

Management Response and action plan – Final Evaluation FA4 België

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Approved by manager (name and date)	09/06/2022		
Approved by management committee on (date)	13/06/2022		
ACTION PLAN TO BE REVIEWED ON (indicate multiple dates if necessary)	Bi-annually, starting December 2022		
ACTION PLAN FINALISED ON			

Title of Report	FINAL EVALUATION - ITM Belgium Programme 2017-2021 funded by DGD Policy support, academic capacity strengthening through education & scholarships and sensitization of the general public		
Date of Report	16/06/2022	Time Period of the Project	December 2021 – June 2022
Partner institutions involved	List any partners that were involved in the conceptualisation, design, and implementation of this evaluation or research initiative, and in a few words describe their role. Also list any other stakeholders who were involved (AC, MC, COS others)		
Name of Evaluator(s)/Researcher(s)	C-Lever Patrick Stoop (lead), Hilde Geens (OC3), Namratha Ramanan (OC1), Else Keyers (OC2)		
Summary	(approx. 0.5 – 1 page)		
<p>The report presents the main findings, conclusions and recommendations of the final evaluation of part of ITM's DGD funded multi-year programme 2017-2021; internally referred to by ITM as the 4th framework agreement (FA4), conducted by C-lever.org</p> <p>The scope of the evaluation covers the three Belgian outcomes within this programme.</p> <p>1) SO1: Academic capacity for health is strengthened through improved quality in education and access to postgraduate education and training.</p>			

2) SO2: Belgian and global policies for better health are supported through collaborative knowledge production, management and advocacy

3) SO3: The general public is better informed on tropical medicine and international health topics

The first purpose of the evaluation was to account to DGD and provide a neutral appreciation of our performance, for all Belgian outcomes of the programme on all OECD-DAC criteria and a number of transversal topics (gender, environment, contribution to Joint Strategic Frameworks, Monitoring framework). In addition, the evaluation needed to support internal learning about good approaches to leverage research findings in support of policy and practice, about lessons learned in education / scholarships and about effective outreach to the general public and specific target audiences.

The evaluation was based on a desk review of performance scores, lessons learned, logframes, previous evaluations and their management responses, and policy documents. Findings from previous evaluations were confirmed, and gaps in the data were filled through key informant interviews, focus group discussions. Specifically for SO2, outcome harvesting was used, where a contribution analysis was done to assess in how far ITM contributed to the obtained policy outcomes.

Overall the findings of the report are very positive. Given that an A or A- score means 'very good', and B is good, we can state that ITM fully reached its goals in terms of relevance, efficiency and effectiveness, and we take note of the improvements we can still make with regard to impact and sustainability.

Outcomes	Relevance	Efficiency	Effectiveness	Impact	Sustainability
Outcome 1	A	A	A	B+	B
Outcome 2	A-	A-	A-	B+	B+
Outcome 3	A	A-	A-	B	B

The slightly lower score for sustainability flows from the findings that (i) under SO1 there is room for improvement with regard to alternative funding sources for scholarships, which remain highly dependent on DGD funding for now; (ii) under SO3 the option to look for collaborations with other organisations to further disseminate the created knowledge products. In terms of impact, overall the report states it is difficult to measure, given that limited data beyond the projects are available. The key advice here would be to include indicators for a more long-term follow-up. The evaluation team formulated a number of recommendations for all outcomes, and for two encompassing topics, namely increasing the impact of our networks, and the improvement of our monitoring system. In the action plan below all recommendations are addressed in detail. We indicate whether or not we accepted them, and if so, how we will put them into practice.

With regard to the evaluation process, several delays were experienced throughout the process due to illness in the evaluation team. C-Lever efficiently covered these setbacks by adding additional members to the team. All deadlines were hence upheld, being sometimes with a bit more rough draft versions than anticipated. The final report came at the date agreed.

The evaluation was accompanied by the M&E Officer (Heleen Annemans) for day to day management, and by a steering committee including all persons responsible for the outcomes included in the evaluation, in addition to two members of the International Cooperation and Development Office. The steering committee commented on draft deliverables at various points during the evaluation process (inception, data collection tools, final report) and jointly drafted the action plan included in this management response. The management response itself was approved during the management committee on 13/06/2022.

Completeness Assessment**(0.5 pages)**

Overall the completeness of the report is assessed as good.

The report includes a concise executive summary which describes the main points from the report.

