



EVALUATION

Canadian Institutes of Health Research Evaluation Plan 2010/11 – 2014/15

October 2010

Evaluation Unit
Evaluation, Internal Audit and Risk Management Branch
Strategy and Corporate Affairs Portfolio

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About the Canadian Institutes of Health Research

Mandate

The mandate of CIHR is to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system (Bill C-13, April 13, 2000).

Vision

CIHR's vision is to position Canada as a world leader in the creation and use of health research knowledge that benefits Canadians and the global community.

Achieving the mandate and vision

Established in 2000, CIHR promotes a solutions-focused, multidisciplinary and collaborative approach to health research. Its unique structure brings together researchers from across disciplinary and geographic boundaries through its 13 Institutes. Currently, CIHR supports more than 13,000 health researchers and trainees in universities, teaching hospitals and other health organizations and research centres across the country. The agency's mandate is to support health research in a transparent process that meets the highest international standards of excellence and ethics in four research areas: biomedical; clinical; health systems and services; and the social cultural and environmental factors that affect the health of populations.

Institutes

CIHR's 13 Institutes share responsibility for achieving the fundamental objective of CIHR and have their own distinct strategic plans that are aligned with the overarching directions, mandate and vision of CIHR. The Institutes promote and build upon Canada's firm foundation of research excellence, engage the research community and encourage interdisciplinary, integrative health research and knowledge translation. Through their Scientific Directors and Institute Advisory Boards and under the oversight and guidance of CIHR's Governing Council, the Institutes' mandate is to work with stakeholders to forge a health research agenda across disciplines, sectors and regions that embraces scientific opportunity and reflects the emerging health needs of Canadians, the evolution of the health care system and the information needs of health policy decision makers.

1. Background and Context

1.1 Purpose

The purpose of this Evaluation Plan (EP) is to:

- Provide schedules of evaluations to be conducted over the next five years;
- Provide context around Treasury Board requirements for producing an EP and how this will be used within CIHR;
- Describe the approaches used to identify and prioritize CIHR and horizontal evaluations;
- Describe resource requirements and utilization within the Evaluation Unit to deliver scheduled evaluations;
- Identify risks and success factors for conducting evaluations.

1.2 Treasury Board Requirements for Evaluation Plans

The primary purpose of the Evaluation Plan is to assist CIHR's President in ensuring that credible, timely and neutral information on the ongoing relevance and performance of direct program spending is available to support evidence-based policy decision-making. The EP helps to ensure accountability for the results achieved by CIHR policies and programs.

The EP also serves a range of other purposes including:

- Assisting the President in confirming that the information needs of CIHR are being met;
- Providing program managers with an opportunity to ensure that planned evaluations can be timed to support program redesign;
- Providing program managers and the Head of Evaluation¹ with an annual platform to engage in a dialogue about the development and implementation of performance measurement strategies that effectively support evaluations;
- Providing units responsible for developing Reports on Plans and Priorities (RPPs) and Departmental Performance Reports (DPRs) as well as other groups engaged in strategic planning and reporting activities an opportunity to identify when evaluations will be available to inform their work;
- Providing the Head of Evaluation with an opportunity to initiate regular communication and consensus building on evaluation needs and priorities across CIHR;
- Serving as a management tool for the Head of Evaluation, allowing for the planning of workflow and human resource needs for the coming years, reflecting on progress and incorporating lessons learned from previous years to strengthen the function.

The *Policy on Evaluation*² requires that the President ensures the development of a five-year rolling evaluation plan and confirms that this plan:

- Aligns with and supports CIHR's Management, Resources and Results Structure;
- Supports the requirements of the Expenditure Management System including strategic reviews; and
- Includes all ongoing programs of grants and contributions as required by section 42.1 of the *Financial Administration Act*.

¹ CIHR's Head of Evaluation is the Director of Evaluation, Internal Audit and Risk Management

² *Policy on Evaluation*, 2009; Treasury Board of Canada Secretariat

In order to ensure evaluation coverage of PAA categories containing large numbers of programs and initiatives, the Evaluation Unit will undertake a sampling approach to establish the scope of the evaluation; further detail on this can be found in Section 2.3 of this document.

The President is responsible, with advice from CIHR's evaluation committee (EC)³ for approving the EP which is then submitted to the Treasury Board of Canada Secretariat (TBS). Evaluation coverage requirements that should be met and reflected in the EP include:

- All Direct Program Spending,⁴ excluding grants and contributions, to be evaluated every five years;
- All ongoing programs of grants and contributions to be evaluated every five years⁵.

The Head of Evaluation is responsible for developing and annually updating the rolling five-year EP and ensuring that it meets the requirements outlined above. This includes responsibility for identifying and recommending a risk-based approach for evaluations, submitting an approved EP to TBS and ensuring that evaluations include clear and valid conclusions about the relevance and performance of programs.

1.3 Evaluation at CIHR

CIHR has been building internal capacity for evaluation, performance measurement and analysis since 2001. The Evaluation Unit works alongside an Impact Assessment Unit which focuses on the wider impacts of CIHR's programs and a Data Analysis group which leads on data systems and information services. The Evaluation Unit itself is primarily focused on supporting evidence-based decision-making and strategic planning across CIHR, as well as on meeting or exceeding the requirements of the TB suite of policies on evaluation. Meeting or exceeding TB policy requirements provides management with assurance on the credibility and neutrality of evaluation processes and products. CIHR's strategic plan, the *Health Research Roadmap*⁶, references the importance of the evaluation function in helping the agency to achieve organizational excellence and demonstrate impact.

The Evaluation Unit has not been fully staffed during 2010 due to staff changes and recruitment challenges, and was for some time operating with three of eight FTEs. Recent recruitment has seen staffing recently reach specified levels, although finding suitably experienced and qualified evaluation staff remains a challenge, as is the case for many government departments and agencies. Staffing challenges have resulted in some limited delays in the completion of scheduled evaluation projects, although these have not impacted on any evaluations of programs with TB submissions or on horizontal initiatives.

The Evaluation Unit has recently completed a re-organization within the agency since the last EP was submitted and is now part of a new Evaluation, Internal Audit and Risk Management Branch, within CIHR's Strategy and Corporate Affairs Portfolio. The new Head of Evaluation (the Director of Evaluation, Internal Audit and Risk Management)⁷ has a direct reporting line to the President of

³ The Executive Management Committee acts as CIHR's evaluation committee

⁴ Direct program spending refers to the portion of total budgetary spending that excludes public debt charges and major transfers to persons and to other levels of government. Direct program spending includes operating and capital spending and grants and contributions (as specified in the Public Accounts)

⁵ Internal Services, which is comprised of non-grant spending, is no longer part of CIHR's Program Activity Architecture

⁶ CIHR Three-Year Implementation Plan and Progress Report 2010–13. *Health Research Roadmap: Creating innovative research for better health and health care*. CIHR; 2010.

⁷ Dev Loyola-Nazareth

CIHR, responding to neutrality concerns raised in this year's Management Accountability Framework (MAF) Assessment report on the function.⁸

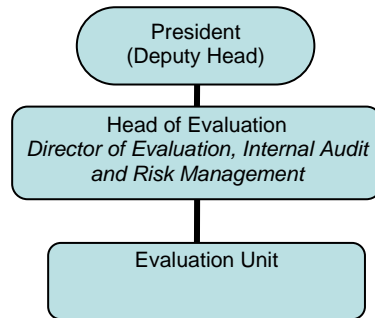


Figure 1 – Reporting Line between Head of Evaluation and CIHR President

The chart below shows new governance arrangements for CIHR's Evaluation Committee as of August, 2010. The Executive Management Committee, chaired by the President of CIHR, is now CIHR's Evaluation Committee. The Subcommittee on Performance Measurement (SPM) plays a strategic and advisory role on the design and conduct of evaluations. The Chair of SPM presents substantive evaluation items to EMC, supported by Evaluation Unit staff. The Evaluation Unit can also be requested to bring items for information to the Audit Committee as required.

