



Research to policy: The field practicum model

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ABSTRACT

The explicit approach of policy making involves the use of evidence, transparency and participation. However, there are several challenges for researchers and policy makers. The Field Practicum (FP) model developed by the Centre for Health Policy, Planning and Management (CHPPM) in the School of Health Systems Studies (SHSS) at the Tata Institute of Social Sciences (TISS) is an example to address some of these challenges. The model uses young researchers who are students of the Master of Public Health-Health Policy, Economics and Finance (MPH-HPEF) course at TISS under the mentorship of SHSS faculty to engage/study the problems relevant to decision makers and provide practical solutions. The duration of this engagement is an entire semester (18 weeks), and is a mandatory element of the academic curriculum of these students.

The FP is designed to apply research methods, collect primary data in the field and analyze secondary data on the identified problem. The output of the FP is a 'Policy Brief', created in consultation with all stakeholders, which provides clear and practical recommendations. The gap between the 'researcher' and 'decision maker' can be bridged by involving both in all stages of the research affecting policy. This creates timely, focused research and a sense of ownership by the decision maker, which makes the research findings more acceptable and easier to implement. Also, simplifying the academic jargon of research for the decision maker through a policy brief plays a critical role. This FP model can be potentially applied in other settings.

INTRODUCTION

One of the sustainable development goals (SDGs) is achieving Universal Health Coverage (UHC). A critical element for achieving UHC is evidence-based policy making and academic institutes can play a role in providing evidence for policy making. Policy-making/change involves explicit and implicit approaches. While recognizing the importance of implicit approaches, this paper focuses on the explicit approaches. The explicit approach encourages the use of evidence, transparency, and participation. Although policy change cannot circumvent politics, evidence should come first and politics are complementary to what evidence cannot address.

This is because evidence-based decisions are more acceptable and sustainable. This paper presents the author's views, perspective, challenges and experiences in prioritizing research to deliver evidence for policy-making. It also discusses the model adopted by the Centre for Health Policy, Planning and Management (CHPPM) at the Tata Institute of Social Sciences (TISS) towards research for policy as a case study.

In theory, one of the models of policy-making considers the process as rational, logical, sequential and cyclical steps, with research feeding into all steps of the cycle. The steps involved include problem

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definition/agenda setting, analysis of alternatives, decision, implementation and review. However, in practice, the process is obviously more complex.

There are at least four ways by which research can be used within the policy-making process:¹

1. Recognizing problems and identifying issues
2. Understanding key issues
3. Supporting a selected plan of action
4. Evaluating and monitoring progress

However, there are challenges in each of these ways. The challenges to policy-oriented research are many,² of which some of the key challenges in my experience are as follows:

1. Poor policy comprehension by researchers.
2. Political culture and bureaucracy.
3. Lack/improper communication.
4. Non-engagement with local research institutes or universities.
5. Societal disconnect.
6. Poor governmental and research institute capacity.
7. Long duration of research versus need for immediate results.
8. Credibility and validity of research and role of media.
9. Impact of political economy on objective advice based on research.
10. Power relations, which generates concerns about issues of censorship and control, and the question of ideology.

In light of the above issues, an attempt was made by the CHPPM in the School of Health Systems Studies (SHSS) at TISS to address these challenges, which is described in the case study below.

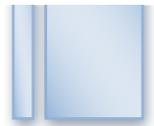
Case Study

The model developed by the CHPPM in SHSS, TISS is an example of a response from the research community to address the needs of individuals, organizations and policy makers to perform research relevant to the policy-making process. The model called the 'Field Practicum' falls under the 'research to action' paradigm. The model was developed through a series of consultative workshops involving stakeholders like policy makers, programme managers, research institutions, academicians and researchers. India, being a federal structure, and

health being a state subject in India, it was felt that engagement with state governments would be more productive and effective. The model uses young researchers who are students of the Master of Public Health (Health Policy, Economics and Finance)-MPH (HPEF) course at TISS under the guidance of faculty of the SHSS to engage/study the problems relevant for decision makers. The duration of this engagement is one full semester (18 weeks) and is a mandatory element of the academic curriculum of these students.

The process of engagement with policy makers begins two months before the actual commencement of Field Practicum. The 'engagement process' involves discussions and meetings between faculty supervisors, students and respective state/national policy maker or programme manager to help develop an understanding of needs of the policy maker/programme manager. This engagement results in creation of a concept note by the student, which is approved by the faculty and most importantly the office of the decision maker under whom the student would be posted for the Field Practicum. The students are previously trained in research methodology during their course work and also on writing a policy brief. This Field Practicum provides them with an opportunity to apply their theoretical knowledge in a real-life setting within the offices of the decision maker.