The various steps for the data collection and the underlying methodology are mostly explained. However, when discussing the outcome harvesting approach used for outcome 2, not much detail is given on what weigh was mapped against which obtained result, hence it was not easy to see how the evaluators came to the final results conclusions. There was also not much information given about the sampling approach used in for the interviews. More details on the methodology can however be found in the inception report which will be published separatly. Together with this document, the methodology is sufficiently described.

Findings, conclusions and recommendations are structured per outcome; followed by a number of recommendations on transversal topics and are logically linked to one another. There is some discrepancy between the quality of the assessments and their description between the various outcomes which remained, even after final editing.

Quality Assessment**(0.5 pages)**

The overall quality of the report is good with a score of 70% on the quality criteria formulated in the ITM quality assurance checklist.

The evaluation used monitoring data from previous years and added additional primary data collection where needed. The project documents shared with the evaluation team were consulted, and used to increase understanding of the outcomes. Sometimes however, the report is not clear on where primary, and where secondary data were used to state findings in the report. The evaluation team used triangulation of findings, combining interviews with various stakeholders and ITM self-assessments. More triangulation would have been possible, for instance by also including external stakeholders in the assessment. However, given the limited budget and timeframe this could have overstretched the team. The report does include a section on data limitations in which these barriers are briefly discussed.

For data collection a mixed method approach was used, combining desk review, KII and focus groups. For outcome 2 a survey was used for the purpose of outcome harvesting and collection of success stories for external communication. The rational behind the choice of the various methods is explained in the report.

The sampling frame is not described in detail in the report, but more information on this can be found in the inception report which will be published jointly with the final report on the ITM website. The data collection tools which were used were improved after the inception phase. The various stages of the evaluation process are described in detail. Due to illness within the evaluation team, the sensemaking workshop which was planned was merged together with the validation of findings with key stakeholders just before the finalization of the draft final report. Nevertheless, the discussions during this workshop served both the purposes of sensemaking and validaton of findings, so this did not necessarily negatively impact the process.

The findings are separated from the conclusions and recommendations. They respond directly to the evaluation questions and linkages to data sources are mostly given, even though sometimes it is unclear whether these are primary or secondary sources. Two evaluations questions are answered in less depth, being the one on gender and environment, where the assessors made a listing of what ITM does on these transversal topics, but did not assess in detail whether the actions taken had the desired effect.

The report contains a clear analysis of the factors contributing to or inhibiting success of the outcomes. The Theories of Change underlying the outcomes were not used as such to evaluate the intervention logic, but the logical frameworks were.

The conclusions formulated relate explicitly to the findings and are substantially evidenced.

The recommendations are based on the conclusions, but some of them feel a bit limited (outcome 1), where others feel a bit out of ITM (or even Belgium)'s sphere of influence. This however significantly improved over the various versions of the report. The thematic recommendations given next to the recommendations per outcome are very interesting.

RECOMMENDATIONS OC1 – EDUCATION AND SCHOLARSHIPS

Recommendations 1 & 2: Alumni involvement

While the setting up and development of the alumni platform has been well appreciated and welcomed by alumni, the platform could be more effective and have better outreach with a few additional considerations.

1. The tone of the platform could be more informal to encourage more ease of discussions between the various alumni. This could be done in the form of sub-pages designed to act as informal discussion forums.
2. Additionally, facilitating the set-up of sub-pages alumni clusters based on specialty, region, country, etc. could encourage networking among alumni with common interests and work spheres.

Management Response : Partially accepted

Explanation

ITM launched the online alumni platform in June 2020, with the explicit choice to only develop a limited number of separate subpages (the so-called 'private groups') for several reasons (outlined below), in line with the strategic objectives of the ITM Alumni Network. The main reasons for limiting the creation of subpages included the promotion of professional exchanges and expertise among all alumni (beyond courses, cohorts, countries and expertise) in order to facilitate and encourage interdisciplinary and cross-regional collaborations. Besides this, the functionalities of the platform enable to find peers and colleagues in the platform directory upon a specific set of filters (e.g. country, expertise, course, academic year, employer) and notify people about news posts in a targeted way. Also, there exists a space where users can launch a public discussion amongst platform users. A more practical reason was to keep the platform manageable. As such, one subpage for PhD students and three 'subpages' linked to alumni groups of specific short courses (DR TB, SCREM, e-SCART) have been created. Besides the group of PhD-students requiring a channel for targeted communication, these course-related subpages have been created because they existed before the launch of the platform as community of practices (COPs) on social media channels such as Facebook. We could say that these already existing COPs have been transferred from FB to the online alumni platform. So far these subpages are not as active as hoped for, so we cannot draw any conclusions on their usefulness.