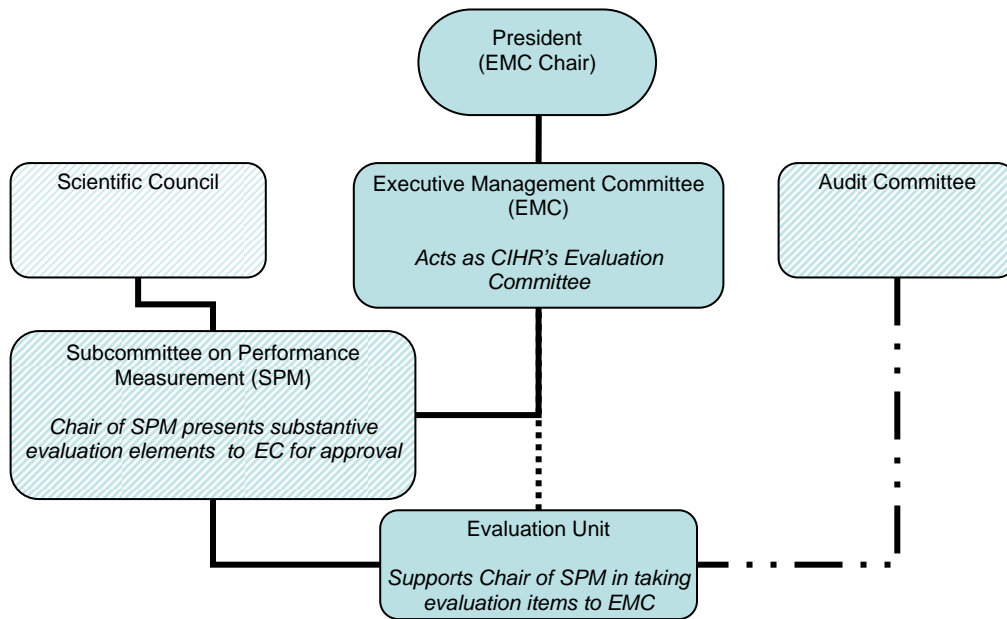


Figure 2 - Evaluation Governance Structure at CIHR

⁸ Full Simplified Report by Department, Round 7 2009-10 Final: Canadian Institutes of Health Research. Treasury Board of Canada Secretariat

1.4 Developing the Evaluation Plan

The 2010/11 Evaluation Plan is based on a refresh of EPs from 2008/9 and 2009/10 that have been submitted to TBS by CIHR. A full planning and consultation exercise is scheduled for the 2011/12-2015/16 plan, following the new TBS guidance on developing EPs⁹.

This refreshed EP has been developed using the following approach:

- Scoping the evaluation universe using the Program Activity Architecture (PAA)¹⁰, MRRS and supplementary information from program managers;
- Reviewing and refreshing the risk-based criteria used in previous CIHR EPs (materiality; program lifecycle; accountability history; strategic/corporate priorities);
- Consultation with senior managers and program managers at CIHR (list provided in Appendix);
- Consultation with the Natural Sciences and Engineering Research Council (NSERC) and the Social Sciences and Humanities Research Council of Canada (SSHRC) on tri-agency scheduling of horizontal evaluations.

1.5 Scheduling changes from 2009/10 Evaluation Plan

Any significant amendments to the 2009/10-2013/14 evaluation schedule submitted to TBS are provided in the table below, with a rationale provided for each change. As CIHR's PAA categories have changed between 2009/10 and 2010/11¹¹, a crosswalk has been provided to allow for comparisons between the two PAAs to be made.

Table 1 - Significant changes between 2009/10 and 2010/11 Evaluation Plans

Program Evaluation	PAA 2010/11	PAA 2009/10	Change	Rationale
Partnerships for Health System Improvement (PHSI) & Meetings, Planning and Dissemination Grants Program & Knowledge to Action Grant Program (Knowledge Translation Programs)	1.4.2	2.3.2 & 3.1.1	Evaluation brought forward to 2010/11 from 2011/12	Change to PAA increased materiality (addition of \$9M of Partnership Programs) and associated risk.
Strategic Initiatives (including Regenerative Medicine and Nanomedicine and the Canadian Light Source Program)	1.4.1.1	1.2.1 1.2.2 2.1.5 2.1.6	Evaluation timeline increased – completion date of evaluation report now in 2011/12	CIHR's International Review will provide much of the required data for this evaluation. The new timeline allows for the evaluation to be more cost-effective by significantly reducing the amount of additional data collection required.

⁹ A Guide to Developing Departmental Evaluation Plans (DRAFT). May 2010. Treasury Board Secretariat

¹⁰ See Appendix for 2008/09 and 2010/11 CIHR PAA

¹¹ See Appendix for 2008/09 - 2010/11 PAA crosswalk

Collaborative Health Research Partnerships Program (CHRP) & Proof of Principle Program (POP I and II) (Research Commercialization Programs)	1.3.1	3.2	Evaluation delayed to 2011/12	An initial evaluability analysis showed that insufficient data was available for a full evaluation. Strategies will be developed by program managers with advice from the Evaluation Unit for data to be collected; the evaluation is planned to be conducted in 2011/12.
Open Research (Operating) Grants Program - Evaluative Study of the Historical Outputs, Outcomes and Impacts	1.1.1	1.1.1	Report completion delayed from 2009/10 to 2010/11	Resource constraints delayed completion
Business-Led Networks of Centres of Excellence Program – Review of relevance and effectiveness	1.3.2.2	3.1.2 (part)	Review of relevance and effectiveness scheduled for 2010/11	Tri-Agency evaluation which was not specified on CIHR 2009/10 schedule.

1.6 Reports to be submitted during 2010/11

The following table lists reports that will be submitted to Treasury Board during 2010/11.

Table 2 - Reports to be submitted during 2010/11

Program Evaluation	PAA 2010/11	PAA 2009/10
Open Research (Operating) Grants Program – Evaluative Study of the Historical Outputs, Outcomes and Impacts	1.1.1	1.1.1
Randomized Control Trials Program	1.1.2	1.1.2
Salary Support Programs	1.2.1.1	2.1.1 & 2.1.5
Canada Research Chairs (led by Social Sciences and Humanities Research Council)	1.2.1.2	2.1.3

1.7 Approval of the Evaluation Plan

As required by the *Policy on Evaluation*, (section 6.1.7) this Evaluation Plan has been reviewed by CIHR’s Evaluation Committee and approved by CIHR’s President.

The Confirmation Note, as outlined in the Treasury Board Secretariat’s *Guide to Developing Departmental Evaluation Plans*, has been included as an appendix to this document.

2. Evaluation Schedule

This section on evaluation scheduling has been divided into three parts:

- Identifying the evaluation universe and prioritizing evaluations according to need and risk;
- The scheduling and resourcing plan for 2010/11 including resource utilization for evaluations and other core Evaluation Unit activities;
- The five-year evaluation and resource schedule from 2010/11 to 2014/15 and summary of evaluations to be conducted during this period.

2.1 Evaluation Universe and Prioritization

CIHR's identified program universe of direct program spending is based on its 2010/11 PAA and Management Resources and Results Structure (MRRS), with activities identified at the sub- and sub-sub activity levels. This program universe includes activities which have TB submissions specifying the program lifecycle and when the program should be evaluated. Other activities, such as the Open Operating Grants Program, do not have a defined lifecycle or evaluation timeline, aside from overall TB Policy requirements to evaluate all program spending within a five-year period.

The factors used to determine the scheduling of evaluations between 2010/11 and 2014/15 therefore include:

- **Defined evaluation timelines** - drawn from program terms and conditions, performance measurement strategies or RMAFs submitted to TBS. Many horizontal evaluations with NSERC and SSHRC fall into this category and have pre-determined evaluation schedules;
- **Providing evidence for program redesign** – CIHR is currently redesigning a range of its open and strategic programs. Evaluations have been scheduled to maximize the opportunity to inform program redesign;
- **Risk-based assessment** – prioritization of evaluations based on factors such as materiality, program lifecycle and visibility of the program. This year's assessment is based on a refresh of a full risk-based assessment exercise conducted at the time of CIHR's first EP (2008), and is updated based on changes to PAA categories, consultations with senior staff within CIHR and materiality;
- **Timing evaluations to maximize efficiencies** – for example, clustering programs with similar objectives or harmonizing evaluation timelines with CIHR's International Review process.

More detailed descriptions of rationale for the scheduling of evaluations can be found in Table 5 provided in Section 2.3.

2.2 Scheduling and Resourcing Plan for 2010/11

The following schedule outlines the timing of program evaluations at CIHR for Fiscal Year 2010/11. Timelines for completion of CIHR-led evaluations are in-line with those specified in Tri-Agency evaluation planning. Typically, evaluations require between three and six months for planning (**green**) and between nine months to one year for the conduct of the study (**blue**), at the end of which an evaluation report is produced (presented as **X**). These are estimates based on the current resources available to the Evaluation Unit and the governance structures in place at CIHR. As part of its continuous improvement process, the Evaluation Unit will be exploring options for making its processes and products more useful and timely for management.

