From evidence to impact:

Development contributions of Australian aid funded research

A study based on research undertaken through the Australian Development Research Awards Scheme 2007-2016

RESEARCH FOR DEVELOPMENT IMPACT NETWORK

A collaboration between the Australian Council for International Development and Australian universities

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OCTOBER 2017

About the Research for Development Impact Network

The Research for Development Impact (RDI) Network, formerly the ACFID University Network, is a collaboration between the Australian Council for International Development (ACFID) and Australian universities. The RDI Network is a network of practitioners, researchers and evaluators working in international development, supporting collaborative partnerships to improve the uptake and use of evidence in policy and practice. Working in close partnership with the Australian Council for International Development (ACFID), the Network functions as a key cross-sectoral platform for shared learning and action in the international development sector.

For further information or to join the network see the website www.rdinetwork.org.au.

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Contents

List of acronyms

ADB	Asian Development Bank
ACFID	Australian Council for International Development
ADRAS	Australian Development Research Award Scheme
ANU	Australian National University
AQEP	Access to Quality Education Program
ARC	Australian Research Council
ATN	Australian Technology Network
AusAID	Australian Agency for International Development
CBHI	Community-Based Health Insurance
CBO	Community-Based Organisation
CMO	Context – Mechanisms – Outcomes
DFAT	Department of Foreign Affairs and Trade
DFID	Department for International Development (UK)
ESRC	Economic and Social Research Council (UK)
FERDI	Framework for Exploring Research for Development Impact
GIZ	German Society for International Cooperation
HEF	Health Equity Fund
IDM	Individual Deprivation Measure
IDRC	International Development Research Centre (Canada)
IMF	International Monetary Fund
IWDA	International Women's Development Agency
NCD	Non-Communicable Disease
OECD	Organisation for Economic Co-Operation and Development
ODE	Office of Development Effectiveness (DFAT)
ODI	Overseas Development Institute (UK)
OPIC	Pacific Obesity Prevention in Communities
PI	Principal Investigator(s)
PNG	Papua New Guinea
PNG ADP	PNG Assembly of Disabled Persons
RAD	Rapid Assessment of Disability
SEPI	Secretary of State for the Promotion of Equality (the Secretaria Estado da Promocao da Igualdade – Timor Leste)
SIAMPI	Social Impact Assessment Methods through Productive Interactions
SPC	Secretariat of the Pacific Community
SOPAC	Pacific Islands Geoscience Commission
TROPIC	Translation Research on Obesity Prevention in Communities
UKCDS	UK Collaborative on Development Sciences
UNWTO	United Nations World Tourism Organisation
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

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EXECUTIVE SUMMARY

OCTOBER 2017

Executive Summary

Introduction

This study investigated how development research funded through the Australian Development Research Awards Scheme (ADRAS) has influenced policy and practice. It was conducted by the Research for Development Impact Network (RDI Network), and sought to provide insight to funders and researchers on how to maximise development outcomes arising from such research.

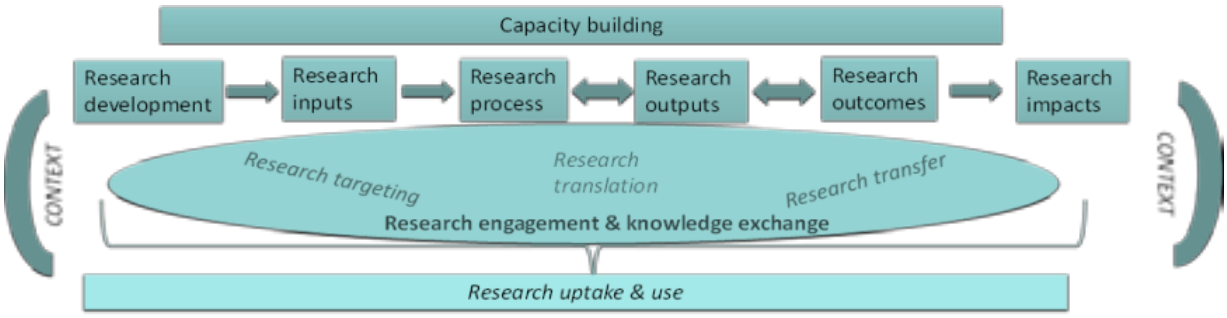
The study consolidates, reviews and provides examples of when and how research conducted under this scheme contributed to development outcomes, and should not be taken to represent an evaluation of the funding scheme per se. The documented outcomes and impacts include research that influenced development policy, changed practice, strengthened capacity, and/or increased the reach and effectiveness of Australia's development assistance.

The ADRAS was the Australian Government's flagship development research grant scheme from 2007 to 2016. It involved annual to biennial open competitive calls. ADRAS formed a pillar of the then Australian Agency for International Development's (AusAID's) development research strategy (2008–2012) to increase quality, diversity and transparency in aid program research funding. In total, 129 primary research projects were funded over the 2007, 2008, 2009 and 2012 rounds, representing an investment of just over A$58 million under priority themes for Australian aid programming. Three-quarters of the awards were made to Australian universities as the primary recipient institutions, and nearly 90% of all grants included a developing country partner.

The scheme focused on development outcomes. From its commencement, the ADRAS required researchers to identify the target end users, and to formulate strategic communication and engagement strategies to reach these groups. This is the first study of the contribution of ADRAS research to development policy and practice outcomes. Since all ADRAS-funded projects were completed by 2017, it was an opportune time to undertake such an analysis.

The study followed a rigorous methodology. Key informant interviews were conducted with 25 Department of Foreign Affairs and Trade (DFAT) current and former staff situating the research in the current policy context. A strong theoretical underpinning was developed in the form of a Framework for Exploring Research for Development Impact (FERDI) which drew on relevant academic and grey literature (see Figure 1). The framework identifies five key areas of potential research influence: (i) capacity building; (ii) product development; (iii) policy; (iv) practice, systems and sectoral influence; and (v) economic and societal impacts.

Figure 1: Framework for Exploring Research for Development Impacts (FERDI)[1]



Capacity building	Product development	Policy	Practice / systems / sector	Economic / societal
The development of attributes, skills and systems that increase quality and quantity of research conduct, uptake and use.	Contribution to new or improved products or technologies. May be through improvements to enabling environment, direct development, testing or scaling.	Contribution to new or changed policy narratives or content locally, nationally, regionally or globally.	Contribution to changes in ways of doing things on the ground and / or the beliefs or systems that govern them.	Changes in wider social / economic benefits such as job creation economic growth, improved equity, social capital.

Our sample comprised 50% of mostly 2007–2009 projects with selected later projects. These were representative across sector, grant size and primary recipient (Australian or international). A targeted questionnaire was used to capture contributions to development outcomes. An iterative analytical process identified categories of development outcome and impact, as well as facilitators of development outcomes and impact. A subset of five cases was selected and examined further, using a realist evaluation framework to document the pathways to research influence, including from the perspectives of research end users.

Policy context and DFAT perspectives on the ADRAS

The policy context for research in the aid program has changed since the ADRAS was introduced in 2007. The former Australian Agency for International Development, which implemented the ADRAS, has been integrated into DFAT. Development assistance funding has been reduced by around one-third since 2013–14, and there is no longer a research strategy to guide investment in research, nor a centralised unit to handle and coordinate research investment and communications. DFAT continues to fund research in a decentralised manner, through sectors and country programs, and the role of innovation in the aid program continues to provide opportunities for new thinking and evidence to inform the aid program.

Interviews with DFAT staff provided insights into the implications of this policy context for the kind of research that is valued and currently used by DFAT. DFAT staff suggested that to be useful, research findings needed to be robust, timely and policy-relevant, and that engagement be facilitated by clear links to strategy. DFAT staff indicated that they tend to use short summary outputs and blogs, and appreciated being 'talked through' research findings and implications. There was interest in learning more about outcomes and pathways to impact (as captured in this study).

1 This framework was developed by the consultant Debbie Muirhead in consultation with the project steering group.

In terms of perspectives on the ADRAS itself, DFAT staff saw reputational value in the high external profile of the scheme, valued its emphasis on communications and engagement (including with DFAT), and felt overall that uptake within DFAT could be further optimised. A number of sector strategies had drawn on ADRAS evidence, although the perceived relevance of the research varied by sector, and it was recognised that wider uptake of ADRAS research involved other development actors and partners rather than DFAT itself, including multilateral institutions. Staff were interested in the 'real-world' impacts from funded research. These impacts include policy influence, entry points for dialogue, budget allocations or action plans addressing recommendations, influence on aid programming, and longer-term outcomes from capacity building, particularly for disadvantaged groups.

Overview of development outcomes of ADRAS research

The influence of ADRAS research was identified primarily in the areas of policy, practice and capacity building (three of the five areas outlined in the FERDI). This is as expected, given the focus of the funding scheme which excluded product development research, and the challenges of capturing subsequent longer-term contributions to socio–economic societal impacts.

Approximately 40% of the sampled ADRAS projects had a verifiable and direct influence on policy or practice outcomes (see Table A for examples). A recent evaluation of comparable Economic and Social Research Council (ESRC)/Department for International Development (DFID) grants found that a similar proportion (35%) had an influence (France et al. 2016). However, the scope of this study was not extensive enough to follow up all potential outcomes, so they could be underrepresented.

In the sample, health-related ADRAS research appeared to have the most frequent contribution to outcomes, a finding that is consistent with other assessments of development research impacts. Disability and gender projects in this study also showed clear contributions to development outcomes. Economics and governance ADRAS projects appeared to have the lowest rates of direct contribution to outcomes in this study, unless the former were focused on a specific industry or sector issue.