Even though we welcome the suggestion of subpages, this would also require additional time for moderation and content provision to keep the pages alive, which is currently not possible with the HR available. It is also not always easy to compete with the informal alumni groups which already exist through social media channels like WhapsApp (created by cohorts from the moment they arrive on-campus). However, we do agree that it can be valuable to support alumni from specific regions in a specific way. In the ITM alumni strategy 2022-2026 (covering the new framework agreement period – FA5), we are exploring the support of national, interdisciplinary alumni groups, meeting face-to-face and/or online both in an informal and formal way. These types of groups could than later be supported (potentially – if requested) by providing them with their own page.

#	Actions planned	Deadline	Responsible Office/Unit	Responsible Person/Role	Implementation stage	Actions taken	Supporting documents
1	Development and implementation of alumni strategy 2022-2026 (including the further development of the platform and exploring the need & support of national alumni groups), with input from the ITM alumni representative in the GC	Sep 2022	Education Office	Charlotte Morantin	Ongoing		
2	Explore the feasibility of, and need for subpages.	2023	Education Office	Charlotte Morantin			

RECOMMENDATIONS OC2 - POLICY SUPPORT

Recommendation 3: policy support

Although the general degree of satisfaction with ITMs policy support work is very high, several stakeholders within the governmental bodies (DGD, Ministry of Foreign Affairs, Ministry of Health) expressed a **wish for a sometimes more concrete, more palpable, or directly useable kind of policy advice** (in addition to the broader policy support). This could be for instance a quick decision to carry out a certain study or mapping that would help DGD in its decision-making process, or some very concrete to-the-point policy advice on an urgent matter that is currently on the agenda. Some of the interviewed stakeholders mentioned that as policymakers in very small teams responsible for a broad range of topics, they often lack the time to translate the big amount of information that ITM provides them with (e.g. through the IHP newsletter, through general exchange of ideas, etc.) into concrete policy advice that can be of immediate use.

Management Response : Partially accepted

Explanation

ITM does provide 'on-demand' tailored policy support to DGD, based on needs expressed during bi-annual policy support dialogues with DGD – Health staff and on an ad hoc basis when needs arise. Some of this support falls outside of the limits of the scope of the evaluation, and might thus have stayed below the radar.

ITM is open to the recommendation to improve the user-friendly direct use of scientific advice provided to DGD. More tailored work on providing newsfeeds can be developed. Already the liaison person to DGD shares with his unit a selection of sources/mailings provided from the IHP newsletter of the QUAMED/access to medicines google group. Regarding the provision of studies and mapping, within the current policy support budget there is limited space for such activities. In case governmental bodies expect the number of studies or similar input to increase, additional HR and/or working budget will be necessary.

We would also like to highlight that the policy support that consists of 'accompanying' policy makers and reflecting with them on policy is perceived as highly useful and valuable, although less palpable. This can be seen for instance regarding the COVID response, access to quality medicines and vaccine development.

Action Plan							
#	Actions planned	Deadline	Responsible Office/Unit/Department	Responsible Person/Role	Implementation stage	Actions taken	Supporting documents
1	Continue to provide 'on-demand'/'tailored' studies to DGD.	Continuous	ICDO together with related Scientific Departments / units (ex. SRHR study by DPH)	Tim Roosen	First check: Q3 2022 ITM-DGD policy support dialogue	Technical policy support dialogue ITM-DGD is optimally used to identify (DGD) specific needs and agree upon useful/user-friendly outputs (reports, studies, ...)	
2	Provide tailored and targeted newsfeeds for policy support use by DGD and related stakeholders	Sept. 2022	IHP	Kristof Dekoster			

Recommendation 4: policy support - monitoring

Develop a monitoring system that tracks the effects and impact in terms of policy decisions and outcomes of the policy support work. Even if ITM is not setting its policy support agenda completely on its own but in concertation with DGD, looking more into the effectiveness and longer-term impact of the policy work might guide both the Belgian Government and ITM in priority- and agenda-setting on the long run, in order to achieve its own strategic objectives. One option would be to conduct a regular 'contribution analysis', as to better understand where the contribution of ITM and other Belgian actors made (or could make) a significant impact. Applying partnership and collective impact paradigms, such analysis

helps in prioritising and focussing on areas where Belgian contribution to international health policy mattered most and/or could be optimised. (Refer also to the specific recommendation on “the concept of collective impact to improve network performance”.)