Matrix 1 - Scheduling and Resource Plan for 2010/2011

	2010/2011			
	1	2	3	4
CIHR Programs				
Open Operating Grant Program (1.1.1) ¹²			X	
Randomized Controlled Trials Program (1.1.2)				X
Salary Support Programs (1.2.1.1)				X
Strategic Initiatives Programs Including Regenerative Medicine & Nanomedicine Initiative & Canadian Light Source Program (1.4.1.1)				
Partnerships for Health System Improvement (PHSI) & Meetings, Planning and Dissemination Grants Program & Knowledge to Action Grant Program (<i>Knowledge Translation Programs</i> (1.4.2))				
Tri-Agency Programs and Horizontal Initiatives				
Canada Research Chairs Program (2.1.3)				X
Business-Led Networks of Centres of Excellence (1.3.2.2)				
Centres of Excellence for Commercialization and Research Program (1.3.2.3)				
National Anti-Drug Strategy (NADS) Treatment Research Initiative (1.4.1.5)				

Resource planning assumptions to deliver the 2010/11 schedule are based on five evaluator FTEs, two junior evaluator FTEs and one evaluation manager FTE. Resource requirement calculations are based on 12 person months per FTE to a total of 96 person months for the Evaluation Unit as a whole for the fiscal year 2010/11¹³. As of August, 2010 the Evaluation Unit had six FTEs including the evaluation manager, with two vacant FTEs that are in the process of being filled. Furthermore, as there are only seven months left in this fiscal year, the FTE was

¹² The planning (green) box for the OGP in Q4 of 2010/11 reflects the planning of the evaluation to take place in the following fiscal year

¹³ This calculation does not account for person months potentially lost through staff changes, however as many of the Unit's staff are newly recruited, the risk of significant losses during 2010/11 can be assessed as low.

recalculated to reflect the remaining amount of months for this year. The pro-rated FTE is 56 person months for the Unit as a whole.

The Evaluation Unit's annual salary and operating budget for 2010/11 are as follows:

Salary (based on full staffing of eight FTEs):	\$576K
Contracting:	\$55K
Core budget (inc. training):	\$14K
Total:	\$645K

These resources are adequate to deliver the 2010/11 plan. However, the required budget for contracting is anticipated to increase in 2011/12 as CIHR will be leading on the combined Vanier and Canada Graduate Scholarship Program Evaluations on behalf of the Tri-Agencies. A combined contracting budget of \$240K is assumed to conduct this evaluation in 2011/12, with a CIHR contribution of \$70-\$80K. This will be in addition to other contracting requirements in 2011/12 of \$50K for surveys, bibliometric studies or other contracted elements of in-house evaluations.

Under its current resourcing model, CIHR is committed to conducting evaluations in-house where possible and does not typically contract full evaluations 'end to end.' An estimated equivalent contracting cost for each evaluation that is planned to be conducted in-house would be around \$100K-\$200K per evaluation, or \$400K-\$800K for 2010/11. Both NSERC and SSHRC contract the majority of their evaluations, particularly for larger programs. The TBS Centre for Excellence in Evaluation recently indicated¹⁴ that there is an intent to reduce the number of evaluations that are contracted externally by departments and agencies and to conduct a greater number in-house. In this respect, CIHR's approach to evaluation will be in-line with future TBS direction in this area.

Resource utilization by the Unit can be divided into the following core activities:

- **In-house evaluations** – these relate to evaluations led and conducted by CIHR Evaluation Unit staff, sometimes including a small contracting budget (generally around \$25K) for specialized services such as surveys or bibliometric studies.
- **Tri-Agency/Horizontal evaluations** – these relate to horizontal evaluations, frequently involving SSHRC and NSERC, which are fully contracted to consultants. Where CIHR is responsible for leading an evaluation for the Tri-Agencies, the FTE requirement is greater as Evaluation Unit staff lead on working closely with the contractor in the design, conduct and communication of the evaluation. Where another agency takes the lead, FTE requirements relate to Unit staff participation in working groups, reviewing all evaluation outputs such as frameworks, research instruments, technical and evaluation reports, making data requests and leading on internal communication of the evaluation within CIHR.
- **Evaluation and performance measurement advice and guidance** – this relates to the Evaluation Unit's role in acting as an internal resource for CIHR and the Institutes in providing advice on the design and conduct of evaluations. This can take a range of forms,

¹⁴ At a breakfast meeting of the Canadian Evaluation Society on June 17th, 2010, presenting the recent audit of the evaluation function by the Office of the Auditor General.

including assistance with designing measurable program outcomes with program managers to reviewing and advising on Institute-led evaluations.

- **Implementation of Treasury Board Evaluation Policy Suite** – ongoing work to ensure and maintain full compliance with the Treasury Board’s new Policy, Directive and Standard on Evaluation. This includes annual production of the Evaluation Plan and related consultations and risk-based analyses, assisting relevant committees (EMC, SPM, Audit Committee) in their roles and responsibilities in relation to the plan and liaising with TBS as required.
- **Building and maintenance of evaluation capacity and capability** – staff training in evaluation methodologies, attendance and participation in Canadian Evaluation Society National Capital Chapter (CES) meetings, briefings and learning events, obtaining the new CES Credentialed Evaluator professional designation, and participation in CIHR organized training programs.
- **Involvement in corporate initiatives and representing the Evaluation Unit within CIHR and externally** – this includes involvement within CIHR in working groups on Roadmap Implementation, Common CV Renewal, corporate data planning, PAA redesign or other such groups to ensure the Unit is adding value through its expertise and having its requirements considered. This could also include special areas of focus as requested by the Evaluation Committee (EMC), such as evaluating CIHR’s relationships with institutions or its peer review processes. Externally, this would include regular meetings of the Interagency Evaluation Steering Committee and a cross-departmental working group on evaluating horizontal initiatives.

The resource plans for program evaluations and other evaluation activities in 2010/11 are presented in Tables 3 and 4.

Table 3 – Resource Planning 2010/11 (Evaluations)

Total available FTE resources (once fully staffed) = 96 months for full fiscal year and 56 months pro-rated for remaining seven months of fiscal year 2010/11.

EM = Evaluation Manager

E = Evaluators

JE = Junior Evaluators

Evaluation	PAA	Evaluation type	CIHR Evaluation Unit Activities 2010-2011	Person months - 2010-11	Contract elements	CIHR Contract \$ 2010-11	Funding source 2010-11
Open Operating Grant Program – Relevancy and Effectiveness evaluation	1.1.1	CIHR – In-house	Design of evaluation (report to be completed in 2011/12)	EM – 0.5 E - 1 JE – 1 Total – 2.5	None	\$0K	n/a
Salary Support Programs	1.2.1	CIHR – In-house	Design, conduct and report on evaluation	EM – 1.5 E – 8.5 JE – 3.5 Total – 13.5	Survey of researchers	\$25K	Evaluation Unit
Canada Research Chairs	1.2.1.3	Tri-Agency-SSHRC lead	Review and approve technical reports, evaluation reports, attend working groups	EM – 0.5 E - 3 JE – 2.5 Total – 6	Fully contracted by SSHRC	\$0 (\$288K via SSHRC)	Secretariat
NCE/BL-NCE	1.3.2.2	Tri-Agency-NSERC lead	Review and approve technical reports, evaluation reports, attend working groups	EM – 0.25 E - 1 JE – 0.75 Total – 2	Fully contracted by NSERC	\$0 (\$250K via NSERC)	Secretariat
CECR	1.3.2.3	Tri-Agency-NSERC lead	Review and approve technical reports, evaluation reports, attend working groups	EM – 0.25 E – 0.5 JE – 0.25 Total – 1	None	\$0 (\$150K via NSERC)	Secretariat

Evaluation	PAA	Evaluation type	CIHR Evaluation Unit Activities 2010-2011	Person months - 2010-11	Contract elements	CIHR Contract \$ 2010-11	Funding source 2010-11
Strategic Initiatives (including Regenerative Medicine and Nanomedicine and the Canadian Light Source Program)	1.4.1.1	CIHR – In-house	Design and conduct part of the evaluation	EM – 1 E – 8 JE – 3 Total – 12	None	\$0	n/a
National Anti-Drug Strategy (NADS) Treatment Research Initiative	1.4.1.5	Horizontal-Justice Canada	Review and approve technical reports, evaluation reports, attend working groups	EM – 0.25 E – 0.5 JE – 0.25 Total – 1	TBD	\$0	Justice Canada
Partnerships for Health System Improvement (PHSI) & Meetings, Planning and Dissemination Grants Program & Knowledge to Action Grant Program (Knowledge Translation Programs)	1.4.2	CIHR – In-house	Design and conduct part of the evaluation	EM – 1 E – 3 JE – 2 Total – 6	TBD	\$30K	Evaluation Unit
Finalizing reporting for two evaluations (OGP; RCT)	1.1.1 & 1.1.2;	CIHR – In-house	Drafting and finalizing reports for two completed evaluation and one evaluative study. Working with management on response, submitting for approval, submitting to TBS	EM – 0.5 E – 4.5 JE – 2 Total – 7	None	\$0	n/a
Total	-	-	-	51 mths¹⁵	-	\$50K	-

¹⁵ The FTE for FY 2010 to 2011 was prorated to 56 FTE months to better reflect the remaining seven months of the current fiscal year. This number was arrived at by determining what seven represents as a percentage of 12 and then determining the product of that percentage and 96 (the current FTE for the evaluation unit).