Table A: Summary of ADRAS research contribution to development outcomes

OUTCOME CATEGORY	EXAMPLES OF ADRAS CONTRIBUTIONS TO OUTCOMES
Policy	▶ **Country-relevant addition to new law:** The 2016 Papua New Guinea (PNG) tobacco control act created a separation between village customary regulations for local small-scale tobacco producers and national framework for large companies. ▶ **Change in tax policy:** Fiji taxation policy was changed to reduce palm oil use and increase consumption of fruit and vegetables to address rising obesity and non-communicable diseases (NCDs). ▶ **Evidence-informed policy decision:** Roll-out of Health Equity Funds (HEF) over Community Based Health Insurance (CBHI) for health care coverage of poorer households in Cambodia and Laos. ▶ **Influenced DFAT monitoring:** Gender composition of community committees was adopted as an indicator for DFAT gender-inclusiveness monitoring. ▶ **Influenced policy:** Research insights and the situation of women with disabilities were referenced in the Cambodian National Action Plan to Prevent Violence Against Women 2014–2018. ▶ **A gender-responsive budget** was developed to support Timor Leste's domestic violence law. ▶ **Informed quality standards:** ADRAS research informed quality standards for early childhood education in Indonesia. ▶ **Informed policy requirements:** School textbook authors were required to undergo gender awareness training in Indonesia.
Practice and systems	▶ **Changes in payment practices to benefit small-scale producers:** Payment practices changed in coffee buying companies in Timor Leste for improved consistency of livelihoods for small scale producers. ▶ **Changes in disability-inclusive road practice:** Disability-inclusive road infrastructure changed in at least two PNG provinces. ▶ **Uptake and use of disability assessment tool:** Rapid Assessment of Disability (RAD) tool was used in monitoring and evaluation for DFAT access to education project in Fiji. ▶ **Construction of accessible infrastructure:** An accessible residence was built at a vocational training centre to enable women with disabilities to access training. ▶ **Adoption of guidance materials on public health law review:** Guidance for public health law review developed and used in the Pacific was also being demanded, adapted and extended to other WHO regions, supporting health security and systems reform. ▶ **Use of gender-related guidance materials to inform practice:** Gender principles and monitoring were incorporated in NGO water, sanitation and hygiene (WASH) programs in Indonesia, Timor Leste and Vietnam. ▶ **Use of gender and disability community training materials to develop staff and volunteer sensitivity:** Cambodian NGO integrated gender and disability awareness and inclusion training for all staff and volunteers into its practice. ▶ **Strengthened practice regarding data collection and inclusion of intersectionality:** Disability indicators were included in the Individual Deprivation Measures (IDM), allowing disaggregation by disability as well as gender.

OUTCOME CATEGORY	EXAMPLES OF ADRAS CONTRIBUTIONS TO OUTCOMES
Practice and systems (continued)	▶ **Improved access to health-related evidence:** Databases and access systems were developed to promote greater access to health-related evidence for decision-making in Fiji. ▶ **Changed health check practices:** NCD-related health checks and occupational health and safety practices were introduced in key ministries in Fiji. ▶ **Development of indices of investment attractiveness** in Indonesia was influenced by research. ▶ **Changed practices to protect groundwater:** Informed approaches to improve groundwater quality were promoted in the Cook Islands.
Products	▶ **Product testing and scale-up:** Wastewater treatment devices were tested and scaled up in the Cook Islands and more broadly in Pacific island nations (ecoTrench and other strategies).
Capacity	▶ **Improved skills, experience and confidence benefiting employability:** Research skills, and evidence-informed advocacy skills have led to further employment for women and people with disabilities in PNG, Solomon Islands and Cambodia. ▶ **Improved analytical and convening skills:** The local sanitation-related community-based organisation (CBO) peak body in Indonesia developed improved data collection, monitoring and convening power amongst key stakeholders. ▶ **Systems for access to and use of evidence** were enhanced in Fiji. Key policy officials noted the importance of these changes and institutionalised them. ▶ **Improved knowledge exchange and research translation skills:** Knowledge exchange and research translation skills for policy were developed in producers' and users' evidence for health policy in Fiji, and included into courses at Fiji School of Medicine.

Facilitators of research use and development outcomes

Five key facilitators of research influence were identified on the basis of this study. They provide a framework to guide practical approaches to improve research uptake and use by researchers and research funders. The five facilitators were:

- **Foundational facilitators:** familiarity and prior engagement with research context and users
- **Planning for impact:** intentional focus on impact and integrated methods for its achievement
- **Engaging end users:** proactive engagement and co-production of knowledge
- **Influential outputs:** tailored fit-for-purpose design of outputs
- **Lasting engagement:** ongoing engagement and continuity of relationships

1. Foundational facilitators: familiarity and prior engagement with research context and users

An understanding of the research context, and of the relationships and networks between researchers and key end users or influencers, was foundational to the development contribution of ADRAS research. Such relationships and contextual understandings could be built to an extent during the project to increase the influence of the research, but they required additional effort.

An understanding of the local political, policy and socio–cultural context, and an overall receptiveness to research evidence, can help researchers to recognise and take advantage of opportunities or mitigate risks. Knowledge of local context prior to planning the research, and mechanisms to stay abreast of changes, were key facilitators of impact. Three mechanisms found to contribute to strong contextual understanding were: (i) inclusion of in-country partners in research teams; (ii) appointment of an advisory committee of key stakeholders; and (iii) previous or formative work in the setting.

Long-established relationships of trust were key, particularly when there was a direct relationship between end users and senior researchers that had been built up over a period of time. In many cases, relationships with in-country research partners were crucial in ensuring take-up and use of ADRAS research. Continuity in the people who held research team positions, and continuity in the positions held by key end users, were important in ensuring that interpersonal linkages were maintained.

2. Planning for impact: intentional focus on impact and integrated methods for its achievement

Planning for impact or 'starting with the end in mind' was found to be key to maximising the development contribution of research projects. ADRAS research that addressed a clear question or debate was more likely to be taken up and used in policy and practice than exploratory research that was designed to fill a gap in knowledge. Exploratory ADRAS projects frequently lacked a clear pathway for practical use and outcomes.

This analysis supports the ADRAS communication and engagement requirements for clarity in impact goal, and target end users. Two-thirds of the ADRAS research that had strongly defined impact goals directly contributed to development outcomes, whereas less than a quarter of projects that had less clearly defined impact goals directly contributed to development outcomes. Similarly, projects with clearly targeted end users were twice as likely to influence policy and practice outcomes as projects with more broadly-defined end users. Teams with substantive roles for in-country partners and greater inclusion of target end users, and teams that bridged sector silos, appeared more likely to influence development policy and practice outcomes.

3. Engaging end users: proactive engagement and co-production of knowledge

Rather than concentrating on end user engagement only at the beginning and end of the research process, impactful research facilitated *ongoing exchanges* with end users in ways that aligned with the incentives, motivations and processes of these individuals and groups. We established that research findings were more likely to be used if they were *co-produced*, and if the timing of the results aligned with decision-making needs. This was sometimes facilitated though advisory committees that were sufficiently resourced to hold face-to-face meetings throughout the research, or through presentations to regular meetings of end users.

Engagement with DFAT, rarely identified as a specific target end user of ADRAS projects, varied by sector and program. Some ADRAS project teams appreciated aid program staff's facilitation of their research's influence due to their ability to bring together stakeholders, to provide linkages with key individuals who could assist with getting the research used, and to support take-up into their own policy or programming. Others felt that engagement with DFAT was limited despite the alignment of research with aid program priorities.

4. Influential outputs: tailored, fit-for-purpose design of outputs

Short outputs on aspects of the research most relevant to particular end user needs were found to facilitate research use. This is because policy makers from donor organisations or national or regional bodies were unlikely to read long, dense reports. The *ongoing availability of outputs* through project-specific websites with easily digestible summaries was found to promote take-up and use of ADRAS research, including by audiences beyond those anticipated. Take-up and use, including for advocacy, was facilitated by short *targeted guidelines* or *tools* that contained clear practical recommendations and implementable actions. Beyond policy briefs, which are now almost mainstream, more *novel approaches* to output communication, such as dissemination through DVDs, face-to-face presentations, and other interactive tools, were reported to be valuable.

A small number of projects used groups recognised as 'knowledge-brokers' or 'intermediaries' and others facilitated uptake and use through engagement with a specific organisation that had influence with the end user groups. These 'brokers' were sometimes development assistance agencies, for instance DFAT or the World Health Organisation (WHO), or other government-linked bodies, associations, or influential advocacy groups.

5. Lasting engagement: ongoing engagement and continuity of relationships

Long-term engagement between researchers and end users concerning ADRAS work, beyond the time-frames of the grant itself, was particularly important in promoting contribution to development outcomes. Ongoing advocacy and engagement through in-country ADRAS projects team members who felt ownership of the research was also important. Monitoring and evaluation of take-up and use of the research by ADRAS project teams themselves was rare, but when it did occur, it strongly improved outcomes and up-take.

ADRAS project teams frequently highlighted constraints to long-term engagement. The most commonly cited constraints were time, funding, and capacity (human resources, skills, priorities, etc.) restrictions for all partners, as well as a lack of continuity in key positions in end user groups.

Pathways to influence

Three pathways to influence emerged from the case studies and mapping of their contextual factors and mechanisms using the realist evaluation approach. These were:

- **Targeted influence:** Research that was purposefully planned in response to end user information demands and questions
- **Enabled influence:** Intentional incorporation of multiple facilitators of impact in the research design and process
- **Emergent influence:** Relevance of research to national or local context, enhanced by shifting imperatives, narratives, crises or other pressures, and close engagement with key stakeholders.