Management Response : Accepted

Explanation

ITM acknowledges there is room for improvement in its measurement of **impact** and **effects** of its policy support. The actions to improve its monitoring system are discussed under the recommendations related to the monitoring system further below in this document.

ITM can improve monitoring the so-called ‘**uptake**’ of policy support provided, and direct references to studies or other outputs provided by ITM. It is more challenging to monitor and claim or ‘appropriate’ as ITM the change of policy behaviour by Belgian stakeholders related to topics of policy support. Nevertheless, a continuous dialogue with Belgian stakeholders on the process of policy support provision can potentially increase the effectiveness of policy support provided. Measuring **impact in terms of policy decisions** and longer-term impact of the policy work will however require additional efforts beyond the regular monitoring of policy support

Measuring impact of our policy support was also identified as a learning trajectory under the thematic JSF HES4SD.

Action Plan							
#	Actions planned	Deadline	Responsible Office/Unit/Department	Responsible Person/Role	Implementation stage	Actions taken	Supporting documents
1	See recommendations on MEAL system	Mid-2023	Development Office	Heleen Annemans Tim Roosen	Not started		

Recommendation 5: policy support – budget

Renegotiate the budget for policy support to the Belgian Government: Although the need and demand for policy support is constantly increasing (due to diminishing in-house expertise within DGD and to increasing policy needs due to the pandemic, climate change, etc.), the financial resources budgeted for policy support have not been increased for the new framework agreement (FA5 for the 2022-2026 period).

The evaluators encourage ITM to further improve ITM’s capacity to quantify the volume of policy support possible with a given budget and to demonstrate that ITM has already fully optimised and somehow overstretched the support it can provide within the given budget.

ITM, in consultation with DGD and Ministry of Health, could develop a business case for enhanced funding by the Belgian Government of policy support by ITM. An additional budget for direct policy to the Ministry of Health would make sense. Otherwise it will be essential to focus on more stringent priority setting within a scant budget.

Management Response : partially accepted

Explanation

While the in-house demand for health related policy support at DGD has indeed been increasing over the years, the amount of HR and budget to support this demand at ITM side has not followed the same pattern. Although ITM increased the budget for policy support in 2022-2026 more than the overall increase in DGD budget to ITM, salary inflation still remains a challenge. In addition, new burning needs arose during the COVID-19 pandemic, demonstrating that ITM’s expertise is not only of value to DGD, but also to other Belgian government bodies. Given the positive evaluation of ITM’s support by all respondents, we acknowledge it can be interesting to look into broadening, and deepening our offer for technical support and policy advise with more specific dossiers as needs increase. However, to ensure we can have discussions based on facts rather than feelings, an analysis of time investment and a needs assessment should precede these type of conversations. ITM strongly values the current working relationship with DGD and expresses no wish to change the specific working modalities which have been put in place.

Action Plan

#	Actions planned	Deadline	Responsible Office/Unit/Department	Responsible Person/Role	Implementation stage	Actions taken	Supporting documents
1	Quantify the volume of policy support possible with a given budget	Q3 – 2022 budget review	Development Office General management – programme management	Tim Roosen Ann Peters			
2	Monitor and review allocation of HR within Policy Support budget to fit DGD needs			Tim Roosen			

Recommendation 6: policy support – global network

New initiatives that leverage the extensive global network of ITM, are golden opportunities for ITM to capitalize on its existing reputation and to create actual **collective impact**. Afrafra or Emerging Voices, where ITM plays a coordinating and impulse-giving role to foster regional cooperation and create cross-border and multidisciplinary networks addressing health-related issues, are examples of ITM-networks to leverage even more in this perspective. Furthermore, the output of networks like Afrafra can then again be used to **feed into ITM's policy support work which in turn can become more effective**. This applies not only to health issues and related policy support towards DGD, but also to the work undertaken for the bilateral and multilateral units (DGB B1.4, and DGM) dealing with the widened Sahel region within the Ministry of Foreign Affairs (MFA). This could be a win-win situation, with the MFA gaining on intelligence on the security (and public health) situation obtained directly from the ground by the local Afrafra partners, and ITM being able to put more political focus on “health” as an important aspect of foreign policy.