Table 4 - Resource Planning 2010/11 (Other Evaluation Unit activities)

Activity	Person months – 2010/11	Contracting/training \$
Evaluation and performance measurement advice/guidance for CIHR and the Institutes	EM – 0.75 E – 4 Total – 4.75	\$0
Implementation of TBS Policy Suite	EM – 0.5 E – 1 Total – 1.5	\$0
Build and maintain evaluation capacity	EM – 0.25 E – 1 JE – 0.25 Total – 1.5	\$12K (training, conferences)
Involvement in corporate initiatives and representing the Evaluation Unit within CIHR and externally (e.g. support to SPM, EMC, AC; preparation of briefing notes, status of evaluations)	EM – 0.25 E – 1 Total – 1.25	\$0
Total	9 mths	\$12K

2.3 CIHR 5-Year Evaluation Schedule (2010/11 – 2014/15)

Green cells relate to the planning of evaluations, the blue to the conduct of the study at the end of which an evaluation report is produced (presented as X). The PAA number is given in brackets.

Matrix 2 – 5-Year Evaluation Schedule (2010/11 – 2014/15)

	2010/2011				2011/12				2012/13				2013/14				2014/15			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
CIHR Programs																				
Open Operating Grant Program (1.1.1)			X					X						X						X
Randomized Controlled Trials Program (1.1.2)				X																X
Salary Support Programs (1.2.1.1)				X																X
Collaborative Health Research Partnerships Program (CHRP) & Proof of Principle Program (POP I and II) (Research Commercialization Programs - 1.3.1)									X											
Strategic Initiatives Programs Including Regenerative Medicine and Nanomedicine Initiative & Canadian Light Source Program (1.4.1.1)								X								X				
Institute Support Grants (1.4.1.2)													X							
Strategy on Patient-Oriented Research (SPOR) Initiative (1.4.1.6)																				X
Partnerships for Health System Improvement (PHSI) & Meetings, Planning and Dissemination Grants Program & Knowledge to Action Grant Program (Knowledge Translation Programs (1.4.2))								X												
Tri-Agency Programs and Horizontal Initiatives																				
Canada Research Chairs Program (1.2.1.2)				X																
Canada Excellence Research Chairs Program (1.2.1.3)													X							
Canada Graduate Scholarships Program (1.2.2.2)												X								
Vanier Canada Graduate Scholarships Program (1.2.2.3)												X								
Networks of Centres of Excellence Program (1.3.2.1)																				X
Business-Led Networks of Centres of Excellence (1.3.2.2)					X															X
Centres of Excellence for Commercialization and Research Program (1.3.2.3)								X												
HIV/AIDS Research Initiative (1.4.1.3)									X											
Pandemic Preparedness Strategic Research Initiative (1.4.1.4)																				X
National Anti-Drug Strategy (NADS) Treatment Research Initiative (1.4.1.5)								X												
Drug Safety and Effectiveness Network (DSEN) (1.4.1.7)																				X

Program Evaluation - Sampling within PAA Categories

A significant challenge for Evaluation at CIHR is that the agency has a large number of small programs within each PAA category. This reflects the unique structure of the organization with its 13 Institutes and wide range of programs and initiatives. However, the large number of small programs within each PAA category brings with it the risk that findings and recommendations from program evaluations will be at too high a level to provide meaningful and actionable results for managers.

In order to mitigate this issue, a sampling approach to evaluating programs within some PAA categories will be taken. Decisions on which programs to sample will be based on the following considerations and discussed with program managers:

- **Materiality** – the evaluation should cover the largest proportion of program spending feasible; the largest programs within each PAA category will reflect both the highest potential risk and the most significant programs for the organization;
- **Strategic considerations** – a program may be included in the evaluation based on its significance to informing future program redesign or importance to senior management;
- **Lifecycle** – for example, programs that are scheduled to sunset;
- **Performance** – including programs where there is an existing concern about performance.

It should be noted that this sampling strategy will only be employed with CIHR programs that do not involve other departments or agencies and which do not have terms and conditions specifying a specific evaluation approach or timing.

Table 5 – Detailed 5-Year Evaluation Plan and Resource Schedule

Note: where an evaluation spans two fiscal years, this appears as a separate entry per year on the resource schedule. Annual resource allocation allows for scope for evaluations to be added and resourced in future years as required, for example, through program redesign or the creation of new programs. Horizontal/Tri-Agency programs and initiatives are highlighted in red.

Link to PAA	Title of Proposed Evaluation	Evaluation Approach	Schedule Rationale	Risk Level	Tri-Agency/ Horizontal Evaluation	Lead	Start Date/ Planned Start Date	Planned Approval Date	Total Planned Spending (including Gs&Cs) ¹⁶	Evaluation resources required	
									\$ Millions	External Costs (\$) ¹⁷	Internal Costs (Person Months) ¹⁸
Fiscal Year 2010-2011											
1.1.1	Open Operating Grant Program	Evaluative study of historical outputs, outcomes and impacts)	Completion of existing evaluative study	High	No	CIHR	Jan/09 (Continued from previous FY)	Oct/ 10	\$412.2	\$0	2.5
1.1.1	Open Operating Grant Program	Relevance & Effectiveness	Large materiality and high risk within program suite, aspects of OGP are evaluated annually. The open suite of programs are also being redesigned; evaluation should help inform redesign	High	No	CIHR	Jan/11	March/12 (Continued in following FY)	\$412.2	\$0	2.5

¹⁶ Total planned spending is calculated on CIHR MRRS data for planned spending in 2010/11. This amount may change in the future years included in this plan, as the 2010/11 annual spending figure is used for guidance. Data from the 2010/11 Interagency Evaluation Plan and PMEF/RMAF documents was also reviewed.

¹⁷ This figure is based on the resource requirements for the Evaluation Unit, and therefore only includes costs where Evaluation Unit core budget is required. It excludes budgets for evaluations provided via Secretariats or through other departments or agencies in Tri-Council/horizontal evaluations.

¹⁸ This is an estimate of required resources and does not account for future programs to be added into the schedule that will require evaluation.

Link to PAA	Title of Proposed Evaluation	Evaluation Approach	Schedule Rationale	Risk Level	Tri-Agency/ Horizontal Evaluation	Lead	Start Date/ Planned Start Date	Planned Approval Date	Total Planned Spending (including Gs&Cs) ¹⁶	Evaluation resources required	
									\$ Millions	External Costs (\$) ¹⁷	Internal Costs (Person Months) ¹⁸
Fiscal Year 2010-2011											
1.1.2	Randomized Controlled Trials Program	Summative	Completion of existing evaluation	High	No	CIHR	Jul/09 (Continued from previous FY)	Mar/11	\$31.4	\$0	2.5
1.2.1.1	Salary Support Programs	Summative	Evaluation coverage of all programs over 5 years; Open suite of programs redesign; risk level	High	No	CIHR	Apr/10	Mar/11	\$15.8	\$25K (Evaluation core budget)	13.5
1.2.1.2	Canada Research Chairs Program	Summative	Program Terms and Conditions	n/a	Yes	SSHRC	Feb/09 (Continued from previous FY)	Mar/11	\$106.9	From secretariat (\$288K)	6
1.3.2.2	Business-Led Networks of Centres of Excellence	Relevance & Effectiveness	Program Terms and Conditions	n/a	Yes	NSERC	Oct/10	Jun/11 (Continued in following FY)	\$1.8	\$0	2
1.3.2.3	Centres of Excellence for Commercialization and Research Program	Summative	Results-based Management and Accountability Framework (RMAF)	n/a	Yes	NSERC	Oct/10	Dec/11 (Continued in following FY)	\$4.5	From secretariat (\$200K)	1

Link to PAA	Title of Proposed Evaluation	Evaluation Approach	Schedule Rationale	Risk Level	Tri-Agency/ Horizontal Evaluation	Lead	Start Date/ Planned Start Date	Planned Approval Date	Total Planned Spending (including Gs&Cs) ¹⁶	Evaluation resources required	
									\$ Millions	External Costs (\$) ¹⁷	Internal Costs (Person Months) ¹⁸
Fiscal Year 2010-2011											
1.4.1.1	Strategic Initiatives Programs (including Regenerative Medicine and Nanomedicine Initiative & Canadian Light Source Program)	Summative	Evaluation coverage via review of 13 CIHR Institutes being conducted through 2011 CIHR International Review; Timing of evaluation to coincide with IR. Informing program reform.	High	No	CIHR	Apr/10	Dec/11 (Continued in following FY)	\$175.6	\$0	12
1.4.1.5	National Anti-Drug Strategy (NADS) Treatment Research Initiative	Summative (Impact)	Results-based Management Accountability Framework (RMAF)	Low	Yes	Justice Canada	Oct/10	Dec/11 (Continued in following FY)	\$0.9	\$200k (not from Evaluation core budget)	1
1.4.2	Partnerships for Health System Improvement (PHSI) & Meetings, Planning and Dissemination Grants Program & Knowledge to Action Grant Program (Knowledge Translation Programs)	Summative	Evaluation coverage of largest active knowledge translation initiatives and programs	Medium	No	CIHR	Aug/10	Dec/11 (Continued in following FY)	\$16.4	\$25K (Evaluation core budget)	6

