Reviewer’s report

Title: Capacity Building for Health Research in Bangladesh using a Monitoring and Evaluation Framework: The Role of Core Funding

Version: 1 Date: 19 January 2011

Reviewer: Sara Bennett

Reviewer’s report:

General comments
This is an interesting paper that addresses a topic of considerable interest to developing country research institutions and to the funders of those research institutes, and makes a significant contribution to the literature on capacity development. The paper is clear and well written and the points come across well.

It would be good to see this paper published, however I think there are a few substantive revisions that need to be made prior to publication, and a few more minor ones. I am particularly concerned about how methods are described and would really like to see my comments on this addressed.

Major Compulsory revisions
1. The paper does not at any point clearly define its objectives or research questions. These clearly need to be added.

2. The paper is confused regarding what type of research methods have been used. The methods section of the paper and the abstract talk largely about the M&E unit and the M&E framework. However it seems to me that the interest of the paper is much broader than this. I believe that this is an interesting case study of an effort by one developing country institution to shift from project-based funding to a core funding mechanism. The case study seeks to provide a detailed or thick description of the ICDDRBR’s historical context, the perspective of different stakeholders, how the shift in funding was designed and implemented, and an early assessment of effects. I believe that you should present the paper in this fashion and identify in a more systematic manner the different ways in which you collected data for the study. Actually it was not until the very end of the paper (in the competing interests, author contributions and acknowledgements sections) that I actually understood how the study had been done. It is a well accepted approach in qualitative research to use both inside perspectives (such as those of SM, MS and AC) and combine them with those of outsiders (KH and SA). The role of the insiders is to provide detailed contextual knowledge and understanding, whereas the role of the outsiders is to provide objectivity, and to ask questions about factors that may seem glaringly obvious to the insiders but of relevance to the broader audience. So, I think that you need to provide a more thorough account of your methods (which presumably included participatory observation (at least by AC in CDG discussions for example) – and I hope
included questioning and discussion between the authors. While the M&E framework is useful it is but one element of the broader case study.

a. If you adopt this recommendation then – some of the material describing ICDDR,B and its history (pg5&6), the discussion of the annual review and proposed changes (which really is about recognition of the problem), and the section on monitoring and evaluation framework – might all be seen as part of the findings of the case study (ie. they are a rich description of the context, processes, and actors involved).

b. In your methods section – you describe approaches to collecting information about indicators, and you also describe key informant interviews as well as a series of questionnaires. It is not very clear what types of questions these different data collection techniques targeted. For example the first section of your “results” is about changing relationships – I think these are really important observations. I suspect that they come from key informant interviews but it would be helpful to know this. Might it be possible to insert a table listing the different sources of data used in the report (eg. key informant interviews, document review, M&E data) and then the type of questions that they sought to target?

3. I think that ICDDR,B is a rather unusual developing country entity – given its high level of funding, long years of history, large number of expatriate staff etc. It would be important to provided a considered assessment of how transferable the findings are from this case study to other institutes.

4. There are some sections in the paper and Table 3 which concern ICDDR,Bs role in the provision of clinical services. Given the title of the paper and the focus of HARPS I think it would make sense to cut these aspects of the paper.

5. I found the conclusions a little rambling and not very well structured. I don’t think you should be introducing new literature at this point (as seems to be the case). I would really encourage you to think through clearly the most important lessons from this piece of work. It is quite hard to draw strong conclusive findings from one case study, but be clear about which your research contributes (2-3 key lessons) and what requires additional study.

Minor Essential Revisions

1. Pg 7 – request of a 30% “management levy” – please clarify -is this additional to organizational overheads? I think that some funders have very odd positions on organizational overheads (for example WHO does not like to fund them) – and in my view this is quite contrary to principles of capacity development.

2. Very unclear why the Saul Morris quote is in the methods section – would be better in the discussion/conclusions.

Discretionary Revisions

3. I would suggest shortening some of the very descriptive material about ICDDR,B on pages 5 and 6. Retain just the key points and refer readers to the website or annual report or such for further information.

4. There is some relevant literature on research funding in developing countries,
see for example Wight D. ‘Most of our social scientists are not institution based…
they are there for hire.’ Research consultancies and social science capacity for

5. The arrangement that ICDDR B came to with its Core Donor Group is very
similar to a SWAP arrangement. I wonder if it is worth pointing out this parallel?

6. Section on changing relationships - It is not clear how donors ended up inside
or outside the core donor group? Were there significant supporters of ICDDR B
who felt unable to provide core flexible funding? Were the CDG donors always
the most important ones for ICDDR B or did some funders become more
significant once you adopted this approach?

7. It would be helpful if you could be much more specific about how the shift to
the core funding has affected ICDDR B’s expenditure patterns. There is a
paragraph or two that indicate that the core funds have been allocated “to build
research infrastructure in terms of systems, human resources and physical
equipment” – can you unpack this more. Has ICDDR B used core funds to hire
new staff? To keep people on board when they have run out of funding? How do
these budgetary decisions get made? Also has there been any scope to increase
the amount of advisory work done for government (it is noted somewhere that
policy influence was something ICDDR B wanted to do more of)?

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a
statistician.

Declaration of competing interests:

I declare that I have no competing interests