The Field Practicum was designed to apply research methods and collect primary data in the field on any issue of concern identified in consultation with and approved by the policy maker/programme manager. A mid-term review at TISS and close faculty mentoring during the field work provides the necessary guidance and course corrections, if required. The findings of the research constitutes the situation and gap analysis of the identified public health issue. This involves analysis of both primary data from stakeholders in the field as well as review of secondary data in the form of policy documents and programme action plans. Based on the gaps identified, the next step is to propose a set of practical and feasible recommendations, which could be implemented by the decision maker. This stage involves sharing of the research findings and brainstorming with the stakeholders in the decision maker's office. The output of the Field Practicum is a



'Policy Brief' created in consultation with all stakeholders providing clear and practical recommendations.

The public health issues addressed by this Field Practicum include undernutrition, NCDs, maternal and adolescent health as well as approaches for social inclusion and inter-sectoral coordination, which are the key focus in UHC. For example one student submitted a brief addressing programme as well as policy issues to improve the iron folic acid supplementation programme for adolescents in the

state of Rajasthan in India. This was presented to the decision makers of the state health ministry. Other briefs developed by the students addressed the issues of cancer in the state of Punjab, diabetes in the state of Bihar, sickle cell disease among tribal population in the state of Chhattisgarh, etc. Several such policy briefs addressing numerous priority health issues of different states and regions were developed and presented to various state governments in India like Maharashtra, Chhattisgarh, Rajasthan, Tripura, Bihar, Karnataka, West Bengal, Punjab and Delhi. Some topics of the Field Practicum are listed in Table 1.

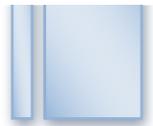
Table 1 Some Public Health Issues Covered in the Field Practicum

No.	Issues	Location
1	Infant and young child feeding practices	Wardha district, Maharashtra (Rural)
2	Intersectoral coordination between ICDS and Health Services to address undernutrition	Mumbai, Maharashtra (Urban)
3	Sickle cell anemia prevention and control	Chhattisgarh (Tribal districts)
4	Unsafe abortions	Mumbai, Maharashtra
5	Blood transfusion services in public health system	Melghat district, Maharashtra (Tribal)
6	Health system response to acid violence	Delhi
7	Cancer	Punjab
8	Human resource shortage in public health system	Gadchiroli district, Maharashtra (Tribal)
9	Adolescent health: Iron and folic acid supplementation	Rajasthan (Urban, rural and tribal districts)
10	Telemedicine in public health system	Tripura
11	Substance abuse among adolescents	Karnataka
12	Public Private Partnership in public health	Mumbai, Maharashtra
13	Polycystic Ovarian Syndrome	Pune district, Maharashtra (Urban)
14	Inclusion and mainstreaming leprosy colonies and integration of rehabilitation programmes to address disability	West Bengal (Urban and rural)
15	Infant and neonatal mortality	Banswara district, Rajasthan (Tribal)
16	Diabetes	Bihar (Urban, semi-urban and rural)
17	Sexual and reproductive health of adolescents	Mumbai, Maharashtra (Urban)

CONCLUSION

Multiple factors converge to create context-specific pathways through which research enters the policy-making environment.³ Good quality and timely research is essential. Equally important is the means of communication. Also, acceptance of research is associated with the specific issue. For example, research related to medical technologies has a higher acceptance than issues related to governance or

human resources. Also, research suggesting incremental changes are more easily accepted than those recommending fundamental changes. However, perhaps the most important link between research and policy-making is the sense of 'ownership'. The gap between the 'data people' (researchers) and 'action people' (policy makers/ programme managers) can be bridged by involving both in all stages of the research affecting policy. This creates a sense of ownership, which makes the



findings of research more acceptable and perhaps easier to implement. This was one of the key features of the Field Practicum model discussed in this paper. While the challenges are huge, the Field Practicum model of the CHPPM, TISS was an attempt to address some of these challenges. A follow-up over time will reveal whether the recommendations that emerged from this Field Practicum exercise were converted into active decisions and implemented. While the impact of the policy brief in influencing decisions remains debatable,⁴ there is little doubt that research will play a major role in the policy-making process. Hence, greater emphasis should be placed on policy research to help make informed policy decisions in the future. The academic and research institutes have to play a proactive role in ensuring use of evidence for policy making. This would be a key element towards achieving UHC.

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