Link to PAA	Title of Proposed Evaluation	Evaluation Approach	Schedule Rationale	Risk Level	Tri-Agency/ Horizontal Evaluation	Lead	Start Date/ Planned Start Date	Planned Approval Date	Total Planned Spending (including Gs&Cs) ¹⁶	Evaluation resources required	
									\$ Millions	External Costs (\$) ¹⁷	Internal Costs (Person Months) ¹⁸
Fiscal Year 2010-2011											
n/a	Other ongoing evaluation unit activities (e.g. consultation , implementation of TBS policy, involvement in corporate initiatives etc)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	11
Total Fiscal Year 2010-2011										\$50K	60

Link to PAA	Title of Proposed Evaluation	Evaluation Approach	Schedule Rationale	Risk Level	Tri-Agency/ Horizontal Evaluation	Lead	Start Date/ Planned Start Date	Planned Approval Date	Total Planned Spending (including Gs&Cs) ¹⁹	Evaluation resources required	
									\$ Millions	External Costs (\$) ²⁰	Internal Costs (Person Months) ²¹
Fiscal Year 2011-2012											
1.1.1	Open Operating Grant Program	Relevance & Effectiveness	Large materiality and high risk within program suite, aspects of OGP are evaluated annually. The open suite of programs are also being redesigned; evaluation should help inform redesign	High	No	CIHR	Jan/11 (Continued from previous FY)	Mar/12	\$412.2	\$25K (Evaluation core budget)	13
1.2.1.3	Canada Excellence Research Chairs Program	Summative	Data availability and sufficient elapsed time to assess outcomes	n/a	Yes	SSHRC	Nov/11	Apr/13 (Continued in following FY)	\$TBD	From secretariat (\$150K)	4

¹⁹ Total planned spending is calculated on CIHR MRRS data for planned spending in 2010/11. This amount may change in the future years included in this plan, as the 2010/11 annual spending figure is used for guidance. Data from the 2010/11 Interagency Evaluation Plan and PMEF/RMAF documents was also reviewed.

²⁰ This figure is based on the resource requirements for the Evaluation Unit, and therefore only includes costs where Evaluation Unit core budget is required. It excludes budgets for evaluations provided via Secretariats or through other departments or agencies in Tri-Council/horizontal evaluations.

²¹ This is an estimate of required resources; this will be refined annually and does not account for future programs to be added into the schedule that will require evaluation.

Link to PAA	Title of Proposed Evaluation	Evaluation Approach	Schedule Rationale	Risk Level	Tri-Agency/ Horizontal Evaluation	Lead	Start Date/ Planned Start Date	Planned Approval Date	Total Planned Spending (including Gs&Cs) ¹⁹	Evaluation resources required	
									\$ Millions	External Costs (\$) ²⁰	Internal Costs (Person Months) ²¹
Fiscal Year 2011-2012											
1.2.2.2	Canada Graduate Scholarships Program	Summative	Availability of data; alignment with Vanier CGS evaluation; availability of evaluation budget	n/a	Yes	CIHR	Apr/11	Nov/12 (Continued in following FY)	\$37.0	\$70-80K from Evaluation core budget (\$210K - \$240K in total for Tri-Agencies)	7
1.2.2.3	Vanier Canada Graduate Scholarships Program	Summative	Availability of data; alignment with CGS evaluation; availability of evaluation budget	n/a	Yes	CIHR		\$2.9			
1.3.1	Collaborative Health Research Partnerships Program (CHRP) & Proof of Principle Program (POP I and II) <i>(Research Commercialization Programs)</i>	Summative	Availability of data; evaluation coverage of largest active programs and initiatives	Medium	No	CIHR	Apr/11	Jun/12 (Continued in following FY)	\$18.8	\$25K (Evaluation core budget)	11
1.3.2.2	Business-Led Networks of Centres of Excellence	Relevance & Effectiveness	Program Terms and Conditions	n/a	Yes	NSERC	Oct/10 (Continued from previous FY)	Jun/11	\$1.8	From Secretariat (\$TBD)	3

Link to PAA	Title of Proposed Evaluation	Evaluation Approach	Schedule Rationale	Risk Level	Tri-Agency/ Horizontal Evaluation	Lead	Start Date/ Planned Start Date	Planned Approval Date	Total Planned Spending (including Gs&Cs) ¹⁹	Evaluation resources required	
									\$ Millions	External Costs (\$) ²⁰	Internal Costs (Person Months) ²¹
Fiscal Year 2011-2012											
1.3.2.3	Centres of Excellence for Commercialization and Research Program	Summative	Results-based Management and Accountability Framework (RMAF)	n/a	Yes	NSERC	Oct/10 (Continued from previous FY)	Dec/11	\$4.5	\$0	4
1.4.1.1	Strategic Initiatives Programs (Including Regenerative Medicine and Nanomedicine Initiative & Canadian Light Source Program)	Summative	Evaluation coverage via review of 13 CIHR Institutes being conducted through 2011 CIHR International Review; Timing of evaluation to coincide with IR. Informing program reform.	High	No	CIHR	Apr/10 (Continued from previous FY)	Dec/11	\$175.6	\$0	8
1.4.1.3	HIV/AIDS Research Initiative	Summative	Results-based Management Accountability Framework (RMAF)	n/a	Yes	Public Health Agency of Canada	Apr/11	Jun/12 (Continued in following FY)	\$22.8	\$25K (Evaluation core budget)	8

Link to PAA	Title of Proposed Evaluation	Evaluation Approach	Schedule Rationale	Risk Level	Tri-Agency/ Horizontal Evaluation	Lead	Start Date/ Planned Start Date	Planned Approval Date	Total Planned Spending (including Gs&Cs) ¹⁹	Evaluation resources required	
									\$ Millions	External Costs (\$) ²⁰	Internal Costs (Person Months) ²¹
Fiscal Year 2011-2012											
1.4.1.7	Drug Safety and Effectiveness Network	Review of relevance and effectiveness	Terms and conditions; performance measurement and evaluation framework	n/a	Yes	CIHR/ Health Canada	Jan/12	Mar/13 (Continued in following FY)	\$5.4 (CIHR only, annual average of five years)	From secretariat (\$150-200K)	4
1.4.1.5	National Anti-Drug Strategy (NADS) Treatment Research Initiative	Summative (Impact)	Results-based Management Accountability Framework (RMAF)	Low	Yes	Justice Canada	Oct/10 (Continued from previous FY)	Dec/11	\$0.9	\$200k (not from Evaluation core budget)	1.5
1.4.2	Partnerships for Health System Improvement (PHSI) & Meetings, Planning and Dissemination Grants Program & Knowledge to Action Grant Program (Knowledge Translation Programs)	Summative	Evaluation coverage of largest active knowledge translation initiatives and programs	Medium	No	CIHR	Aug/10 (Continued from previous FY)	Dec/11	\$16.4	\$0	7.5

Link to PAA	Title of Proposed Evaluation	Evaluation Approach	Schedule Rationale	Risk Level	Tri-Agency/ Horizontal Evaluation	Lead	Start Date/ Planned Start Date	Planned Approval Date	Total Planned Spending (including Gs&Cs) ¹⁹	Evaluation resources required	
									\$ Millions	External Costs (\$) ²⁰	Internal Costs (Person Months) ²¹
Fiscal Year 2011-2012											
n/a	Other ongoing evaluation unit activities (e.g. consultation , implementation of TBS policy, involvement in corporate initiatives etc)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	18
Total Fiscal Year 2011-2012										\$145K- \$155K	89

Link to PAA	Title of Proposed Evaluation	Evaluation Approach	Schedule Rationale	Risk Level	Tri-Agency/ Horizontal Evaluation	Lead	Start Date/ Planned Start Date	Planned Approval Date	Total Planned Spending (including Gs&Cs) ²²	Evaluation resources required	
									\$ Millions	External Costs (\$) ²³	Internal Costs (Person Months) ²⁴
Fiscal Year 2012-2013											
1.1.1	Open Operating Grant Program	Evaluative study	Large materiality and high risk within program suite, aspects of OGP are evaluated annually.	High	No	CIHR	Jul/12	Sep/13 (Continued in following FY)	\$412.2	\$25K (Evaluation core budget)	8
1.2.1.3	Canada Excellence Research Chairs Program	Summative	Data availability and sufficient elapsed time to assess outcomes	n/a	Yes	SSHRC	Nov/11 (Continued from previous FY)	Apr/13 (Continued in following FY)	\$TBD	From secretariat (\$150K)	3
1.2.2.2	Canada Graduate Scholarships Program	Summative	Availability of data; alignment with Vanier CGS evaluation; availability of evaluation budget	n/a	Yes	CIHR	Apr/11 (Continued from previous FY)	Nov/12	\$37.0	\$0	6

²² Total planned spending is calculated on CIHR MRRS data for planned spending in 2010/11. This amount may change in the future years included in this plan, as the 2010/11 annual spending figure is used for guidance. Data from the 2010/11 Interagency Evaluation Plan and PMEF/RMAF documents was also reviewed.