ADRAS projects that had adopted a ***targeted influence*** purposely planned for their research to be in line with end user demand for information to address a current policy question or debate. Long-term relationships and valued work with relevant decision-makers often underpinned such research. Examples of this type of research had the greatest and most direct contribution to development policy and/or practice, such as ADRAS projects using evidence to inform an assessment of whether scale-up of Health Equity Funds (HEF), Community-Based Health Insurance (CBHI), or a combination of both, would best address health equity gaps in Cambodia and Laos (see box below).

TARGETED INFLUENCE – Extending health coverage in Cambodia and Laos

In the late 2000s the ministries of health in Cambodia and Laos faced similar questions and debate on ways to extend health care coverage for poorer and vulnerable members of their populations. Both Health Equity Funds (HEF) (that use grants) and Community-Based Health Insurance (CBHI) (where contributions are made to costs) were in operation.

Based on the ADRAS project team's existing work and relationships with ministries of health and WHO on health financing, coverage and equity, a 2007 ADRAS research grant targeted the clear demand for objective evidence to determine whether health equity funds, CBHI, or a combination of the two, best provided equitable and sustainable coverage for the poor and vulnerable in each country. Trusted working relationships, objective methodology and objective evidence enabled this research to contribute to government policy. The policy involved prioritising the roll-out of health equity funds, and led to further requests for contributions to health financing policy and strategy in the two countries, particularly Cambodia.

Where direct relationships with, or demand from, decision-makers responsible for relevant changes did not exist, some ADRAS project teams still resulted in ***enabled influence*** through a range of facilitating actions such as:

- including end users or influential groups in the research team
- working with a local partner with the necessary reputation and networks to ensure local ownership of the research
- bridging traditional gaps or silos between key sectors or types of development partners to address an issue
- including NGOs as research team members to support local ownership of the research and continued relevant advocacy based on the evidence produced
- having both policy and practice aspects to impact goals
- producing research outputs with clear action points that are relevant and which can be used by key decision-makers who need to enact changes.

One example was the Travelling Together research for Disability-Inclusive Road Development in Papua New Guinea (see box below).

ENABLED INFLUENCE – Travelling Together Disability-inclusive road development in PNG

Road transport is the main form of transport in Papua New Guinea, including for pedestrians. A 2008 ADRAS-funded research project, Travelling Together, aimed to encourage road planners and decision-makers (including infrastructure donors) to include road users with disability in road development and maintenance planning; to ensure that key attributes important to them for safe road use are included; and to provide better connectivity for social and economic participation.

The Travelling Together team provided '**enabling conditions**' through:

- the inclusion of PNG men and women with a disability as research assistants who had ownership of the work and conducted follow-up advocacy, coordinated through the PNG Assembly of Disabled Persons
- partnering with a private sector senior road engineer working in Papua New Guinea to bridge the usually siloed worlds of 'hard' infrastructure and 'soft' social development
- producing easy-to-understand guideline briefs with implementable recommendations, separately targeted for road planners and policy makers.

Outcomes included disability-inclusive road alterations in at least two provinces; changes in infrastructure development practices in a major engineering consultancy; and further employment of a number of young men and women with disabilities in other research and advocacy positions.

Other ADRAS projects had ***emergent influence***, where national or international imperatives, crises or other pressures saw the focus of the research become more topical over time. One example was ADRAS-funded work on public health law development and reform in the Pacific, which created a practical companion guide to conducting a public health law review. In the wake of the Ebola crisis, WHO focused on country capacity to implement its International Health Regulations. The WHO picked up and facilitated wider adaptation and use of this ADRAS-funded work, regionally and globally.

ADRAS research that had emergent influence was also generally built on previous work and continuity of relationships in the research context. These interpersonal relationships were a clear pathway to influence and resulted in clear policy (usually) or practical actions that could be taken as a result of the research. End users were also often engaged in carrying out and translating the research.

EMERGENT INFLUENCE – Supporting effective public health law in the Pacific and globally

Public health laws, which are fundamental to the effective functioning of a country's health system, require updating in response to emerging health threats, changes in disease patterns, and reforms to health services. These reviews are often conducted in short time-frames in response to disasters, outbreaks or other external pressures.

In the Pacific nations, many laws have been imported from other countries and are ill-suited to effective and sustainable functioning of health care. A 2007 ADRAS project to develop Pacific-appropriate guidance for health law review was not initiated in spite of a specific demand. However, as national needs and global concerns emerged, expertise and guidance arising from this ADRAS project was taken up, reviewed and published by the WHO. It was also used in building customary law provisions into the 2016 PNG tobacco control law, and adapted for wider global use.

Finally, ADRAS projects that have had an emergent influence tend to have outputs that were practically targeted and were available long after completion of the project. They also tended to be conducted by researchers with a solid reputation in their field, and in general they were obviously aligned with a topic that grew in international significance and emphasis. The research anticipated needs and was available when those needs arose.

Recommendations

This study has informed a series of recommendations for different development and research actors. They aim at maximising the development outcomes and impacts arising from Australian-funded development research.

For Development Research Funders

Recommendation 1: Ensure research investments are guided by a holistic research strategy that enables the funder to commission a strategic mix of research which have a range of pathways to impact (e.g. targeted, enabled and emergent influence).

Utilise the insights and guidance from this study to orient funding towards research approaches and ways of working observed to have the greatest impact on development. To achieve this, invest in research that is oriented to inform specific strategy policy, programming or practice issues as a way to provide an immediate and visible return on investment.

To complement this targeted research investment approach, coordinate with research councils or other funders to ensure the availability of funding for other types of research which examines and prepares for emerging development challenges and opportunities (sometimes termed 'blue sky' research).

Recommendation 2: Assign responsibility for communicating research findings and recommendations arising from funded research to a relevant staff member or area (for example within DFAT; the Office of Development Effectiveness (ODE), the Development Policy Branch or InnovationXchange). Target internal communications and messaging about research and evidence to relevant sectors and/or country teams at times when they are likely to be receptive to evidence and insights.

Recommendation 3: Include in grant funding guidelines a requirement to demonstrate existing relationships, networks and understanding of context as part of research proposals and weight this highly in selection criteria.

Recommendation 4: Consider a two-stage research funding and selection process that provides initial seed funding on the basis of a successful concept note in order to develop a full proposal. This will enable during proposal development a more detailed focus on understanding actors, processes and context, and better planning of engagement with relevant end users.

Recommendation 5: Consider follow-on research Impact or evaluation grants by invitation for selected research teams who have completed high-quality, relevant research. Such grants would support dedicated efforts to enable impact (for example through follow-up communications, engagement or other research translation processes), and/or to facilitate tracking and evaluation of longer-term research take-up and impact.[2]

2 Competition between completed ADRAS grants for extension/evaluation was recommended as part of a 2011 internal process review of the ADRAS. This idea was also raised by stakeholders during consultations to inform the development of then AusAID's research strategy. The ESRC–DFID joint fund for poverty alleviation initiated "impact maximisation" grants. Whilst these include knowledge exchange activities, here we suggest only implementation bridging and evaluation activities (with knowledge exchange activities, particularly output preparation, remaining as part of the main grant).

Recommendation 6: Replicate and extend the communication and engagement requirements exemplified in the ADRAS to other current channels for research funding, and require explicit articulation of the intended pathway to impact of proposed research as well as identification of clearly defined impact goals and target end users.

Recommendation 7: Improve the available guidance, resources and capacity building for research communication and engagement planning to assist researchers, including by linking to existing resources such as the ESRC–DFID-funded Impact Initiative website.[3]

For Development Researchers

Recommendation 8: Build in and budget for an adequate inception phase to understand context and stakeholders, build relationships (e.g. with relevant development partners, government, and/or NGOs), clarify impact goals, and target end users.

Recommendation 9: Integrate target end user representatives and relevant implementing organisation representatives into research teams or on-going engagement structures to strengthen the pathways from research to policy and practice.

Recommendation 10: Develop and implement a communications and engagement plan for every research initiative, including consideration of the proposed pathway to impact and effort to 'design in' facilitators of research impact to the research process.

Recommendation 11: Plan diverse, engaging communication outputs, and utilise interpersonal engagement to support research use, drawing on growing sources of information and good practice such as the Impact Initiative website in the UK. Long reports and journal papers are a necessary foundation for accountability and credibility, but decision-makers need short, accessible products to engage with.

Recommendation 12: Ensure appropriate funding and adequate time and human resources for monitoring of research use during and at (and after) the completion of research, as a means to continue to facilitate impact and to demonstrate influence.

For Representative Research Bodies and Networks

Recommendation 13: Increase targeted advocacy about the value and impacts of development research and the role of institutional requirements or incentives, to support the use of quality evidence in Australian foreign policy and development assistance.

Recommendation 14: Consider collective work (for example, via Universities Australia, Australian Technology Network (ATN), RDI Network and/or Australian Council for International Development (ACFID)) to strengthen the ability to track, aggregate and demonstrate the value-add from research in foreign policy dialogue, relationships and development. In addition, collectively build on and strengthen existing research sector developments such as the increasing requirement to demonstrate research impact that can be expected to incentivise researchers' attention to impact.

Recommendation 15: Strengthen and resource a focus on research communication and engagement, translation to policy and practice and impact evaluation, including by drawing on and exchanging with best practice initiatives and groups such as the UK Collaborative on Development Sciences (UKCDS) and the Impact Initiative in the UK, or the International Development Research Centre (IDRC) in Canada. This can promote outcomes from development research and generate evidence of 'real world' impacts.

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3 http://www.theimpactinitiative.net/ accessed 10/11/2017

For Research Evaluators

Recommendation 16: Utilise and build on the Framework for Exploring Research for Development Impacts (FERDI) developed in this study, to underpin future evaluations of the impact of development research.

Recommendation 17: Complement *forward evaluations* of research schemes that have a starting point of examining individual research projects and their contribution to development outcomes, with *backward evaluations* that take a policy and practice change as the starting point, and work backwards to the role that research played, to better understand how to maximise the contribution of development research to improved policy and practice.