Management Response : Partially accepted

Explanation

ITM agrees that the networks in which it plays or played a catalysing role offer a wealth of opportunities and knowledge on the public health situation in partner countries. We acknowledge that the inputs from these networks are most valuable to enrich our policy support with a global perspective. However, we are hesitant when it comes to instrumentalizing our networks to provide security intelligence to the MFA, as this is out of their area of expertise. Of course, when there is a clear link between health and the analysis of a security situation made by our network partners, this information can be shared with the MFA.

ITM plans to strengthen or develop policy oriented work (Getting Research into Policy and Practice – GRIPP) within the country programmes. There is scope to optimise the knowledge and networks such as EV and Afrafra to provide policy support at national level. This will benefit primarily ITM partner institutions and could indirectly benefit or engage Belgian representation of Enabel and within the Belgian embassy.

Action Plan

#	Actions planned	Deadline	Responsible Office/Unit/Department	Responsible Person/Role	Implementation stage	Actions taken	Supporting documents
1	Continue to support and liaise with global networks such as EV and Afrafra and leverage their knowledge in our own policy support	Continuous	ICDO	Tim Roosen Kristof Decoster Nandini Sarkar			

2	Strengthen policy support capacities in country programmes through the set-up of a Community of Practice at ITM (GRIPP trajectory)		ICDO	Cedric Bohi			
3	Reach out to Belgian representation (Embassy, Enabel, Belgian ACNGs) in partner country		ICDO	Cedric Bohi + country promotor			

Recommendation 7: policy support – broaden scope

Beside the policy support at DGD / Belgian level, if ITM's strategic objective is to weigh in more significantly on the international health agenda and have a long-term impact, **it might be worth looking into other ways to broaden its “policy support and advocacy” work**, focusing also on actors beyond DGD. For instance, is a more direct cooperation with the Ministry of Health useful and feasible? Or a more “offensive” advocacy strategy directly targeting the political level (through the ministerial cabinets)? What about the regional Belgian governments: can they be usefully fed with policy input within their respective fields of competence? Being based in Belgium also means having easy **access to the EU institutions**. Since the EU is becoming an increasingly influential actor within the WHO and is gaining weight compared to its individual member states, maybe ITM could partly focus its policy support and advocacy efforts on the relevant EU bodies? And at the international level: through which networks, experts or policy fields could ITM gain direct access to more influential levels within the WHO, UNODC, etc.?

Management Response : partially accepted

Explanation

ITM agrees to look into broadening the scope of its policy support work beyond DGD, taking into consideration the limitations of available human resources and budget. ITM already engages actively with Ministry of Health (related to access to controlled substances (WHO, UNODC)); regional entities (Flemish Department Chancellery and Foreign Affairs) on issues related to UNAIDS, SRHR and AMR; and with related ministerial cabinets (federal minister of development cooperation; federal minister of health; federal minister of foreign affairs; prime minister). These linkages might probably not have been taken sufficiently into account when assessing the policy support since they fall outside the scope of the DGD programme.

It seems feasible to formalise ongoing cooperation with the Ministry of Health on the topic related to access to controlled substances (and policy support provided in follow-up of WHO, and UNODC), or other identified issues, including NCDs, UHC / Healthcare for all policies / Pandemic Treaty (see recommendation 8-10). However, for this type of synergetic activities it would be necessary to have thorough discussions with DGD on what can and cannot be done with their funding and on modalities to engage with other ministries.

Similarly, ITM could explore whether a direct contribution can be provided to/within new (2024 - ...) ministerial cabinets.

Action Plan

#	Actions planned	Deadline	Responsible Office/Unit/Department	Responsible Person/Role	Implementation stage	Actions taken	Supporting documents
1	Explore interest by MoH and other government bodies to get more direct support from ITM		Management				

Recommendations 8 – 10 : policy support – recommendations towards to Belgian Gov. / DGD / ITM

It has been commented by several external stakeholders that ITM and the Belgian Government would mutually benefit from a more proactive, intensified cooperation and in doing so, generate more effectiveness and impact at international / multilateral level. Further exploring these reflections, the consulted stakeholders and the evaluation team came up with several ideas that might be worth considering.

