UTILIZATION OF RESEARCH RESULTS ON INFANT MORTALITY

STUDIES: A SOCIAL INTERVENTION ORIENTED RESEARCH STUDY. M. Torres

General:

There is a real concern among researchers as to the extent and the methods of applying the research results of child mortality and health studies in health intervention programs that effectively improve the health condition and consequently the socio-economic condition of the intended beneficiaries of the original research. In an attempt to investigate this "translation" process and to develop and strengthen links between community-based organizations and formal research results of health and health education projects, a preliminary diagnosis was made on the cases of Chile, Peru and Colombia. These countries were chosen because they have a large number of NGO's, represent different levels of development and have all received significant IDRC support.

Although the focus of the attention was on NGO's exclusively, it became important to contact other institutions such as government organizations, donor organizations and universities because, in some cases, the NGO's that we had contacted collaborated with these other institutions. Interviews focused on if and how the results from recent research studies on infant and child morbidity are used in NGO programs and how the transfer of needed knowledge could best be performed. We stated clearly that the interviews were merely exploratory and no assessment of institutions or individuals was being made.

The Problem:

Fragmentation and un-coordination seem to characterize NGO's, GO's and research centers working in the area of health. These institutions and groups tend to function individually rarely communicating their experiences and results with others. This is explicable perhaps because different institutions, groups, etc. are working with different objectives and different clientele. A gross synthesis of the situation might be represented with the following chart:

<table>
<thead>
<tr>
<th>AREA OF ACTION</th>
<th>TYPE OF AGENTS</th>
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<tbody>
<tr>
<td>Design and implementation policies</td>
<td>Ministry of Health, Institute of Social Security, Family Welfare Organization, etc.</td>
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<tr>
<td>Transmission of scientific knowledge (teaching/training) and generation of human resources</td>
<td>Universities, Faculties of Medicine, School of Public Health Professional Associations, etc.</td>
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<tr>
<td>Community work</td>
<td>Church groups, action oriented NGO's</td>
</tr>
<tr>
<td>Scientific research</td>
<td>Private research centers</td>
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Obviously, the different types of agents do not perform mutually exclusive activities. There are medical faculties involved with community work and public institutions conducting research activities. What should be stressed here is that different agents make use of scientific knowledge in different ways. Within each area "uncoordination" and "uncommunication" of activities is more the rule than the exception. This perhaps is the most visible obstacle for the wider use of research results.

The challenge for us is to think of specific initiatives that would be oriented to deal with (and not solve) this situation. It would be realistic to take advantage of the existing dynamics to attempt to create ways of helping the different agents/groups to overcome barriers in using research results effectively.

The following country scenarios reflect some of the fragmentation mentioned and highlight certain differences and new opportunities that must be considered should IDRC pursue research activities in the area of health in these countries.

Chile:

There are a number of NGO's working in the area of child health and child care within Santiago. Since 1973, the "alternative health system" dominated by the Catholic Church has increasingly become an important component of the country's overall health system. Beginning in 1973 with the provision of medical and legal services to politically vulnerable groups, "vicarias de la solidaridad" continue to provide these services and now attempt to educate their clientele for self-help health care in the community as well as organizing the community to demand services from the government. Different "vicarias" are responsible for different areas of Santiago, and to a large extent, these seem to function autonomously.

The activities of the NGO's including the church organizations range from establishing clinics and providing strictly curative services to providing health education and training and engaging in health prevention activities such as vaccination and anti-diarrheal campaigns. Some NGO's engage in research activities of their own, in most cases to obtain a profile of the community and to diagnose the specific immediate problems without engaging in any research activities that might help them to place the problems in context.

The situation among NGO's is characterized by total fragmentation, territorialism and little coordination of goals and activities. Very little sharing of resources and information takes place. Although the NGO's are very active, there seems to be a lot of
duplication of efforts. NGO's are often in the precarious situation of depending on donor financing of projects and thus surviving from project to project. The fragmentation that exists among NGO's seems to be largely structured by donor agencies funding objectives (which are uncoordinated to begin with). There is also little documentation, systematization, analysis and evaluation of NGO's goals and experiences, and/or the materials which they use. Some results of research activities undertaken by these NGO's have been "translated" into educational material after the research was completed but this translation process and its success or impact has not been documented.