Recommendation 18: Conduct follow-up of short-term study of the impacts of development research on policy, practice and capacity building (such as this study), with subsequent assessment of the longer-term social and economic impacts of such changes, to strengthen the evidence base regarding returns on development research.

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FULL REPORT

OCTOBER 2017

1. Introduction

Good quality development research improves aid effectiveness and is an important precursor to innovation. Robustly produced evidence can guide resource allocation for greatest impact and provide an understanding of intervention contexts. It can also help development professionals to: identify solutions to complex challenges; identify ways to scale-up projects; evaluate whether decisions were the right ones for the intended beneficiaries; and prepare decision-makers for the challenges that lie ahead.

This study documents how development research funded through the Australian Development Research Awards Scheme (ADRAS) has influenced policy and practice. It was conducted by the Research for Development Impact Network (RDI Network). It consolidates, reviews and provides examples of when and how research conducted under this scheme contributed to development impacts[4] and was not intended as an evaluation of the scheme per se. The development outcomes were related to development policy, changed practices, strengthened capacity, or increases in the reach and effectiveness of Australia's development assistance.

This study sought to provide insight to researchers and funders about how to maximise development outcomes of development research. This is important given that support for development research has grown over the past two decades and many multilateral, bilateral and foundation-based development assistance agencies make a significant investment in research. It is also important in the context of increased international emphasis on impacts of research (beyond academic impacts) in national funding systems of universities and other research institutions.[5]

1.1 The Australian Development Research Award Scheme

The Australian Development Research Awards Scheme (ADRAS) was introduced by the Australian Agency for International Development (AusAID) in 2007 to boost and diversify Australia's development research investment. The scheme was primarily introduced to increase the quality, diversity and transparency of Australia's development research funding and was a key component of Australia's first Development Research Strategy 2008–2010.

The ADRAS comprised regular open competitive calls for research funding with advertised criteria and external experts involved in appraisal, and served to reduce frequent ad hoc unsolicited approaches for research funding. The scheme aimed to incentivise growth in the breadth and quality of development research, particularly in the Australian research sector. In doing so it addressed perceptions of bias toward groups located in Canberra that had longstanding relationships with the agency. AusAID's reputation in the sector was enhanced when it listed the ADRAS on the Australian Competitive Grant Register as Category 1 research that attracts high-quality researchers and has significance in university funding allocations.

4 'Impact' here encompasses the range of contributions from research.

5 After piloting the Research Quality Framework in Australia to capture case studies of "real world" impacts of university research, the UK adopted and expanded this approach in establishing the REF UK, now allocating 20% weighting to verifiable real world contributions of an institution's research in their university funding model (REF2014 2011). Australia also, motivated by increasing discussion concerning the gap between our record in research excellence versus university–business collaboration and innovation, has plans to pilot and roll-out an Engagement and Impact Assessment over 2017 and 2018 to promote "greater research collaboration between universities and end users and incentivise improved performance in the translation and commercialisation of research" (Australian Research Council 2016).

The ADRAS comprised 129 research grants totalling A$58.2 million awarded across four calls:[6]

- 2007, A$8.8 million across 26 projects
- 2008, A$12.1 million over 41 projects
- 2009, A$4.6 million over 12 projects
- 2012, A$32.7 million over 50 projects.

Annual reviews of research conducted in 2008, 2009 and 2010 and an ADRAS-specific process review in 2011 noted positive achievements of the ADRAS against its objectives of increasing diversity of research partners and transparency of funding. They also highlighted early contributions of research which had informed policy and practice. A 2014–2015 review of the Australian aid program's uptake of research commissioned by the Office of Development Effectiveness (ODE) noted that the scheme had made a clear contribution to public knowledge through extensive publications and citations, and that it was well regarded by external stakeholders in academic and NGO communities (ODE 2014). However, no in-depth study of the ADRAS's contribution to development outcomes has been undertaken to date.

The policy context for research in the aid program has changed since the ADRAS was introduced in 2007. The former Australian Agency for International Development (AusAID), which implemented the ADRAS, has been integrated into DFAT. Development assistance funding has been reduced by around one-third since 2013–2014, and there is no longer a research strategy to guide investment in research, nor a centralised unit to handle and coordinate research investment and communications. DFAT continues to fund research in a decentralised manner, through sectors and country programs, and the role of innovation in the aid program continues to provide opportunities for new thinking and evidence to inform the aid program.

1.2 This study

This study represents the first overarching effort to explore the contribution of ADRAS-funded research to development impact through an analysis of the influence of a range of projects on policy and/or practice. The study explored the mechanisms and strategies through which this impact was achieved and documented effective methods of gathering evidence of it. Target audiences include both development researchers and funding agencies, especially development assistance agencies, and research evaluators.

6 In 2010, the call for research was restricted to systematic reviews, in partnership with the UK Department for International Development (DFID) and International Initiative for Impact Evaluation (3ie), which were conducted to support greater synthesis and use of existing research during a period of review of the ADRAS. Just under A$3 million was awarded across 20 systematic review grants in this round.

2. Study approach

The study was organised into three main components.

- **Formative phase – policy context and analytical framework development:** More than 25 interviews with a range of DFAT/development research officials were held to determine what constitutes a research project's success from the perspective of the funder. This phase also included development of a framework for the analysis. This was based on review of the literature on evaluation of non-academic impacts from research, particularly focusing on commonly used frameworks and analytical approaches.
- **Review of the scope of ADRAS contributions:** The second phase of the study involved a targeted questionnaire emailed to principal investigators (PI) or senior research team members for a 50% sample of ADRAS grants, to identify the types of influence intended, the intended key audiences, and factors affecting research influence.
- **Case studies of development impact:** The third component of the study developed five in-depth case studies of the impacts of a small number of the ADRAS projects to further explore the conditions and processes that led to these impacts, and to highlight the significant development contributions that they made.

Each of these phases is described below as well as the study's limitations.

2.1 Formative consultations

To provide background policy context in regard to research in the aid program, over 25 semi-structured interviews were conducted in late 2016. Interviewees were predominantly from DFAT, but also included a small number of other development research funders and key development research institution staff. The key informants were selected on a purposive basis, based on their exposure to development research or to the ADRAS specifically. An informed consent process was followed and interview questions (tailored for each informant) included:

- the purpose and uses of development research and how it was sourced
- key barriers and facilitators to the use of research in the organisation
- any policies, strategies or principles currently guiding research investment
- perceptions of the ADRAS (or competitive research grants generally)
- perspectives on what a relevant, useful and successful research project constitutes
- interests that could inform the development of this study.

Full results from these formative consultations are provided in Section 5 below. Some key findings significantly shaped the study framework and analysis and included:

- emphasis on take-up of ADRAS findings in DFAT's own programming, policies and strategies
- how the ADRAS provided entry points for policy dialogue between DFAT and partners
- the importance of influence of research on enduring, but non-evidence based, development narratives or assumptions

- the degree to which ADRAS research considered implications of proposed recommendations, such as cost, human resource needs, scalability of recommended approaches, or cultural and other contextual barriers
- whether increased specificity of research priorities (which occurred during the life of the ADRAS) and/or the communication and engagement guidance provided to ADRAS grant holders made a difference to the policy contribution of the research.

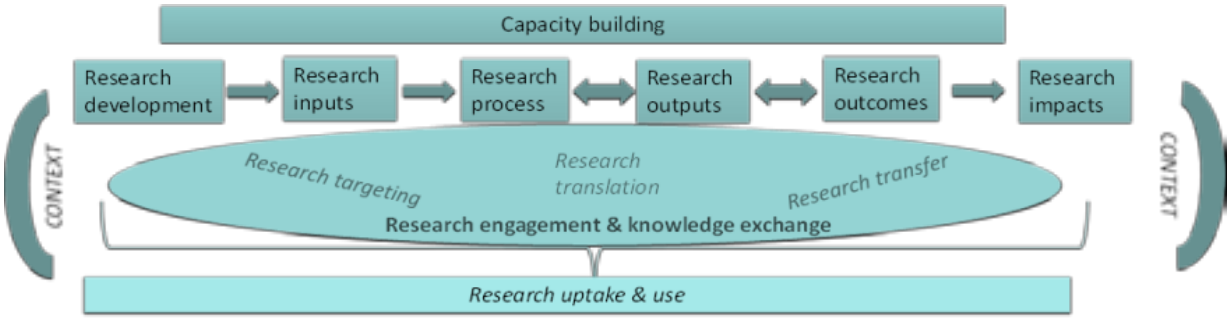
2.2 The Framework for Exploring Research for Development Impact (FERDI)

A framework was developed to underpin the systematic collection and consolidation of ADRAS projects' impacts. We conducted a literature review of the methods, approaches and frameworks used to explore 'real-world' impacts from research projects, particularly those developed in the health sector where such frameworks are prevalent. Useful overviews of current and emerging approaches to the analysis of research impacts are provided in a recent review (Greenhalgh et al. 2016) and a summary of approaches applied to development research evaluation (UKCDS 2012). Commonly, frameworks have one or more of the following components.

1. **Underpinning logic model, theory of change, or pathway to impact:** The most commonly adapted and used framework, the Payback Framework, includes both a research-to-impact logic model that highlights stages in the research process (whilst emphasising that this is not necessarily linear) and a table of categories of impact for consideration including: 1) knowledge; 2) benefits to future research and research use; 3) benefits from informing policy and product development; 4) health and health sector benefits; and 5) broader economic benefits (Donovan and Hanney 2011, Klautzer et al. 2011; Hanney 2012).
2. **Categorisation of types of impacts:** The Research Impact Framework focuses mainly on the categorisation of outcomes and impacts (Kuruvilla et al. 2006).
3. **Assessment of key actors and relationships:** Though less frequently applied, some frameworks primarily focus on the assessment of key actors and relationships in any policy or practice change desired, and the assessment of how these change through the influence of the research, such as the Social Impact Assessment Methods through Productive Interactions (SIAMPI) (Spaapen and van Drooge 2011).