8. On the one hand, if Belgium wants to regain on international influence, **it might be necessary to expand the Belgian “pool of public health experts” with a medical background**, both at national and at international level. As the Belgian crisis management of the COVID-19 pandemic has shown, there is a serious lack of public health (crisis) experts with medical background in Belgium, embedded in different national and international institutions, that can be mobilized at short notice when necessary. This also hampers Belgium’s influence on the global health agenda and crisis management at international level. It could be worth reflecting on how Belgium can better support its existing experts within the international health architecture. In addition, ITM can disseminate its expertise more widely again, not only among health professionals from the global South, but also more among Belgian health professionals. One idea that was expressed during a stakeholder interview was that ITM should be involved in the Masters’ degree “Global Health” that is jointly organized by the 5 Flemish universities, an idea that is currently being discussed between ITM and the University of Ghent.

However, **the importance of re-establishing a strong Belgian “pool of public health experts with a medical background” should not be exaggerated neither**. For instance more highly qualified ITM-trained public health experts from the global south could well be adopted and integrated in the pool of public health experts structurally involved in ITM’s policy support role to the Belgian Government. This would also better fit the ongoing decolonisation of global health.

9. Furthermore, Belgium and ITM could strive to **seize the momentum that currently exists on two (or more) thematic levels**.
 - i. First there is the current debate on the **reform of the international health crisis management within the WHO**, that was triggered by the outbreak of the COVID-19 pandemic. ITM has some individual experts who have excellent expertise and publish (articles with) interesting opinions about this reform. Nonetheless, the Belgian (and ITM) voice in the reform debate needs to be much louder in order to be effectively heard. Again, a strategic alliance between the Belgian government and ITM and well-thought-through priority setting could help. For instance, focusing on adopting a proactive role in the development of the “new instrument on pandemic prevention, preparedness and response”.

ii. Secondly, ITM has fought for years for “**health systems**” to be higher up on the global health agenda, and with success: “health systems” is now one of the three main pillars of the WHO, and probably the preferred topic of its current director general. However, now that the agenda is set, Belgium and the ITM should seize this opportunity to **be much more proactive in providing input and expertise**, and in doing so leverage the existing strengths and build a renewed and further enhanced reputation in this field.

10. Even in a complex political context of quickly changing policy priorities, fragmented (and sometimes rivalling) competencies spread over different ministries and government levels, declining funding for health professionals in public administrations, and decreasing development cooperation budgets in general, several consulted stakeholders within the main relevant federal government bodies seem to agree that Belgium would benefit from a longer-term strategy or vision to enhance its impact on the international health agenda. The evaluators do think this could also be an opportunity for ITM, as Belgium’s main subject matter expert institution and being politically independent: where the government bodies maybe lack in resources, inspiration or political will, ITM could take the initiative to develop a new visionary strategy that would allow both ITM and Belgium to regain its somehow waned historic influence (be it with a focus on health systems, crisis management, or some new “flagship theme” that ITM and the Belgian health system have proven expertise on (e.g. Prevention or Neglected Tropical Diseases)).

Management Response :

Given that the recommendations above are directed at the political level, ITM takes note of these recommendations but we see them as mainly outside our sphere of control.

Explanation

ITM invests in networking as we consider this way of working as efficient, relevant to all stakeholders and sustainable. ITM through the alumni and partner organisations has access to a wide and highly qualitative pool of public health experts with a medical and/or public health background, both at national and at international level. We disagree that there remains a necessity to maintain a “Belgian” pool of experts to provide policy support nor to advance the position of the Belgian government and ministries, as the current global order should go beyond such a nation centred approach. Rather, we prefer to promote the inclusion of experts from a variety of backgrounds.

There is scope to further explore and continue to ‘facilitate’ networking of (high level) Belgian policy makers and influencers (for ex. Peter Piot; Luc Debruyne – CEPI). The Belgian Ministry of Health and DGD can seize the opportunity of the Belgian EU Council Presidency Q1-2024 to mobilise many of those experts and build upon a rich ITM network of health experts.

Action Plan

#	Actions planned	Deadline	Responsible Office/Unit/Department	Responsible Person/Role	Implementation stage	Actions taken	Supporting documents
1	Improve (internal) mapping of technical support and networking by ITM staff/	Q3 2022	ICDO				

	scientists towards EU and global policy makers (WHO, ...); example roles as technical scientific advisors		Research Office				
2	Facilitate networking of (influential) Belgian policy makers and influencers	2023	ICDO				
3							
4							

RECOMMENDATIONS OC3 – WORLD CITIZENSHIP EDUCATION

Recommendation 11: world citizenship education – new partnerships for Eduboxes

While higher education is one of the core components of ITM, within secondary education, ITM is more likely to take on the role of technical/scientific expert. For the pedagogical expertise in secondary education, ITM could consider working with an educational NGO active in the field of development education such as Djapo, VIA Don Bosco, Studio Globo, ... These type of actors could help ITM both with further disseminating the already developed Eduboxes and with monitoring the effects of the boxes on teachers and students. The message of interconnectedness for instance that is presented in both Eduboxes fits well within a wider evolution in the sector towards systemic thinking. In this way, the sustainability of this activity can be increased.

