Case Study Title: Assessment and dissemination of policy and programme drivers of increased contraceptive use in East and Southern Africa: lessons to enforce the reproductive revolution in Africa

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1. What is/was the context and key challenge(s) in your K* case study?
   a. When, where and how long did this initiative occur, or is it ongoing?

   Context setting:
   AFIDEP is an intermediary organisation (Knowledge Broker and Knowledge Translation) that seeks to facilitate the application of research evidence in policy formulation, resource allocation, and programme design in sub-Saharan Africa. This case study has a reproductive health focus.
   When: October 2011 to September 2012
   Where: sub-Saharan Africa
   How long: On-going

   Case-study objectives:
   This case study presents an on-going regional initiative that seeks:
   (i) to document lessons on drivers of increased contraceptive use in countries that have performed well in this area in the last decade or so (Ethiopia, Malawi, Rwanda), and compare/contrast with those whose progress stalled (Kenya, Tanzania) through triangulation of quantitative and qualitative methods (in-country key informant interviews with policy makers and other stakeholders, review of policies, programmes, and audit of trends, levels and sources funding for family planning);
   (ii) to disseminate identified drivers to less-well performing countries in sub-Saharan Africa in order to galvanise practical support their family planning programmes;
   (iii) for well-performing countries to share experiences and lessons (knowledge exchange) in order to further improve their respective family planning programmes.

   Key challenges:
   • Timeliness of KT/KB. Policy makers want evidence now – the researcher/KT specialist has a narrow policy window to work in, and yet has to produce robust research evidence which takes time to aggregate. In our case, we needed to review a lot of program documents, as well as conduct primary qualitative case studies in 5 countries.
   • Generalisability of findings – policy makers tend to want to know what works in their own setting/circumstances. Accurate application of “best practice” findings to other countries presents a challenge.
   • Interpretation of findings may be contextual, based on local politics, culture, etc., making it challenging to make general recommendations for other countries. For example, a common key driver of FP programme...
success that we identified in all countries is political will, although it played out very differently in all the countries.

- KB and KT is about relationships and networks. Building trust of policy makers is key, and can only happen in-person. Given our regional focus, this demands substantial financial and personnel time resources to meet face-to-face with policy makers and technocrats in government, and to access insights on policies and programme design.
- As a regional intermediary organisation, we need to invest not only in relationships, but also in understanding the politics and culture across boundaries – this takes time and exposure (goes well beyond reading the newspaper), but it is key to understanding policy decisions, identifying policy windows of opportunity, and influencing policy decisions.
- Conducting research in some countries as a foreign institution can raise mistrust/suspicion. One way we go around this is to collaborate with a local organisation e.g. national university, advocacy groups or individual Associate Fellows. (Again, this requires having a network/having already built relationships with relevant/appropriate academics.)

2. Who are/were the players and why did/do they need to come together?

   a. What was/is the reach of the initiative?

This study was born out of interaction of AFIDEP staff with African policy makers – they wanted practical lessons from sound operational research on (i) how to improve their programs an operational research, and (ii) innovative ways to mobilise resources for family planning.

Players:
Research and KT: AFIDEP Staff
Stakeholders in reproductive health who are decision makers or influence decision makers (technical assistants who inform policy makers and organisations/individuals involved in advocacy or champions: Policy-makers, technocrats in government, development partners, international NGOs, civil society organisations

Reach: This initiative has a regional focus in Sub-Saharan Africa. Dissemination is targeted to national and regional platforms through AFIDEP’s networks: Regional Economic Communities (EAC, SADC, ECOWAS); African Union; Southern and Eastern Parliamentary Alliance of Committees of Health (SEAPACOH); international conferences where government officials are sponsored to attend.

Offices targeted are Ministries of Health and in particular Reproductive Health Units through senior offices e.g. Minister, Deputy Minister, Permanent Secretary, Heads of Departments; Ministries of Planning; and other non-governmental providers of FP. We have also identified Family Planning champions in government who we will disseminate findings to, who then also become advocacy partners.

3. How did/does K* play a role in the story, i.e. tools/techniques/approaches.

Knowledge Brokering: Identification of policy-maker needs and participatory research by interaction with policy-makers
Knowledge Translation and Research communication: Package research into policy briefs, presentations, and dissemination at workshops, policy dialogues, informal networks

4. What was/is the intended impact/contribution of K* and, if you can, tell us whether K* had an impact and how.

The contribution of K*: Using research evidence to influence decision makers
Impact of K*: The outcome is that it contributes to explicit and tacit knowledge of decision makers. However,
measuring the impact on policy and programmes is challenging.
Intended impact of K*: To give practical knowledge on how to resolve challenges in service delivery and perhaps instigate changes in service delivery policies.

5. What are the lessons from this example that others should know about/could be transferred, in general and particularly in a resource-limited context?

Policy makers know their needs for context-specific evidence that demonstrates immediate and long-term benefit of policies – the way to fill this knowledge gap is move away from working in silos. Researchers should engage with end-users to match their research agenda to policymaker/government term needs by (i) developing them into well-structured research questions and (ii) providing evidence that can be aggregated to increase robustness. Crucially, involvement of the policy implementers (i.e. health workers) ensures buy-in from the outset and they can influence the direction of policy decisions by providing contextual evidence. Narrowing these divisions – discovery, decision-making and implementation – would promote policy implementation.

6. Any other observations: 
- This research is relevant beyond both the health and African/low-income setting
- There is a challenge in continuity as most of this work is usually done by Western institutions (usually on a project basis) and thus they rarely build requisite capacity to take over when the project ends. There is a need to build local capacity in KT and use in Africa.