We constructed and applied a modified version of the Payback Framework using key considerations for development research and were informed by the formative consultations. The Framework for Exploring Research for Development Impacts (FERDI) (see Figure 1) was used to develop and test items for the questionnaire, and was later refined through feedback at two development conference presentations.

Figure 1: Framework for Exploring Research for Development Impacts (FERDI)



Capacity building	Product development	Policy	Practice / systems / sector	Economic / societal
The development of attributes, skills and systems that increase quality and quantity of research conduct, uptake and use.	Contribution to new or improved products or technologies. May be through improvements to enabling environment, direct development, testing or scaling.	Contribution to new or changed policy narratives or content locally, nationally, regionally or globally.	Contribution to changes in ways of doing things on the ground and / or the beliefs or systems that govern them.	Changes in wider social / economic benefits such as job creation economic growth, improved equity, social capital.

The FERDI includes the research process and aspects of the pathway to impact, as well as key categories of contribution. Key emphases of this framework that may differ from the Payback and other frameworks are listed as follows.

- The importance of **context** in which the research takes place. This has been shown to be of key importance in prior reviews of development research impact, yet it is often inadequately captured in frameworks and analyses (Court and Young 2003; ESRC 2013; France et al. 2016).
- **Research engagement and knowledge exchange** approaches are viewed as taking place throughout the research process, and include three aspects: **research targeting, research translation** and **research transfer.** These three activities are each given emphasis at different stages in the research process (hence their placement physically in Figure 1). In the planning stage, **research targeting** considers the extent to which there is focus on specific end users through consideration of their demands, needs, processes and capacities for using evidence at particular times. **Research translation** is seen to occur throughout the research process, ideally such that end users are integral at all stages This can be achieved, for example, by including research stakeholders as team members, in advisory groups or through other ongoing engagement approaches. **Research transfer** is viewed as the communication of the research project findings to end users in the final stages of the research process. It can include use-promoting activities such as training in tools, ensuring ownership of in-country partners, and ensuring that targeted outputs continue to be accessible.
- The recognition that as well as being an outcome in itself, **capacity building** influences the research process and the ability of different actors to use and translate research findings. Hence, capacity building is included in the framework as spanning the whole research process, based on the importance of its consideration upfront in research planning. This includes thinking about how key stakeholders or research partners play roles in specifying the research purpose and questions, through to the production of *outputs* and their *take-up*, use and influence on outcomes.

- The clear inclusion of and distinction between ***take-up, use*** and ***outcomes*** from research (recognising that research influence can frequently cease at these earlier stages along a pathway to impact) and the clear inclusion of and distinction between ***outputs, outcomes*** and ***impacts***.

Definition of terms used in the FERDI

OUTPUT – any direct product of research such as a paper, presentations, toolkits, guidance notes, patents, briefs or technical advice (given verbally or in writing).

TAKE-UP – any interaction of an end user with the research, e.g. reading a policy brief, attending a seminar or involvement in a research process (Morton 2015).

USE – an action that is taken on by a stakeholder/end user, such as passing it on to others as useful, adapting it, or using it in a piece of work (by reference to it, etc.) (Morton 2015).

OUTCOME – outcome may occur at various stages along a pathway to impact, using the common terminology of immediate, intermediate and end or final outcomes. The results of applying research findings such as new or changed budget allocations, policies or guidelines might be considered immediate outcomes. The resulting changes to services, products or systems are intermediate outcomes and the changes resulting from these in the lives of beneficiaries are end or final outcomes.

IMPACT – the creation of significant and substantial societal or economic value.[7]

- The definition of the breadth of different **categories of development contribution**, including influence on *capacity building, product development, policy, practice and systems and wider economic and societal changes.*

In addition, it is important to emphasise the mechanisms by which research contributes to change. Whilst previous work has highlighted the most important mechanisms, these are rarely mapped onto the research process, though a few examples using contributions analysis exist (Morton 2015). Later in this report, based on our analysis of facilitators and barriers to research take-up, use and outcomes, we link five key facilitators with the stage in the research process in which their consideration might be most important (see Figure 4).

2.3 Review of the scope of ADRAS contributions

2.3.1 Sample selection

The time-span for research to be used and have an influence on policy and practice is widely discussed in the literature due to its implications for the evaluation of research impact. Whilst some research projects may have an immediate influence on decisions, even during the course of the research process, other research work that tackles contentious or complex challenges may require longer processes of translation to bring about change. Hence, some reasonable period of time should be allowed to elapse prior to exploring research impacts. If this period is too long, however, there is a risk that stakeholders will not be contactable, and not be able to recall

7 The Australian Research Council and Research Excellence Framework UK (2014) define "non-academic impact" as "the demonstrable contribution that research makes to the economy, society, culture, national security, public policy or services, health, the environment or quality of life beyond contributions to academia".

necessary details. A number of research evaluators have suggested a minimum period of two years after the completion of a research project as appropriate.

For this reason, the 2012 ADRAS round was largely excluded from this study, given that a number of projects were still being completed during 2016. However, this round also included some sectors that were not covered in previous rounds, including mining for development, scholarships, social protection, and water, sanitation and hygiene (WASH).[8] These were also therefore considered for inclusion.

Seventy-eight ADRAS projects across the 2007, 2008 and 2009 rounds were deemed eligible for inclusion in the study, plus an additional 15 from the 2012 round, resulting in 93 projects across 11 sectors, representing just under A$36 million in research funding. From these projects a 50% sample was chosen for the Phase 2 component which explored the scope of the influence of the ADRAS research. This sample was chosen to be representative of the number of projects under each priority ADRAS project theme, the type of lead institution (Australian, developing country or other high-income international) and the size of the budget. Key themes were slightly over-sampled – including disability and gender – resulting in a total of 52 projects which were looked at and agreed to by the RDI Network steering group (see Table 1).

Table 1: Projects included in the overview of outcomes and impacts

Theme	Total ADRA	Number eligible	Number selected	% total	% eligible	Number included	% eligible	% selected
Disability	14	5	4	29%	80%	4	80%	100%
Economics	22	22	12	55%	55%	7	32%	58%
Education	8	3	2	25%	67%	2	67%	100%
Environment	9	9	6	67%	67%	4	44%	67%
Gender	14	9	5	36%	56%	4	44%	80%
Governance	6	6	4	67%	67%	3	50%	75%
Health	25	20	10	40%	50%	7	35%	70%
Mining	6	6	3	50%	50%	1	17%	33%
WASH	7	7	4	57%	57%	4	57%	100%
Africa	12	0	0	0%	N/A	0	N/A	N/A
Other	6	6	2	33%	33%	0	0%	0%
TOTAL	**129**	**93**	**52**	**40%**	**56%**	**36**	**39%**	**70%**

8 Though WASH not a separate priority theme in 2007–2009 Round Two WASH-related projects were awarded in 2008, one under gender and another under environment. Given that these had the same principal investigator, only one of these (gender and WASH) was considered in this study along with three other 2012 WASH theme grants.

2.3.2 *Data collection and analysis*

Data collection involved the following steps.

Invitation to participate – Emails were sent to PIs, and in some cases key co-investigators, of each ADRAS project in the 50% sample.[9] An information sheet outlined the study and expectations of participants. Privacy and confidentiality arrangements were also explained. We indicated that a return email confirming participation would be accepted as providing informed consent.

Desk review of sampled projects – An outline of each study was prepared based on internet searches for outputs, online summaries, presentations and related media articles. This informed the adaptation of the standard questionnaire for relevance to each specific ADRAS project.

Targeted questionnaire – Upon receiving a confirmation of participation reply, project-specific questionnaires were sent to the relevant ADRAS project team member/s, together with the FERDI for reference. Most participants completed responses via email; however, ADRAS project team members preferred telephone or face-to-face interviews. These telephone and face-to-face interviews elicited more detailed, useful information. The resulting information was transferred into tables comprising: motivations and backgrounds to the study; impact goals and key target audiences; descriptions of the *take-up*, *use* and *outcomes* from the research; and details of knowledge and exchange processes, facilitators and barriers to impact.

2.4 Pathway to impact case studies

Potential case studies were identified based on findings of the previous phase. Five cases were selected on the basis of seeking diversity across the range and types of contributions made, and the types of barriers and pathways to impact, and stakeholders involved. This purposive sampling approach has been argued to enable a better evaluation and more relevant lessons than a broader sampling approach (Morton 2015).

Case study research has particular strengths in that case studies can consider context and provide details on different pathways to impact. Common criticisms of case study research, however, include supplier bias and lack of rigour. To minimise the risk of these problems, and to facilitate comparability, it is important that a consistent and robust approach is used to develop and analyse case studies (UKCDS 2014). We applied a **realist evaluation approach** (Pawson & Tilley 1997) to the construction of case studies of ADRAS research impacts, which is a theory-based approach. A 'program theory' is initially proposed to explain how program activities (the research) are understood to contribute to impact, against which actual events are then compared (Westhorp 2014). The approach is broad enough to consider a range of consequences and contributions – intended and unintended – and emphasises understanding the context in which the change occurs.

A proposed theory of change was constructed based on reading the project documents and using information obtained through the targeted questionnaires. This involved mapping context through mechanism to outcome for each of the case study ADRAS projects (see below).

9 Where these could not be located, the relevant project was replaced in the sample by another from the same sector, where possible with a similar focus region, ADRAS round and size of project.

