

RESEARCH UPTAKE IN SUPPORT OF OUTCOMES:

How five projects analyzing the impact of climate change in vectors and disease epidemiology have used their findings to influence change

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ABSTRACT



The TDR programme supports five projects to implement its mission of “Fostering an effective global research effort on infectious diseases of poverty and promote the translation of innovation to health impact in disease endemic countries.”

The program has research thematic areas, namely Malaria, Neglected tropical disease (NTD), TB and HIV research, and Vectors, environment and society. This is a brief report describing the various research uptake activities and related outcome results observed and reported by the time of this report (May, 2016).

The review observed five research uptake activities. These included A. Early engagement (sharing project objectives and plans to get stakeholder views and buy in), B. Continuous engagement (continued stakeholder engagement, joint research activities, sharing of project progress and emerging results, and community feedback for accommodation and local action planning), C. Terminal sharing (through publications, conferences and workshops, and ICT platforms), and D: Capacity building/training (training students and communities, and developing and distributing usable tools and models).

The study recommends that in the remaining phases of the communication choices should be strategically selected with the communication needs of targeted audiences considered. If targeted outcomes include policy and institutional review using generated knowledge, the project should strategically plan what transformation is achievable and how this can be supported (with the research generated).

AIMS AND OBJECTIVES

The objective of this brief study was:

1. To review how the supported TDR projects have undertaken research uptake
2. To report observed outcomes, as a result of the research uptake



METHODOLOGY

The WHO TDR Projects contacted for analysis were:

1. **The Mabisa Project:** *Social, environmental and climate change impact of vector-borne diseases in arid areas of Southern Africa.* Project site: Botswana.
2. **The Kenya Project:** *Early Warning Systems for Improved Human Health and Resilience to Climate – Sensitive Vector Borne Diseases In Kenya.* Project site: Kenya.
3. **The Maasai Project:** *Predicting vulnerability and improving resilience of the Maasai communities to vector borne infections: an Ecohealth approach in the Maasai Steppe ecosystem.* Project site: Tanzania.
4. **The HAT (Human African Trypanosomiasis) Project:** *Human African Trypanosomiasis: alleviating the effects of climate change through understanding human-vector-parasite interactions.* Project sites: Tanzania and Zimbabwe.
5. **Côte d'Ivoire Project:** *Vulnerability and resilience to malaria and schistosomiasis at the North and South fringes of the Sahel band in the context of climate change.* Project site : Côte d'Ivoire.and Mauritania.

Information was collected using:

1. Emailed Qs & As.
2. Direct interviews and
3. Participation in project review meetings
4. Review of (shared) project reports

The questions posed to project staff were:

1. On research up-take:

In what ways have you shared your research with other actors that are NOT part of the core project team?

2. On outcomes:

What outcomes would you then associate with your research uptake activities and outputs?

3. What sources of information (other than your report) can we use for validation, better description and confirmation of these uptake activities and resulting outcomes.



RESULTS



Types of research uptake activities:

Fall into FOUR broad areas:

A. Early engagement uptake activities

- a) Sharing project objectives and plans to get stakeholder views and buy in

B. Continuous engagement uptake activities

- 1) Continued stakeholder engagement
- 2) Working with information brokers (Government officials, other NGOs,)
- 3) Joint research activities
- 4) Continued sharing of project progress and emerging results
- 5) Community feedback for accommodation and local action planning

C. Terminal sharing uptake activities

- 1) Publications
- 2) Conferences and workshops
- 3) ICT platforms

D. Capacity building/training activities

- 1) Training students and communities
- 2) Developing and distributing usable tools and models

Outcomes observed as a result of research uptake

Two types of outcomes observed across the project

A. Outcomes as expected in research activities

- 1) Knowledge generated and shared
 - 2) Awareness of research findings
- These were common and reported in all the projects

B. Outcomes demonstrated as behavioral change

- 1) Interest in findings with intention to use, adopt
- 2) Behavioral change (observable use)

Apart from student's use of knowledge in new proposals, not much of this was reported. The common explanation across was that the research results were 'not at a stage they could be used for such changes'

CONCLUSIONS

A: All the WHO TDR project teams, in efforts to ensure their results were shared and used, applied a wide range of known participatory and knowledge-to-action processes

Recommendation: research uptake choices should be strategically selected with the communication objectives and goals considered.

B: Targeted outcomes were mostly limited to the availability of research findings, capacity developed and their stakeholder awareness.

Recommendation: If targeted outcomes include policy and institutional change (using generated knowledge), the project should strategically plan what transformation is achievable and how this can be supported.

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ACKNOWLEDGEMENTS

The author acknowledges support given to the study by the Special Programme for Research and Training in Tropical Diseases (TDR), of the World Health Organization (WHO)

ACKNOWLEDGEMENTS