Many of the people in the NGO's community recognize the need to document, discuss and analyze their experiences as well as to coordinate their activities. They note that there is some basic knowledge which has been gained from the experience of NGO's in this area which needs to be documented. This knowledge as well as recent research in this area also needs to be shared among them.

Several initiatives have begun within the NGO's to deal with this situation. IDRC could support some of these initiatives and thus produce better use of research results by the local community. In addition, these initiatives could also provide sponsoring agencies with a more cost-effective mechanism for introducing research results at a popular level. A few of these initiatives are described below.

CEAAL, the Latin American branch of the International Council for Adult Education (ICA) started a Primary Health Care and Popular Education Network in early 1986. The objective of the network is to identify groups working in the area of community health and to share information through newsletters, workshops, etc... In December 1986 the 1st workshop of the network was held on "Community Participation and Community Health Workers" in Montevideo, Uruguay. The main objective was to document and compare the experiences of different groups.

In 1984 the Primary Health Care Collective was formed in an attempt to coordinate the work of some of the NGO's. It consists of 12 professionals (social workers and physicians) who work in NGO's as well as in some government health clinics.

In 1986 the collective held a Summer school for Health. 300 health promoters/monitors from Santiago attended. The school covered a number of topics but special attention was given to developing working tools for diagnosing community health problems, developing work plans and increasing the participation of the community.
Another NGO, CIASPO, (Centro de Investigaciones y Accion en Salud Poblabional) is currently attempting an inventory of all the NGO's in the area and trying to develop some coordination among them. In March, CIASPO's plan of action will be presented to these NGO's and discussed with the intent of defining together a general working plan for the area. Their alternative health program includes medical assistance (curative), primary health care services, as well as health education and training of the community to find solutions to its own problems when possible.

Another NGO, PAESMI (Programa de Apoyo y Extension de Servicios Materno-Infantil) has as its objectives to support local groups in health education, training and applied research. Major focus and themes include establishing a documentation centre for material on primary health care, community participation, intersectoral action, and the development of appropriate technology.

Peru:

This is perhaps the country with the largest relative number of NGO's. This may be a response to a favorable political atmosphere created during the Velasco regime as well as to well established traditions of community work. Nonetheless the same fragmentation among NGO's that existed in Chile seems to exist in Peru and the need for collaboration and coordination of activities, sharing of information and experiences and having access to the most recent research information is recognized by many NGO's. There are some examples however where NGO's and GO's working together in a specific area have decided to develop a "single plan for health" for the area (the research site for the project 3-P-85-0269, Infant Morbidity among the Urban Poor). The plan covers a number of issues including maternal-child care, tuberculosis control, food and nutrition education, family planning and environmental health. The support that the government clinics will provide to the plan however is in question given the recent change in municipal government.

The fragmentation that exists among NGO's is also apparent among donor agencies, research centers and universities. Nonetheless there are research centers and universities working in very interesting ways. The Cayetano Heredia University for example has an interesting pilot project in their community medicine component. Their students work with health workers in a government health clinic where they are trying to implement some of the government's Primary Health Care Plan, sensitize the ministry's health workers, and encourage the participation of the community in health issues.
Unlike Chile, Peru has a national health plan and policies that have incorporated all the principles of Alma Ata including community participation. However, excellent political decisions do not necessarily reach down to the local levels of health promoters, nurses and physicians working at the community level. The Ministry of Health in Peru is considered a bureaucratic monster and there seems to be an abyss between the political will of the Minister of Health and the everyday behavior of middle and low rank officials at the Ministry. It should also be recognized that important external aid coming from UNFPA, UNESCO and USAID is being channeled through the MOH.

Some initiatives have begun that may help to alleviate this problem. The Program of Administration in Public Health was recently established by the Ministry of Health, the Cayetano Heredia University (Medical School) and the Escuela Superior de Administracion de Negocios (ESAN) to train the human resources required by the public health sector. This program seems to be more sensitive and responsive to the needs of the community and also the importance of the research.

Colombia:

In Bogota, the number of NGO's working at the community level seems to be smaller and these do not seem to play an important role in the overall health system. Perhaps the political system (under the control of the traditional Liberal and Conservative parties) has not allowed much room for community initiative to flourish.