Management Response : Partially accepted

Explanation

ITM acknowledges there can be added value in looking for new partnerships to even better disseminate its educational materials such as the Eduboxes. This can also lead to a better anchoring of ITM into the landscape of world citizenship education as promoted by DGD. At the same time, we feel that the materials are already quite well integrated in secondary education because of the current partners to the project. VRT has a specific service to ensure its educational packages are linked to the learning goals for each level and how a sound pedagogical approach. They have experience in dissemination of their materials, such as through Klasement, their own website etc..

What is not being done at the moment however, is a solid follow-up of the reach of the packages. ITM will therefore engage with the lead implementer VRT to discuss whether more information from users can be obtained at the time of download so more becomes known about reach and usefulness of the Eduboxes.

Since 2022 the Eduboxes are no longer financed by DGD, but by the Flemish ministry for education. In case this financing would cease, the initiative would cease to exist as well.

Action Plan

#	Actions planned	Deadline	Responsible Office/Unit/Department	Responsible Person/Role	Implementation stage	Actions taken	Supporting documents
1	Contact VRT to discuss impact measurement		Communication	Anton Baert			
2	When developing new Eduboxes, potential new collaborations are explored. In this light, NGOs can be contacted if lead organisation (VRT) agrees.		Communication	Anton Baert			

Recommendation 12: world citizenship education (WCE) – integration in JSF HES4SD

Finding a way to integrate development education within the thematic Joint Strategic Framework Higher Education and Science for Sustainable Development (HES4SD). While the JSF's focus is on higher education, the evaluation team estimates there is room for the actors involved: ITM, ARES and VLIR-UOS to explore what their role can be for development education in secondary schools. It is crucial to work closely with actors of the thematic JSF HES4SD and the geographical JSF Belgium to increase not only sustainability of the own development education results and tools but also to pool resources and expertise to improve collective impact.

Management Response : Partially Accepted

Explanation

Within the JSF HES4SD our focus in terms of target groups is on the participating organizations (ITM, VLIR-UOS and Ares), our students, alumni, and staff. In the JSF we plan to look at how we integrate WCE in our work, and to conduct research on its effectiveness when implemented by others. Even though ITM does no longer have a WCE programme due to non-approval of FA5-funding by DGD, we are the current referent for the JSF and hence remain engaged in the JSF Belgium in which the topic takes a central place. This presence in the JSF Belgium enables us to stay up to speed with WCE initiatives, and gives us the opportunity to connect to potential interesting partners. Also, our HES4SD partners stayed on as active observers of this JSF.

ITM does not pursue an active role in secondary education as such. As an institution for post-graduate education, we do not have the mandate to actively engage in this level of education. However, we can play an active role in the provision of scientific and technical expertise on global health for other actors in the field (e.g. Eduboxes).

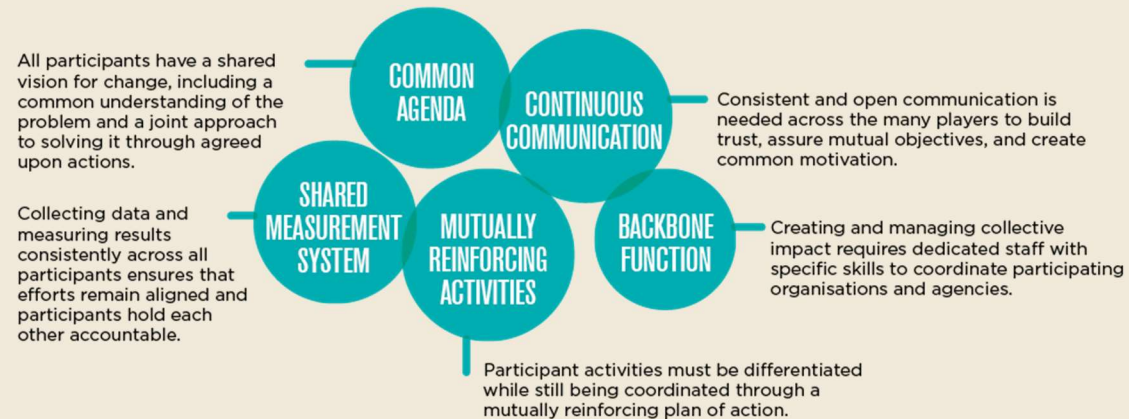
RECOMMENDATIONS TRANSVERSAL TOPICS

#	Actions planned	Deadline	Responsible Office/Unit/Department	Responsible Person/Role	Implementation stage	Actions taken	Supporting documents
1	Actively follow the JSF Belgium to remain updated on WCE initiatives and identify potential new opportunities for scientific/technical support	Continuous	ICDO	Cedric Bohi			

