate). We seek your consent to do so.

We may need to meet you on a different day to follow up on your answers and ideas expressed in this interview. We seek your consent to do so.

To ensure I have a complete record of everything you say, I would like to audio record our conversation. However, only the Needs Assessment team at my Institute will be able to listen to the recording. Your identity will not be revealed in any research findings.

• Do you agree to participate in this interview and a subsequent meeting if required? If you do not wish to participate, thank you for your time.
• Do you agree to the interview being tape recorded?
• Do you have any questions?

If respondent agrees to participate and to be recorded, when starting the recording say - Interview on date, and for the benefit of the recorder note that the respondent has consented to this interview.
INTRODUCTION AND BACKGROUND
We are researchers at (*name of university, name of unit*). We are currently working on a large scale project called (*name*). The overall objective of this project is (*insert*).

In order to build capacity in HPSR&A, we are exploring and documenting the existing individual, organisational and system level capacities within the University. We are specifically focusing on Health Policy and Systems Research/Analysis and teaching and the use of HPSR&A outputs, as well as exploring the existing demand for HPSR&A teaching and research. We also seek to determine the growth potential for this field of work within the University and country.

We invite you to participate in this capacity assessment based on your current involvement in the field of HPSR&A as either a (1) student who is being taught HPSR&A, (2) a staff member of the university engaged in research, teaching or networking in HPSR&A (3) a manager at the University within the Faculty of (*name*) who provides leadership in the organisation (4) a user of Health Policy and Systems Research and Analysis or (5) an employee of another country HPSR&A group.

The key areas of information we are interested in from different participants are:
(1) University/Faculty/School leadership and governance
(2) HPSR&A teaching & research activities
(3) HPSR&A quality assurance (of teaching & research activities)
(4) Demand for HPSR&A activities
(5) HPSR&A communications & networking
(6) Resources - finance; human resources; infrastructure; assets

However, we will only ask questions that are most relevant to the positions held within the organisation.

CONFIDENTIALITY AND CONSENT
If you agree to an interview we will interview you face to face. If you consent to take part, we will tape record the interview. In order to ensure confidentiality we will download the audio tape to my work PC which is locked by a password. We will then erase the material from the tape recorder. When we type out the notes from the audio tape I will not use your name, but instead will use a code name or a number so that nobody can identify you.

Your participation is completely voluntary; you are not obliged to participate. A consent form will be sent to you to ask whether you consent to partake in an interview and whether you consent to record the interview. If you do not wish to be recorded we will hand write the notes. If you do consent you may refuse to answer a question during our engagement or you may end our engagement at any point if you would like to. There will be no follow up on this matter.

APPROVAL FOR THE STUDY
(*If applicable*) Permission to carry out this project has been obtained from the University Human Research Ethics Committee.
CONTACT DETAILS
(If relevant) This research has been approved by (name of) Ethics Committee. If you have any questions about your rights as a study participant, or questions or concerns about any aspect of the study, you may contact (insert details).

DEFINITION OF HEALTH POLICY AND SYSTEMS RESEARCH USED IN THIS CAPACITY ASSESSMENT
Health policy and systems research and analysis (HPSR&A) “is an emerging field that seeks to understand and improve how societies organize themselves in achieving collective health goals, and how different actors interact in the policy and implementation processes to contribute to policy outcomes. By nature, it is inter-disciplinary, a blend of economics, sociology, anthropology, political science, public health and epidemiology that together draw a comprehensive picture of how health systems respond and adapt to health policies, and how health policies can shape – and be shaped by – health systems and the broader determinants of health. Health policy and systems research can be employed at several points in the policy cycle, from getting an issue onto the policy agenda to evaluating and learning from implemented policies. In this way, HPSR&A is characterized not by any particular methodology, but the types of questions it addresses. It focuses primarily upon the more upstream aspects of health, organizations and policies, rather than clinical or preventive services or basic scientific research (for example into cell or molecular structures). It covers a wide range of questions – from financing to governance – and issues surrounding implementation of services and delivery of care in both the public and private sectors. It is a crucial policy analysis tool – of both policies and processes – including the role, interests and values of key actors at local, national and global levels. The appropriate mix of disciplines to be used in HPSR depends largely on the nature of the research question being addressed......”


This definition also highlights its key characteristics. HPSR&A:

- Is a multi-disciplinary research field, distinguished by the issues and questions addressed through the research rather than by a particular disciplinary base or set of methods;
- Includes concern for global and international issues as well as national and sub-national issues, as global forces and agencies have important influences over health systems in low and middle income countries;
- Is comprised of two elements: research that focuses on health systems - covering work addressing health services as well as addressing wider activities to promote health, and research on policy, which means that it is concerned with how policies are developed and implemented and the influence that policy actors have over policy outcomes;
- Always seeks to influence policy and practice and as such must engage with, and negotiate, the information needs of policy actors.

2 Capacity is defined as the ability and willingness of individuals, organisations or systems/networks to perform defined task(s), in a sustained way, either individually or as part of a wider network.
References


The Consortium for Health Policy and Systems Analysis in Africa

The development of sustained African health policy and systems research and teaching capacity requires the consolidation and strengthening of relevant research and educational programmes as well as the development of stronger engagement between the policy and research communities. The consortium for Health Policy and Systems Analysis in Africa (CHEPSAA) addressed both of these issues over the period 2011 - 2015.

CHEPSAA’s goal was to extend sustainable African capacity to produce and use high quality health policy and systems research by harnessing synergies among a Consortium of African and European universities with relevant expertise. This goal was reached by:

- assessing the capacity of the African partners and national health policy networks;
- supporting the academic development of African researchers and educators;
- strengthening courses in health policy and systems research and analysis;
- strengthening networking among the health policy and systems education, research and policy communities and strengthening the process of getting research into policy and practice.

The CHEPSAA project was led by Professor Lucy Gilson (University of Cape Town & London School of Hygiene and Tropical Medicine) in partnership with:

- Health Policy & Systems Programme within the Health Economics Unit, University of Cape Town, South Africa
- School of Public Health, University of the Western Cape, South Africa
- Centre for Health Policy, University of the Witwatersrand, South Africa
- Institute of Development Studies, University of Dar es Salaam, Tanzania
- School of Public Health, University of Ghana, Legon, Ghana
- Tropical Institute of Community Health, Great Lakes University of Kisumu, Kenya
- College of Medicine, University of Nigeria Enugu, Nigeria
- London School of Hygiene & Tropical Medicine, United Kingdom
- Nuffield Centre for International Health and Development, University of Leeds, United Kingdom
- Karolinska Institutet, Sweden
- Swiss Tropical and Public Health Institute, University of Basel, Switzerland

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12th January 2015

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