²³ This figure is based on the resource requirements for the Evaluation Unit, and therefore only includes costs where Evaluation Unit core budget is required. It excludes budgets for evaluations provided via Secretariats or through other departments or agencies in Tri-Council/horizontal evaluations.

²⁴ This is an estimate of required resources; this will be refined annually and does not account for future programs to be added into the schedule that will require evaluation.

Link to PAA	Title of Proposed Evaluation	Evaluation Approach	Schedule Rationale	Risk Level	Tri-Agency/ Horizontal Evaluation	Lead	Start Date/ Planned Start Date	Planned Approval Date	Total Planned Spending (including Gs&Cs) ²²	Evaluation resources required	
									\$ Millions	External Costs (\$) ²³	Internal Costs (Person Months) ²⁴
Fiscal Year 2012-2013											
1.2.2.3	Vanier Canada Graduate Scholarships Program	Summative	Availability of data; alignment with CGS evaluation; availability of evaluation budget	n/a	Yes	CIHR			\$2.9		
1.3.1	Collaborative Health Research Partnerships Program (CHRP) & Proof of Principle Program (POP I and II) <i>(Research Commercialization Programs)</i>	Summative	Availability of data; evaluation coverage of largest active programs and initiatives	Medium	No	CIHR	Apr/11 (Continued from previous FY)	Jun/12	\$18.8	\$0	4
1.3.2.1	Networks of Centres of Excellence Program	Summative	Evaluation coverage and timing of previous evaluations; data availability; longevity of program; timing of BL-NCE evaluation	n/a	Yes	NSERC	Oct/12	Jan/14 (Continued in following FY)	\$28.4	From secretariat (\$250K)	2
1.3.2.2	Business-Led Networks of Centres of Excellence	Summative	Data availability; timing of NCE evaluation	n/a	Yes	NSERC			\$1.8		

Link to PAA	Title of Proposed Evaluation	Evaluation Approach	Schedule Rationale	Risk Level	Tri-Agency/ Horizontal Evaluation	Lead	Start Date/ Planned Start Date	Planned Approval Date	Total Planned Spending (including Gs&Cs) ²²	Evaluation resources required	
									\$ Millions	External Costs (\$) ²³	Internal Costs (Person Months) ²⁴
Fiscal Year 2012-2013											
1.4.1.1	Strategic Initiatives Program	Review of relevance and effectiveness	Timing with regards to the implementation of a new approach to managing CIHR Strategic Funding; risk and high materiality	High	No	CIHR	Jan/13	Mar/14 (Continued in following FY)	\$175.6	\$25k	7
1.4.1.2	Institute Support Grants	Summative	Low risk level and materiality; Timing with 2011 CIHR International Review	Low	No	CIHR	Jul/12	Sep/13 (Continued in following FY)	\$13.4	\$0	6
1.4.1.3	HIV/AIDS Research Initiative	Summative	Results-based Management Accountability Framework (RMAF)	n/a	Yes	Public Health Agency of Canada	Apr/11 (Continued from previous FY)	Jun/12	\$22.8	\$0	4
1.4.1.4	Pandemic Preparedness Strategic Research Initiative	Summative	Program sun-setting in 2011	n/a	Yes	Public Health Agency of Canada	Apr/12	Oct/13 (Continued in following FY)	\$10.6	\$0	6

Link to PAA	Title of Proposed Evaluation	Evaluation Approach	Schedule Rationale	Risk Level	Tri-Agency/ Horizontal Evaluation	Lead	Start Date/ Planned Start Date	Planned Approval Date	Total Planned Spending (including Gs&Cs) ²²	Evaluation resources required	
									\$ Millions	External Costs (\$) ²³	Internal Costs (Person Months) ²⁴
Fiscal Year 2012-2013											
1.4.1.7	Drug Safety and Effectiveness Network	Review of relevance and effectiveness	Terms and conditions; performance measurement and evaluation framework	n/a	Yes	CIHR/ Health Canada	Jan/12 (Continued from previous FY)	Mar/13	\$5.4 (CIHR only, annual average of five years)	From secretariat (\$150-200K)	5
n/a	Other ongoing evaluation unit activities (e.g. consultation , implementation of TBS policy, involvement in corporate initiatives etc)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	18
Total Fiscal Year 2012-2013										\$50K	69

Link to PAA	Title of Proposed Evaluation	Evaluation Approach	Schedule Rationale	Risk Level	Tri-Agency/ Horizontal Evaluation	Lead	Start Date/ Planned Start Date	Planned Approval Date	Total Planned Spending (including Gs&Cs) ²⁵	Evaluation resources required	
									\$ Millions	External Costs (\$) ²⁶	Internal Costs (Person Months) ²⁷
Fiscal Year 2013-2014											
1.1.1	Open Operating Grant Program	Evaluative study	Large materiality and high risk within program suite, aspects of OGP are evaluated annually.	High	No	CIHR	Jul/12 (Continued from previous FY)	Sep/13	\$412.2	\$25K (Evaluation core budget)	6.5
1.1.2	Randomized Controlled Trials Program	Summative	Evaluation coverage of all programs over 5 years; risk level	High	No	CIHR	Jan/14	Mar/15 (continued in following FY)	\$31.4	\$0	3
1.2.1.1	Salary Support Programs	Summative	Evaluation coverage of all programs over 5 years; risk level	High	No	CIHR	Jan/14	Mar/15 (Continued in following FY)	\$15.8	\$0	3

²⁵ Total planned spending is calculated on CIHR MRRS data for planned spending in 2010/11. This amount may change in the future years included in this plan, as the 2010/11 annual spending figure is used for guidance. Data from the 2010/11 Interagency Evaluation Plan and PMEF/RMAF documents was also reviewed.

²⁶ This figure is based on the resource requirements for the Evaluation Unit, and therefore only includes costs where Evaluation Unit core budget is required. It excludes budgets for evaluations provided via Secretariats or through other departments or agencies in Tri-Council/horizontal evaluations.

²⁷ This is an estimate of required resources; this will be refined annually and does not account for future programs to be added into the schedule that will require evaluation.

Link to PAA	Title of Proposed Evaluation	Evaluation Approach	Schedule Rationale	Risk Level	Tri-Agency/ Horizontal Evaluation	Lead	Start Date/ Planned Start Date	Planned Approval Date	Total Planned Spending (including Gs&Cs) ²⁵	Evaluation resources required	
									\$ Millions	External Costs (\$) ²⁶	Internal Costs (Person Months) ²⁷
Fiscal Year 2013-2014											
1.3.2.1	Networks of Centres of Excellence Program	Summative	Evaluation coverage and timing of previous evaluations; data availability; longevity of program; timing of BL-NCE evaluation	n/a	Yes	NSERC	Oct/12 (Continued from previous FY)	Jan/14	\$28.4	From secretariat (\$250K)	5
1.3.2.2	Business-Led Networks of Centres of Excellence	Summative	Data availability; timing of NCE evaluation	n/a	Yes	NSERC		\$1.8			
1.4.1.1	Strategic Initiatives Program	Review of relevance and effectiveness	Timing with regards to the implementation of a new approach to managing CIHR Strategic Funding; risk and high materiality	High	No	CIHR	Jan/13 Continued from previous FY)	Mar/14	\$175.6	\$25K (Evaluation core budget)	9.5
1.4.1.2	Institute Support Grants	Summative	Low risk level and materiality; Timing with 2011 CIHR International Review	Low	No	CIHR	Jul/12 (Continued from previous FY)	Sep/13	\$13.4	\$25K (Evaluation core budget)	5

Link to PAA	Title of Proposed Evaluation	Evaluation Approach	Schedule Rationale	Risk Level	Tri-Agency/ Horizontal Evaluation	Lead	Start Date/ Planned Start Date	Planned Approval Date	Total Planned Spending (including Gs&Cs) ²⁵	Evaluation resources required	
									\$ Millions	External Costs (\$) ²⁶	Internal Costs (Person Months) ²⁷
Fiscal Year 2013-2014											
1.4.1.4	Pandemic Preparedness Strategic Research Initiative	Summative	Program sun-setting in 2011	n/a	Yes	Public Health Agency of Canada	Apr/12 (Continued from previous FY)	Oct/13	\$10.6	\$25K (Evaluation core budget)	7.5
n/a	Other ongoing evaluation unit activities (e.g. consultation , implementation of TBS policy, involvement in corporate initiatives etc)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	18
Total Fiscal Year 2013-2014										\$100K	57.5

Link to PAA	Title of Proposed Evaluation	Evaluation Approach	Schedule Rationale	Risk Level	Tri-Agency/ Horizontal Evaluation	Lead	Start Date/ Planned Start Date	Planned Approval Date	Total Planned Spending (including Gs&Cs) ²⁸	Evaluation resources required	
									\$ Millions	External Costs (\$) ²⁹	Internal Costs (Person Months) ³⁰
Fiscal Year 2014-2015											
1.1.1	Open Operating Grant Program	Summative	Large materiality and high risk within program suite, aspects of OGP are evaluated annually.	High	No	CIHR	Apr/14	Mar/15	\$412.2	\$25k	13
1.1.2	Randomized Controlled Trials Program	Summative	Evaluation coverage of all programs over 5 years; risk level	High	No	CIHR	Jan/14 (continued from previous FY)	Mar/15	\$31.4	\$25K	13
1.2.1.1	Salary Support Programs	Summative	Evaluation coverage of all programs over 5 years; risk level	High	No	CIHR	Jan/14 (continued from previous FY)	Mar/15	\$15.8	\$25K	13
1.4.1.6	Strategy on Patient-Oriented Research (SPOR) Initiative	Summative	Program lifecycle (started in 2009??); availability of data	Medium	No	CIHR	Apr/14	Mar/15	\$7.6	\$25K	13

²⁸ Total planned spending is calculated on CIHR MRRS data for planned spending in 2010/11. This amount may change in the future years included in this plan, as the 2010/11 annual spending figure is used for guidance. Data from the 2010/11 Interagency Evaluation Plan and PMEF/RMAF documents was also reviewed.