Components of the program theory in realist evaluation approaches

MECHANISM – In realist approaches, change is driven through something a program (in this case a research project) provides: a resource, an opportunity or a constraint of some kind that is intended to influence the target person's decision-making. In the end, though, it is the target person's decision that determines whether outcomes are achieved (Westhorp 2014). This interaction between what a program provides, and the decisions of its target end users is termed the 'mechanism'.

CONTEXT – Whether, when and how a mechanism will work to produce outcomes depends highly on the context including social, economic and political structures, organisational or community norms and historical and geographical influences. The aspects of context that are particularly important, though, when employing a realist approach, are those that determine which mechanisms will operate at all, and which will operate in any situation.

OUTCOMES are the results produced through a mechanism operating in a given context.

Each initial 'program theory' was then discussed with the relevant ADRAS project team and iteratively refined through cycles of discussion and refinement, where possible including the views of project stakeholders and end users. This involved the following steps.

1. Develop Context – Mechanisms – Outcomes (CMO) hypotheses. A basic program theory is proposed describing what mechanisms are likely to operate, the contexts in which they might operate and the outcomes that will be observed if they operate as expected. This is ideally done prior to the main body of the analysis or evaluation so that data can be collected to test that theory (though in reality this often happens concurrently in the early stages of an evaluation).

2. Refine the CMO basic program theory, and given that a variety of mechanisms will operate in different contexts and produce different outcomes, a series of CMO configurations is likely to result. These can be iteratively developed and refined through information collected through further document review, discussion with stakeholders, experts and program implementers.

2.5 Limitations

The types of influence on development included within study scope – Given the aims of this study were to highlight research relevance for quality development policy and practice, and given the tendency for over-reporting of conceptual influence (France et al. 2016) which is difficult to verify, we have largely restricted our analysis to *direct contributions to development outcomes*. This by no means suggests that these are the only, or even the most important, ways that research can contribute to development outcomes. The gradual shifting of awareness, ideas and attitudes to issues and the roles of evidence in decision-making are all important ways that research can contribute to lasting change.

Contribution rather than attribution – A common limitation of studies of research impact is their failure to attribute the changes in outcomes to the research, given the absence of a counter-factual (what would have happened without the research) and the many influences on policy decisions that exist. Evaluators of research contribution have therefore emphasised the importance of triangulating data from research teams with stakeholder views and published and unpublished documentary evidence wherever possible (Banzi et al. 2011; Sumner et al. 2011). Whilst we have endeavoured to triangulate sources of information in this study, we have considered the influence of research in terms of *contribution* rather than *attribution*, and we have

assumed that research *influences* changes rather than *causes* them. This is a limitation commonly acknowledged in almost all studies of research impact.

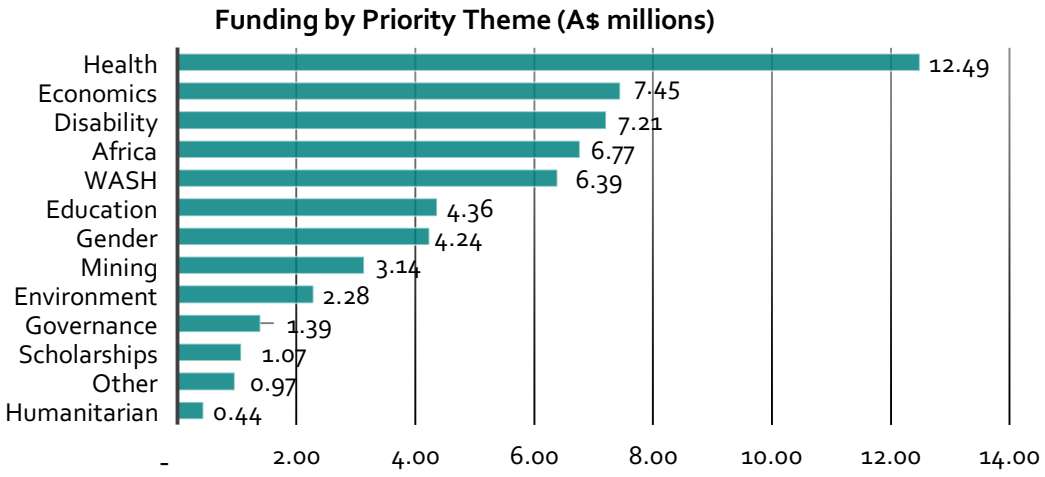
Potential under-representation of results – Finally, this study aimed to highlight examples of how ADRAS research has contributed to practical development outcomes. We do not suggest that this covers all the contributions of ADRAS research. We sought to highlight some important examples of the influence of selected research projects, and how these were achieved and might be maximised in future. It is likely that due to the limited time-frame and scope of this study, the findings on development outcomes and impact are under-represented, since additional probing of research teams, additional methods to contact and involve end users, or inclusion of additional research projects could all be expected to yield additional outcomes and impacts.

3. Overview of ADRAS

3.1 Breakdown by sector

Approximately A$58 million was awarded across the 129 ADRAS awards made over the 2007, 2008, 2009, and 2012 rounds. Though priority sectors and themes changed each year, Figure 2 shows the overall investment across the rounds by sector of focus.

Figure 2: ADRAS funding by priority theme (A$ millions) – all projects, all research rounds



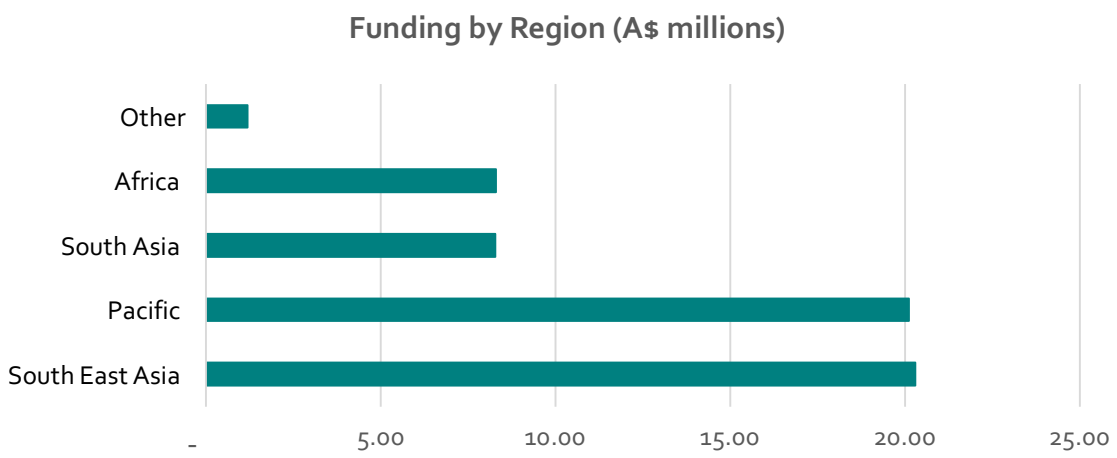
Priority themes for ADRAS were set by an internal consultation process with sector and country program areas amongst aid program staff, and they were related to funding availability within different sectoral areas. The sector breakdown above does not, therefore, necessarily reflect the overarching priorities of the aid program at that time.

Comparing Table 1 (see Section 2.3.1) and Figure 2, it is clear that the funding distribution largely reflects the number of awards made under each sector theme. The exception to this is for gender, where grants were for shorter periods, and smaller in funding amount. The 2012 ADRAS round saw the largest number of awards, with 50 ADRAS grants being made, followed by 41 in 2008. The 2008 round, however, saw the widest spread across a range of sectors. All of the Africa-focused and mining ADRAS projects were awarded in 2012 and comprised over a third of the awards in that round.

3.2 Geographic focus

ADRAS research has been focused on the Asia–Pacific region with the exception of Africa-focused research grants in 2012. Across the four rounds, over a third of the ADRAS projects include a primary focus on South-East Asia, and another third focused on the Pacific. A further 12% included a focus on South Asia and another 12% on Africa (all in 2012) with a small number across other regions. Economics, gender, and water and sanitation ADRAS research tended to be targeted in the South-East Asia region, and education and governance tended to be targeted more in the Pacific.

Figure 3: ADRAS funding by region (A$ millions) – all projects, all research rounds



3.3 Grant size and time-frame

Eighty per cent of the ADRAS grants across all years were between A$100,000 and A$750,000; only 5% were under A$100,000, with the remaining grants being over A$750,000. Over half (56%) the ADRAS projects ran for three years, with a third (34%) running for two years and only 10% being one-year projects. However, around three-quarters of the projects requested, and were granted, at least one extension of six months. Whilst not always clearly planned or articulated, three-quarters of the ADRAS projects were aimed at having an influence on policy or practice (31% policy, 36% practice and 9% equally both) whereas one-quarter did not clearly define the type of influence they hoped to achieve.

3.4 Breakdown by primary recipient institution

The selection criteria allowed both Australian and international research-based organisations to be lead institutions (primary recipients). Approximately three-quarters of all primary recipients were Australian universities, with this proportion remaining largely unchanged between 2007 and 2012.

Developing country partners were frequently included in research teams with the primary recipient from an Australian or an international organisation. As primary recipients themselves, developing country-based organisations comprised between 10% and 15%.

International institutions (from high-income countries) were found to only infrequently acknowledge their Australian Government funding. Outputs related to an individual ADRAS grant were also harder to locate (than in the case of Australian-lead organisations) due to combining of ADRAS funds with other funding sources into larger projects. Whilst funding such institutions may be efficient in terms of the size and scale of research, it provided less visibility and reputational benefit for DFAT.[10]

10 For these international institutions, it was also common that the principal recipient listed on the grant was in a senior position, but in fact played a minor role in the research, which was predominantly completed by a more junior researcher within that or a related institution.