Other thematic recommendations – Recommendation on collective impact to improve network performance

Being effective and impactful through collaborations and networks is a continuous challenge for ITM. This appeared in particular when evaluating outcome 2 but applies also to outcomes 1 and 3. Therefore it is important for ITM to consciously develop its capacity and conceptual framework for both supporting and enhancing the networks it is engaged in and for optimising its own contributions in multi-actor collaboration. This is about setting clear targets and pathways for enhancing network capacity. Concepts to plan for and assess collective efficiency, collective performance and collective impact can be used and tailored for the contexts and the themes where ITM intervenes and for the specific networks in which ITM participates.

C-lever.org uses a model for collective impact introduced by the Collective Impact Forum. According to this model, Collective impact (CI) occurs when a group of actors from different sectors commit to a common agenda for solving a complex social or environmental problem. The collective impact model includes five core conditions.



Management Response : Partially accepted

Explanation

ITM sees an added value in the framework offered by the evaluators. However, we also feel that the networks which are part of our DGD funded programme need to (i) have their own dynamics and autonomy without too much interference by ITM (e.g. QUAMED, Emerging Voices, Be-Cause Health, Afafra) and (ii) all these networks are already very performant. What could be improved is the information flow and communication with these networks.

Action Plan

#	Actions planned	Deadline	Responsible Office/Unit/Department	Responsible Person/Role	Implementation stage	Actions taken	Supporting documents
1	Organise regular consultative meetings with the coordinator of the networks	Continuous	ICDO	Tim Roosen			
2							
3							
4							

Other thematic recommendations – Recommendation on MEAL system

- 1) The evaluation team considers that the ITM MEAL system could be significantly improved by using a concept of (weighed) progress and results markers. To construct the progress marker framework, results from the outcome harvesting exercise conducted for the purpose of this evaluation could be taken into account. (more details in the report)
- 2) The evaluators consider that there is still significant potential for innovating the MEAL system, adding smarter indicators and even measuring social change/impact or using simplified forms of social return on investment (SROI) analysis.
- 3) The evaluators acknowledge that for the new programme 2022-2026, ITM has undertaken steps to innovate the MEAL system and the set of indicators. However, further efforts in doing so are still recommended.

Management Response : Partially Accepted

Explanation

Since 2020 ITM has been catching up on its Monitoring, Accountability, Evaluation, and Learning (MEAL) practices. Seeing the urgency and timing of the certification process and pending evaluations, the choice was made to prioritize this aspect. Hence, we feel the Accountability and Evaluation pillars of the MEAL system are already strong. However, we acknowledge that the Monitoring and Learning aspects need to be further improved and implemented. This recommendation also relates to our self-assessment made to obtain the certificate by the Special Service for Evaluation of our evaluation system (2021) and its corresponding action plan.

The update of the monitoring system is foreseen for the second half of 2023, beginning of 2024. We see this as critical for the efficient implementation of our FA5. That this was not thoroughly done during the preparation of the new programme is a missed opportunity, but one which can still be rectified during the course of the first year of implementation. We take into account the recommendation to adapt our monitoring systems to the specificity of the respective outcomes, such as by considering the use of outcome harvesting for policy support. Lastly we also see opportunities for enhancing Learning within the organisation, for instance through the development of strategic notes for management after each evaluation, and by integrating findings and exchange moments in recurrent promoters meetings.

Action Plan

#	Actions planned	Deadline	Responsible Office/Unit/Department	Responsible Person/Role	Implementation stage	Actions taken	Supporting documents
1	Development of monitoring tool per outcome, taking into account specifics such as strategy identified under the outcome	February 2023	ICDO	Heleen Annemans			
2	Putting discussions on best practices on agenda of promotor meetings	recurrent	ICDO	All			

Signature: _____

Name and Position: _____

Date: _____