The current government is implementing a National Child Survival and Development Plan under the auspices of UNICEF. The plan is an attempt to organize activities carried out by different health programs to substantially reduce morbidity and mortality in the population under age 5. The Plan which is to be the cornerstone of public health policy is based on the mobilization of human resources at the Ministry of Health, Ministry of Education, Colombian Institute for Family Welfare, the Red Cross, the National Police, the Scouts and the Catholic Church.

In Colombia there are a number of research institutions working in the area of health but they too seem to function in isolation and under precarious financial circumstances.

An important institution is the Colombian Association of Faculties of Medicine which is currently implementing programs of family health, evaluating the medical faculties' training.
programs and upgrading the teaching capacities of teachers and physicians working at university hospitals.

What to do:

It is clear that there are a number of NGO, Go's, research centers and some university programs which are working in the area of infant and child morbidity/mortality and health. These different levels/groups all seem to be characterized by a great deal of fragmentation, uncoordination and duplication of efforts. Most are concerned with access to and the transference of knowledge.

If we at IDRC share health researchers' concern with the use of the results of research in mortality and health being translated into health intervention programs that effectively improve the socio-economic and health conditions of the intended beneficiaries of the research, it would be important to see how groups/institutions working at the community level function and "use" research results as well as to identify barriers to the efficient flow of information.

The challenge is to develop and/or to support initiatives that would facilitate the use of knowledge among these groups as well as to encourage communication and coordination between them. In other words, develop a methodology to improve the use of research results. A methodology designed to analyze the use of knowledge (by groups working at the community level) would inevitably lead to including this (evaluation) component in the design of future projects. In order to accomplish this goal we can visualize a project with several phases.

Phase I - Inventory

Phase I would consist of an inventory of NGO's, Go's, research centers and donors concerned with infant and child health and mortality and the delivery of health services. This activity, while providing a map of types of institutions and groups, key people, activities, kinds of material used to work with the community on health problems, etc, would also provide a guide for selecting several types of institutions (NGO's, Go's, research centers etc.) to be studied in-depth.

In addition, regional maps would form the basis for designing workshops to get the different groups acquainted with one another and for establishing networks and resource-sharing. These maps could also form the basis for discussion among donors concerned with developing coordination mechanisms among themselves.

Phase II - Case studies

Based on the inventory of Phase I, certain NGO's, Go's and
research centers can be selected for in-depth case studies. The main objectives of these studies would be to:

(a) analyze the modus operandi of some key institutions, in particular, the use of knowledge, i.e. what knowledge is used, how, from what sources, etc...

(b) identify bottlenecks in the use of knowledge and possible avenues to take that would facilitate and increase the use of research results.

(c) identify ways to increase efficiency and cooperation among groups/institutions with similar activities.

A workshop would be organized to discuss the results of the in-depth studies, in particular the ways to overcome the identified barriers.

Phase III - Intervention

Although this phase would depend on the results of the previous phases some possible interventions that we feel might facilitate the better use of research results are:

(a) workshops: bringing together the different groups to share experiences, exchange information, and strengthen networks.

(b) building up or supporting the creation of information systems / clearing houses on specific subject areas taking advantage of institutional capacities.

(c) institutionalizing coordination mechanisms identified in Phase II; among key groups.

(d) evaluation and synthesis of educational materials used.

Phase IV - Evaluation

This phase would be an evaluation of the project methodology. In other words, do activities such as those undertaken in Phase III facilitate the use of "knowledge" among those working at the community level?

Benefits:
The benefits of undertaking such a phased program could be very great:

(a) the acquisition of knowledge about the use of knowledge generated by research projects.

(b) the design of a methodology oriented to improve the use of knowledge.

(c) strengthening of institutional capacity to use research results.

(d) the sharing of information and strengthening coordination resulting in non-duplication of efforts and effective management of activities related to health at the community level.

(e) better planning for effective research on the community.

(f) more "impact of research on development.

(g) the country diagnosis could identify gaps in the area of infant and child health and mortality research.

(h) evaluation of results from projects supported by HSD and SSD related to the issue of population and health.

Possible preliminary activities

These activities could be started in Colombia, Peru and Chile as separate projects (Bolivia may also be included). It would be necessary to organize some small consultanthips in Chile, Peru Bolivia and Colombia in order to make a more systematic preliminary diagnosis of NGO activities, donor activities, and the principal programs/emphasis of the public health sector. Once these have been conducted, we would be in a better position to assess the feasibility of undertaking the initiative in one or more countries.