²⁹ This figure is based on the resource requirements for the Evaluation Unit, and therefore only includes costs where Evaluation Unit core budget is required. It excludes budgets for evaluations provided via Secretariats or through other departments or agencies in Tri-Council/horizontal evaluations.

³⁰ This is an estimate of required resources; this will be refined annually and does not account for future programs to be added into the schedule that will require evaluation.

Link to PAA	Title of Proposed Evaluation	Evaluation Approach	Schedule Rationale	Risk Level	Tri-Agency/ Horizontal Evaluation	Lead	Start Date/ Planned Start Date	Planned Approval Date	Total Planned Spending (including Gs&Cs) ²⁸	Evaluation resources required	
									\$ Millions	External Costs (\$) ²⁹	Internal Costs (Person Months) ³⁰
Fiscal Year 2014-2015											
n/a	Other ongoing evaluation unit activities (e.g. consultation , implementation of TBS policy, involvement in corporate initiatives etc)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	21
Total Fiscal Year 2014-2015										\$100K	73

3. Risks and Success Factors

The proposed Evaluation Plan consumes the entire capacity of the Evaluation function in 2010/11. The successful (i.e., complete and timely) implementation of the Plan is predicated on effective collaboration with evaluation clients, appropriate resources, effective evaluation methodologies and structured project management. The following tables depict success factors and success strategies associated with the implementation of the EP and an assessment of potential risks to implementation and mitigation strategies to address these.

3.1 Success Factors

Table 6 - Success Factors

Success Factors	Success Strategies
1. Effective collaboration with evaluation clients	<ul style="list-style-type: none"> a. Ongoing, open communication with evaluation clients throughout the evaluation to ensure these are timely and useful. b. Advising on and building in appropriate performance measures at the start of a new program or at an appropriate time before an evaluation takes place c. Early design and discussion of the evaluation framework detailing the program, evaluation objectives, scope, logic model and methodology d. Validation with evaluation clients, including both the working group and the Evaluation Committee, of the framework, evaluation timelines, research instruments, preliminary results, and the draft report including observations and recommendations.
2. Appropriate resources	<ul style="list-style-type: none"> a. Full complement of staff (Manager, Evaluators and Junior Evaluators). b. Timely and appropriate training and certification of staff. c. Dynamic work environment, including graduated autonomy and responsibility to motivate and retain staff (also part of succession planning). d. \$s for specialized professional services for evaluations. e. Working effectively with specialized resources from the Impact Assessment and Data Analysis Units. f. Active support of the Evaluation Committee.
3. Effective evaluation methodologies	<ul style="list-style-type: none"> a. Full compliance with TB policy suite and professional standards. b. Contracts for specialized subject-matter expertise. c. Performance monitoring and reporting on evaluation projects and the Evaluation function. d. Review of reporting formats to deliver more timely information that is focused on managers's needs.
4. Effective project management	<ul style="list-style-type: none"> a. Adopting MSProject for all evaluation project management in 2010/11 to effectively manage timelines and increase efficiencies b. Supervisory process of evaluation outputs, including quality assurance. c. Focus on quality including timeliness of the evaluation process and the communication of findings as they occur, to enable management to initiate action as required.

3.2 Risk Assessment

Table 7 – Risk Assessment

Risk	Impact	Probability	Mitigation
<p>Changes to the CIHR Performance Activity Architecture in 2010/11.</p> <p>This may have impacts on assessments of overall program coverage as evaluations are structured according to PAA category.</p>	Medium	High	The Evaluation Unit will work closely with CIHR colleagues as the PAA is being redesigned, assessing coverage and making changes to planned evaluations as required. Recording these changes and describing their rationale will enable coverage to be clearly demonstrated to TBS in future evaluation plans.
<p>Delay in completion of elements of the International Review could impact on timely completion of the Strategic Initiatives Evaluation that is scheduled to report in December 2011</p>	Medium	Low	Full involvement in International Review processes to assess risks on an ongoing basis. Develop alternative data collection strategies.
<p>Insufficient FTE or financial resources to conduct planned evaluations</p>	High	Low	Required contracting budgets to be planned and requested in advance to allow for business case to be made. Staffing to be completed by Fall 2010 and retention strategies devised. Resource requirements and usage clearly communicated to management and EC.
<p>Program scheduled for evaluation cannot be evaluated - e.g. due to a lack of appropriate performance measurement data, programs with widely varying objectives falling into same PAA etc.</p>	High	Medium	Conduct preliminary evaluability assessments well before the evaluation is due to be conducted. Work with program managers on an ongoing basis to ensure that appropriate data is being collected.

Appendices

Confirmation Note - From Treasury Board Guidance on Evaluation Plans

I submit to the Treasury Board of Canada Secretariat, the evaluation plan that I approved for the Canadian Institutes of Health Research for fiscal years 2010/11 – 2014/15, as required by the *Policy on Evaluation (2009)*.

As per section 6.1.7 and 6.1.8 of the policy, I confirm that this five-year evaluation plan:

1. Aligns with and supports the departmental Management, Resources and Results Structure;
2. Has been designed to help support the requirements of the Expenditure Management System, including strategic reviews; and,
3. Includes all ongoing programs of grants and contributions administered by CIHR, as required by section 42.1 of the *Financial Administration Act*. For some PAA categories, a purposive sampling approach has been taken to ensure coverage.

I will ensure that this plan is updated annually and will provide information about implementation of the evaluation plan to the Treasury Board of Canada Secretariat, as required.

Signature:

Dr. Alain Beaudet, President
Canadian Institutes of Health Research

List of CIHR stakeholders consulted for the 2010/11 – 2014/15 Evaluation Plan

Committees

CIHR Evaluation Committee (Executive Management Committee) – for final approval

Subcommittee on Performance Measurement – for advice and recommendations

Individuals

Dr. Alain Beaudet – President, CIHR

Christine Fitzgerald – Executive Vice President

Jim Roberge – Chief Financial Officer

Pierre Chartrand – Chief Scientific Officer

Ian Graham – Vice President, Knowledge Translation and Public Outreach

Joy Johnson – Scientific Director, Institute of Gender and Health

Michael Kramer – Scientific Director, Institute of Human Development, Child and Youth Health

Christian Sylvain – Director, Strategic Policy and External Relations

Peggy Borbey – Director, Knowledge Creation Programs

Terry Campbell – Director, PAN Institute Affairs and Initiatives

Jennifer O'Donoghue – Director, Health Research Roadmap Implementation Office

Danika Goosney – Director, Program Planning and Process

Michelle Gagnon – Director, Research Capacity Development

Kathryn Andrews-Clay – Director, Partnerships

Linda McKenzie – Director, Targeted Initiatives

Erica DiRuggiero – Associate Director, Institute of Population and Public Health

Paul Bélanger – Assistant Director, Institute of Nutrition, Metabolism and Diabetes

Laura McAuley – Manager, Impact Assessment

Bey Benhamadi – Manager, Data and Analysis

Kristiann Allen – Senior Ethics Policy Advisor

Sarah Viehbeck – Senior Evaluation Associate, Institute of Population and Public Health

Karen Wallace – Ethics Policy Advisor

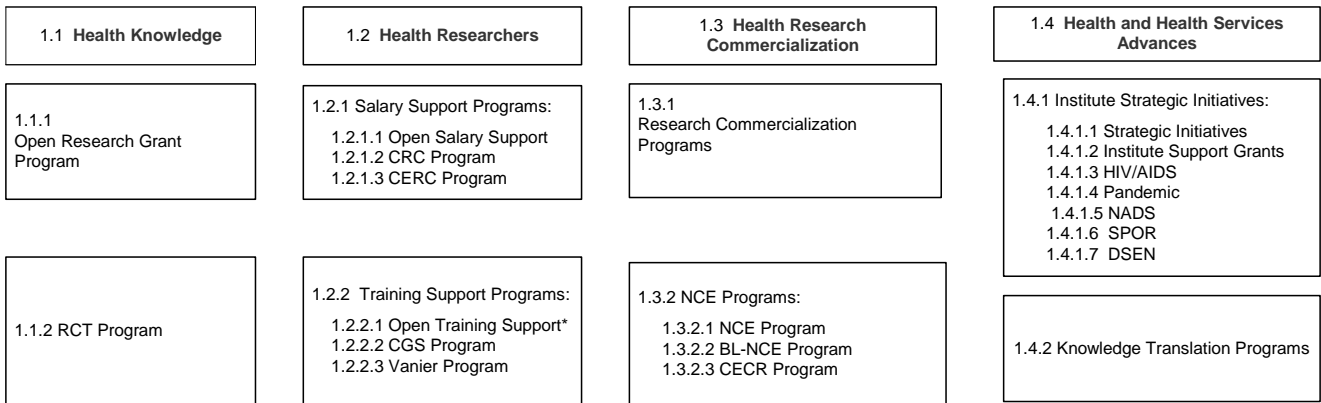
CIHR Program Activity Architecture 2010-11

CIHR's vision is to position Canada as a world leader in the creation and use of knowledge through health research that benefits Canadians and the global community.