4. Donor perspectives

4.1 The role and use of research in the Australian Aid program

In the Australian aid program, funding for research increased during the mid to late 2000s, underpinned by the view that strategic focus and allocation of increasing aid funds should be guided by quality evidence. In the current context, some DFAT staff interviewed felt that the portfolio and priorities of the Department required a short term, reactive and responsive focus and that the purpose of research was questioned. Other DFAT officials however, reported that evidence remained important to guide investment, support and justify decisions, and provide entry points for policy dialogue. Overall, most officials noted that support to produce research-based evidence, and the degree to which it was discussed and used, had lessened over recent years.

Research has continued to be used for internal advocacy and sector strategies. Internal DFAT use of development research was reported to occur frequently for awareness creation and internal advocacy on issues of social and human development, particularly in an environment of reduced aid funding. Sector strategies developed during 2015 were reported to have drawn on research evidence, including from ADRAS projects, and a number of program and sector areas felt that they continued to have access to and receive the evidence they needed.

However, research evidence did not seem to be adequately drawn upon as the basis for aid investment plans. A review of these plans showed that whilst there is a focus on problem analysis, with some reference to largely nationally or multilaterally supported statistical surveys, there is little use of evidence on 'what works' in various sectors and countries to guide stated directions. In general, there are few references cited in the investment plans, even where statements of facts and figures would normally suggest that this was necessary. Gauging the extent of the *use* of research, and of other evidence in DFAT strategies, and the type and quality of that use, is therefore difficult. There were a number of ADRAS projects with findings directly relevant to stated directions in country aid investment plans and sector strategies that did not appear to have been drawn upon.

Generally, support for and use of research remained concentrated in sector groups that often work with larger country posts. Both sector groups and country programs interviewed suggested they directly commissioned research as specific needs arose. Country programs in particular noted the 'brokering' role they often played for partner governments. In these cases, they would commission targeted research that would be used to guide government policy. When research was commissioned, strong control over and engagement with the work was seen as essential to ensure that it met DFAT and partner needs.

4.2 Relevance and usefulness of ADRAS research

Perceptions of the relevance of ADRAS projects varied greatly within DFAT. Some saw many of the research projects as highly relevant to aid program priorities, both at the time they were awarded as well as now (including disability as well as water, sanitation and hygiene (WASH) focused research). This was particularly the case when research projects aligned with current DFAT strategies such as a focus on private sector partnership, gender and, to some extent, climate change in the Pacific. Given that internal interest in research needed to be actively generated, this was far easier where the links to DFAT strategies were clear or when relationships existed between DFAT staff and researchers/suppliers. Cross-country research projects that produced indicators readily useable by DFAT were also particularly valued.

In some cases, the perceived usefulness of the ADRAS research was related to the process, not just the outcomes of the research. For example, the disability team highlighted the Travelling Together Disability-Inclusive Road Infrastructure in Papua New Guinea (PNG) ADRAS project. That project was one of the first to

include a number of people with disabilities as co-researchers in the project (Case Study 3), and was hence seen as a piece of research with persons with disabilities, rather than about them.

Many informants commented, however, that the research they received was often not useful in terms of content, format and time-frame. One informant highlighted that in their experience, strong engagement by DFAT was needed to ensure the usefulness of research.

> We try to participate in the work and keep dragging it back to be on point. This is pretty much universally true, even if it is a trusted long-partnered researcher or research group.

Whilst a number also admitted that DFAT itself is not very good at distilling and communicating its requirement for evidence, and one senior DFAT official noted that this could be addressed by better engagement between researchers and DFAT.

> The researchers often say that they don't know what we want … but then come and talk to us … Perhaps at the first meeting we might struggle to articulate these needs as we haven't been used to thinking about what is available to us to be researched. But with ongoing engagement, we can work together to distil out our needs and work with researchers to get a sense of what evidence can be produced so that it would be useful to us.

Frequently, the extended time-frames of research make use difficult in DFAT, where needs are often more reactive and short term. One manager admitted that they did not return to past ADRAS research or other research as a ready source of information, instead making use of Department for International Development (DFID) resource facility summaries or other donor works as ready sources of summaries of evidence.

4.3 Types of development impacts desired from research

Some useful views were provided by DFAT concerning which ADRAS project impacts were of interest. Most commonly, 'real world impacts beyond academia' were mentioned, with a focus on policy influence. One official also suggested that the tracking of any evidence of practical commitment beyond policy acknowledgement, such as budget allocation, would be valuable. How ADRAS research had informed the Australian aid programs and strategies was an important aspect of influence for some interviewees. In addition, in a context where development priorities and decisions are often driven by long-held narratives or positions, research that provided evidence that required a shift in ideas, perceptions and dialogue was also viewed as important to move development practice forward.

For ADRAS projects where capacity building was a key goal and outcome, DFAT managers suggested they would be interested in knowing the longer-term outcomes for those whose skills were strengthened, particularly where the focus was on vulnerable individuals, such as in disability-related ADRAS research.

Similar to researchers themselves (see section below) and consistent with findings in previous reviews of development research grants (France et al. 2016), when asked about the *outcomes* that flowed from ADRAS research, DFAT officials often confused them with the *processes* of promoting *take-up* and *use* (events held, presentations of research results successfully made).

4.4 Facilitators and barriers to take–up and use of ADRAS research

Take-up and *use* of ADRAS research within DFAT depended on the level of engagement of DFAT staff. *Output* type and style was frequently mentioned as an important factor, and there was a preference for short 'punchy' outputs. Policy briefs were seen as useful, but one manager noted they thought that areas of DFAT needed to be reminded and encouraged to include these in briefing and stakeholder information packs. Blogs were recommended as a way to increase take-up by DFAT staff, particularly through frequently accessed websites such as that of the Development Policy Centre at Australian National University (ANU). More novel,

attention-grabbing approaches to getting information absorbed in short opportunistic ways were particularly highlighted. One example was a DVD that communicated the findings from a disability-related ADRAS project.[11]

One DFAT manager also emphasised that clear actionable recommendations facilitated take-up and use, particularly when the recommendations included a consideration of the practical implications of their implementation. These considerations might include potential barriers to implementation and ways to overcome them, scaling up considerations, costs, and budget changes required. This useful suggestion was employed in our later analysis of facilitators and barriers to ADRAS projects' impacts (see Section 6).

Effective two-way engagement between DFAT staff and ADRAS project teams was reported to facilitate research take-up and use. Face-to-face meetings and presentations were considered to be important to enable DFAT staff to be 'talked through the research' to better understand and discuss implications, particularly for DFAT's role and programming. It was suggested that a presentation to DFAT and a PowerPoint pack be made compulsory outputs of DFAT-funded research. Dense, long and academically oriented outputs were unlikely to be used.

Lack of engagement with DFAT by ADRAS grantees was seen as the greatest barrier to the use of the research within DFAT. Such engagement was seen by DFAT staff as essential to generating an appetite for the research. Some perceptions of the reasons behind low engagement included that some ADRAS grantees assumed that the research 'would speak for itself'; some researchers not considering DFAT a key audience for their work; and, potentially, some ADRAS project researchers not knowing how to productively engage with the donor.

Perceived productivity of engagement between ADRAS project researchers and DFAT varied from sector to sector, and also depended on the efforts of both DFAT and researchers. Two-way engagement was viewed by informants as useful, not only for DFAT to understand the research but also for ADRAS project researchers to understand the way that DFAT operated, and where opportunities to communicate the research might lie. This was sometimes supported by DFAT's brokering of further opportunities for ADRAS research to be presented and linked to activities being managed. Sector facilities or funds, or reference groups that could take-up, publicise, translate and distribute the research, were viewed by some informants as particularly useful in facilitating wider visibility of ADRAS research and the use of its results within DFAT.

This section covers the views of DFAT staff; however, our review of ADRAS projects' take-up highlighted a number of examples of other donors communicating and using ADRAS research to a greater degree than DFAT itself. Examples include: the World Bank's wide communication of research on mining infrastructure use for broader economic development; the World Tourism Organisation (UNWTO) extensively referring to ADRAS work on climate change and the tourism industry in the Pacific Islands; and the International Monetary Fund (IMF) referring to gender budgeting work in the Asia–Pacific region. This study did not include the perspectives of these donor agencies.

11 Because it was subtitled, it could also be shown in noisy environments. This DVD was shown in UN meetings and in the DFAT café, and it won awards for innovation in disability and development.

5. Use of and outcomes from ADRAS research

Using the definitions outlined in the FERDI, over 9 in 10 of the sampled ADRAS projects had verified *take-up*, around two-thirds had been used and at least 40% had contributed to specific development *outcomes*. This level of contribution to outcomes is slightly better than that found in the recent evaluation of similar DFID/UK Economic and Social Research Council (ESRC) Joint Fund for Poverty Alleviation Grants, where 35% had an instrumental influence on policy and practice outcomes. Verified *use* of and outcomes from ADRAS research are described under FERDI categories below, and a summary of contributions to development *outcomes* is presented in Table 2 below.

Health-related ADRAS projects in the sample appeared to make the most frequent contributions to outcomes, a finding not uncommon in other assessments of development research impacts (Hinrichs et al. 2015). Disability and gender projects also clearly showed contributions to development outcomes. Economics and governance ADRAS projects appeared to have the least direct contributions to outcomes, unless the former were focused on a specific industry or sector issue. Ministries of finance or infrastructure may have less flexibility to respond to recommendations of changes in macro policy.

Changes in policy and practice were noted as being influenced by a number of ADRAS projects, contributing to *outcomes*. ADRAS research was also drawn on in policy documentation or practice guidelines to support background situation analysis, or in other ways that did not necessarily link directly to a defined change but where the research was clearly *used*. In the analysis of ADRAS research below, we discuss each of these in turn. First, we look at contributions to *outcomes* and then we explain where we have noted and verified *uses* of the research.