The mandate of CIHR is to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system.



Strategic Outcome 1.0
A world-class health research enterprise that creates, disseminates and applies new knowledge across all areas of health research



Internal Services

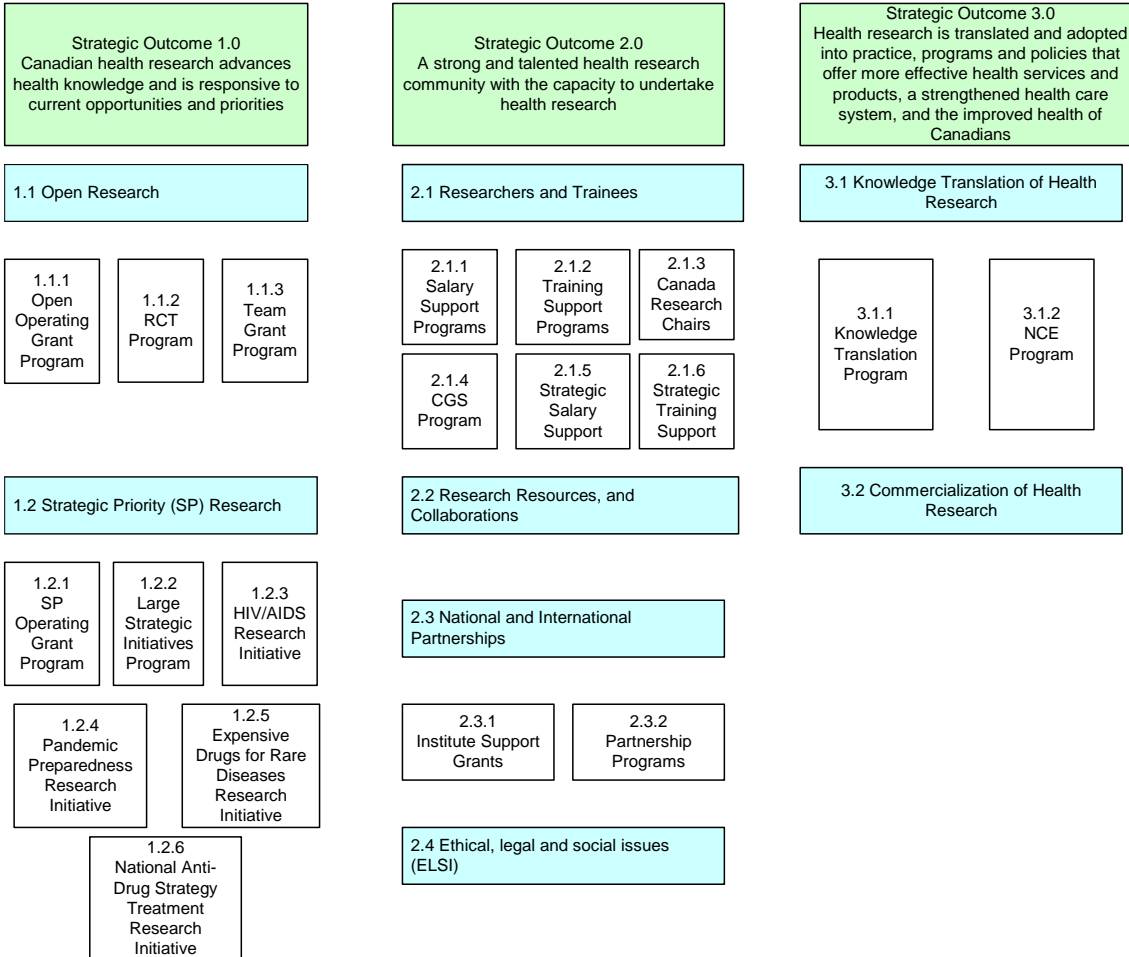
LEGEND:

- BL-NCE (Business-Led Networks of Centres of Excellence)
- CECR (Centres of Excellence for Commercialization and Research)
- CERC (Canada Excellence Research Chairs)
- CGS (Canadian Graduate Scholarships)
- CRC (Canada Research Chairs)
- DSEN (Drug Safety and Effectiveness Network)
- NCE (Networks of Centres of Excellence)
- NADS (National Anti-Drug Strategy Treatment Research Initiative)
- SPOR (Strategy on Patient Oriented Research)
- RCT (Randomized Controlled Trials)

CIHR Program Activity Architecture 2009-10

CIHR's vision is to position Canada as a world leader in the creation and use of knowledge through health research that benefits Canadians and the global community.

The mandate of CIHR is to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system.



Legend :

- CGS (Canadian Graduate Scholarships)
- ELSI (Ethical, Legal and Social Issues)
- KT (Knowledge Translation)
- NCEs (Networks of Centres of Excellence)
- RCT (Randomized Controlled Trials)
- SP (Strategic Priority)

CIHR PAA Crosswalk [2009-10 into 2010-11]

PAA Crosswalk - Program Activity Level Integration of 2009-10 Program Activities into 2010-11 Program Activities	
2010-2011 Program Activity	2009-2010 Program Activity
PA 1.1 Health Knowledge	PA 1.1 Open Research
	PA 2.2 Research Resources and Collaborations
	PA 2.4 Ethical, Legal and Social Issues
PA 1.2 Health Researchers	PA 2.1 Researchers and Trainees
PA 1.3 Health Research Commercialization	PA 3.2 Commercialization of Health Research
PA 1.4 Health and Health Services Advances	PA 1.2 Strategic Priority Research
	PA 2.3 National and International Partnerships
	PA 3.1 Knowledge Translation of Health Research
PAA Crosswalk at the Sub-Activity Level	
2010-2011 Sub-Activity	2009-2010 Program Activity/Sub-Activity
SA 1.1.1 Open Research Grant Program	SA 1.1.1 Open Operating Grant Program
	PA 2.2 Research Resources and Collaborations*
	PA 2.4 Ethical, Legal and Social Issues*
SA 1.1.2 Randomized Control Trials (RCT) Program	SA 1.1.2 Randomized Control Trials (RCT) Program
SA 1.2.1 Salary Support Programs	SA 2.1.1 Salary Support Programs
	SA 2.1.3 Canada Research Chairs
SA 1.2.2 Training Support Programs	SA 1.1.3 Team Grant Program
	SA 2.1.2 Training Support Programs
	SA 2.1.4 CGS Program
SA 1.3.1 Research Commercialization Programs	PA 3.2 Commercialization of Health Research*
SA 1.3.2 Networks of Centres of Excellence (NCE) Programs	SA 3.1.2 Networks of Centres of Excellence (NCE) Program
SA 1.4.1 Institute Strategic Initiatives	SA 1.2.1 SP Operating Grant Program
	SA 1.2.2 Large Strategic Initiatives Program
	SA 1.2.3 HIV/AIDS Research Initiative (RI)
	SA 1.2.4 Pandemic Preparedness RI
	SA 1.2.5 Expensive Drugs for Rare Diseases RI
	SA 1.2.6 National Anti-Drug Strategy RI
	SA 2.1.5 Strategic Salary Support
	SA 2.1.6 Strategic Training Support
SA 1.4.2 Knowledge Translation Programs	SA 2.3.1 Institute Support Grants
	SA 3.1.1 Knowledge Translation Program
* No sub-Activities related to this Program Activity	



Evaluation Unit
Strategy and Corporate Affairs Portfolio
Canadian Institutes of Health Research (CIHR)

160 Elgin Street, 8th Floor
Address Locator 4809A
Ottawa, Ontario
Canada K1A 0W9

Phone: 1-613-941-2672
Toll Free: 1-888-603-4178
Fax: 1-613-954-1800
Web: www.cihr-irsc.gc.ca