Table 2: Summary of ADRAS research contribution to development outcomes

OUTCOME CATEGORY	EXAMPLES OF ADRAS CONTRIBUTIONS TO OUTCOMES
Policy	▶ **Country-relevant addition to new law:** The 2016 PNG tobacco control act created a separation between village customary regulations for local small-scale tobacco producers and national framework for large companies. ▶ **Change in tax policy:** Fiji taxation policy was changed to reduce palm oil use and increase consumption of fruit and vegetables to address rising obesity and non-communicable diseases (NCDs). ▶ **Evidence-informed policy decision:** Roll-out of Health Equity Funds (HEF) over Community Based Health Insurance (CBHI) for health care coverage of poorer households in Cambodia and Laos. ▶ **Influenced DFAT monitoring:** Gender composition of community committees was adopted as an indicator for DFAT gender-inclusiveness monitoring. ▶ **Influenced policy:** Research insights and the situation of women with disabilities were referenced in the Cambodian National Action Plan to Prevent Violence Against Women 2014–2018. ▶ **A gender-responsive budget** was developed to support Timor Leste's domestic violence law. ▶ **Informed quality standards:** ADRAS research informed quality standards for early childhood education in Indonesia. ▶ **Informed policy requirements:** School textbook authors were required to undergo gender awareness training in Indonesia.

OUTCOME CATEGORY	EXAMPLES OF ADRAS CONTRIBUTIONS TO OUTCOMES
Practice and systems	▶ **Changes in payment practices to benefit small-scale producers:** Payment practices changed in coffee buying companies in Timor Leste for improved consistency of livelihoods for small scale producers. ▶ **Changes in disability-inclusive road practice:** Disability-inclusive road infrastructure changed in at least two PNG provinces. ▶ **Uptake and use of disability assessment tool:** Rapid Assessment of Disability (RAD) tool was used in monitoring and evaluation for DFAT access to education project in Fiji. ▶ **Construction of accessible infrastructure:** An accessible residence was built at a vocational training centre to enable women with disabilities to access training. ▶ **Adoption of guidance materials on public health law review:** Guidance for public health law review developed and used in the Pacific was also being demanded, adapted and extended to other WHO regions, supporting health security and systems reform. ▶ **Use of gender-related guidance materials to inform practice:** Gender principles and monitoring were incorporated in NGO water, sanitation and hygiene (WASH) programs in Indonesia, Timor Leste and Vietnam. ▶ **Use of gender and disability community training materials to develop staff and volunteer sensitivity:** Cambodian NGO integrated gender and disability awareness and inclusion training for all staff and volunteers into its practice. ▶ **Strengthened practice regarding data collection and inclusion of intersectionality:** Disability indicators were included in the Individual Deprivation Measures (IDM), allowing disaggregation by disability as well as gender. ▶ **Improved access to health-related evidence:** Databases and access systems were developed to promote greater access to health-related evidence for decision-making in Fiji. ▶ **Changed health check practices:** NCD-related health checks and occupational health and safety practices were introduced in key ministries in Fiji. ▶ **Development of indices of investment attractiveness** in Indonesia was influenced by research. ▶ **Changed practices to protect groundwater:** Informed approaches to improve groundwater quality were promoted in the Cook Islands.
Products	▶ **Product testing and scale-up:** Wastewater treatment devices were tested and scaled up in the Cook Islands and more broadly in Pacific island nations (ecoTrench and other strategies).
Capacity	▶ **Improved skills, experience and confidence benefiting employability:** Research skills, and evidence-informed advocacy skills have led to further employment for women and people with disabilities in PNG, Solomon Islands and Cambodia. ▶ **Improved analytical and convening skills:** The local sanitation-related community-based organisation (CBO) peak body in Indonesia developed improved data collection, monitoring and convening power amongst key stakeholders. ▶ **Systems for access to and use of evidence** were enhanced in Fiji. Key policy officials noted the importance of these changes and institutionalised them. ▶ **Improved knowledge exchange and research translation skills:** Knowledge exchange and research translation skills for policy were developed in producers' and users' evidence for health policy in Fiji, and included into courses at Fiji School of Medicine.

5.1 Influencing policy

5.1.1 Research contribution to development outcomes

ADRAS projects had a range of influences on policy, particularly at the national level in partner countries. This was seen most frequently in health-related and gender-related research, but also in the education and WASH sectors.

A 2007 health ADRAS grant, responding to direct demand from the Government of Cambodia, contributed to its decision to support wider roll-out of HEF to better cover and promote health care access for poor and disadvantaged populations (Case Study 1). Another, which was a public health law review in the Pacific, contributed to the incorporation of customary law provisions for small-scale tobacco producers and sellers, as distinct from regulations for the large tobacco industry, and the PNG tobacco control bill passed in November 2016 (Case Study 5).

TARGETED INFLUENCE – Extending health coverage in Cambodia and Laos (Case Study 1)

In the late 2000s the Ministries of Health in Cambodia and Laos faced similar questions and debate on ways to extend health care coverage for poorer and vulnerable members of their populations. Both Health Equity Funds (HEF) (that use grants) and Community-Based Health Insurance (CBHI) (where contributions are made to costs) were in operation.

Based on the ADRAS team's existing work and relationships with Ministries of Health and WHO on health financing, coverage and equity, a 2007 ADRAS research grant targeted the clear demand for objective evidence to determine whether health equity funds, CBHI, or a combination of the two, best provided equitable and sustainable coverage for the poor and vulnerable in each country. Trusted working relationships, objective methodology and objective evidence enabled this research to contribute to government policy. The policy involved prioritising the roll-out of health equity funds, and led to further requests for contributions to health financing policy and strategy in the two countries, particularly Cambodia.

A 2008 ADRAS project focused on research translation and use (rather than the generation of new evidence) to promote informed policy for obesity prevention in Fiji, and contributed to the joint introduction by the Ministries of Health and Finance of an increased import tariff on palm oil in Fiji's 2012–2013 budgets (Case Study 2). Requirements for gender-responsive budgeting for ministries in Timor Leste were influenced by discussions held with the Prime Minister and Cabinet through a 2007 University of South Australia-led ADRAS project. Follow-on work from this same project also promoted the development of a budget for Timor Leste's new domestic violence policy. The project demonstrated its importance by estimating the costs of the policy's implementation. Another ADRAS project on gender role depiction and school curricula in Indonesia contributed to a requirement that companies authoring school textbooks undergo gender awareness training.

Changes to donor policies were also influenced by ADRAS research, with one example from a 2008 gender and WASH grant showing that the research led to the inclusion of a gender-equity indicator in the Australian aid performance framework for local women's leadership concerning the proportion of female representatives in community-level committees.

5.1.2 Research use in relation to policy

The use of ADRAS research in both national and international policy documents was even more widely noted. Internationally, ADRAS work was drawn on in a number of significant publications, including an IMF paper on gender-responsive budgeting in Asia (Chakraborty 2016), a UNWTO review of climate change and tourism in the Asia–Pacific region (World Tourism Organization 2014), and publications by DFID and the Organisation for Economic Co-Operation and Development (OECD) on decentralisation and economic growth. The 2007 ADRAS project on public health law review also led to a request from the World Health Organisation (WHO) Middle East and North Africa regional office for the Principal Investigator (PI) to assist with guidance development and training for health law review in that region (Case Study 5).

EMERGENT INFLUENCE – Supporting effective public health law in the Pacific and globally (Case Study 5)

Public health laws, which are fundamental to the effective functioning of a country's health system, require updating in response to emerging health threats, changes in disease patterns and reforms to health services. These reviews are often conducted in short time-frames in response to disasters, outbreaks or other external pressures.

In the Pacific nations, many laws have been imported from other countries and are ill-suited to effective and sustainable functioning of health care. A 2007 ADRAS project to develop Pacific-appropriate guidance for health law review was not initiated in spite of a specific demand. However, as national needs and global concerns emerged, expertise and guidance arising from this ADRAS project was taken up, reviewed and published by the WHO. It was also used in building customary law provisions into the 2016 PNG tobacco control law, and adapted for wider global use.

The National Action Plan to Prevent Violence Against Women 2014–2018 in Cambodia cited the Triple Jeopardy ADRAS research on disability and gender-based violence when recognising a need to focus on women at increased risk (Case Study 4). National policies also used ADRAS research and researchers in public health law reviews in PNG and Vanuatu, and health financing situation analysis for health strategy development in Cambodia. The development of quality standards for early childhood education, as well as readiness criteria for government financing of local community-based water and sanitation management systems – both in Indonesia – also used ADRAS research and researchers.

In the private sector, approaches used in ADRAS research on local governance and economic performance in Indonesia informed the construction of the Indonesian Employers' Association's (APINDO) design of their own index of investment attractiveness. Policies of development partners also referred to ADRAS research, and AusAID/DFAT itself drew on ADRAS research into the Travelling Together Disability-Inclusive Infrastructure project in a 2013 accessibility design guide (AusAID 2013). Also, the Cambodian office of the UN Women's action plan on violence against women drew on the Triple Jeopardy research into disability-based and gender-based violence.

5.2 Influencing practice

Changes in practice do not always result from changes in policy, and follow-up work is often required to ensure that the influences of research on policy flow through to practice and systems changes. It has been commented, however, that this distinction is not drawn on often enough in studies of research influence (Tulloch et al. 2011). Often, however, the goal of research may be to directly influence practice itself.

ADRAS projects with a primary goal of developing new guidance, tools or methodologies for development program planning, implementation or evaluation contributed to changed practices in NGO development planning (particularly when NGOs themselves were involved in the research), and to changed practices in governments and the private sector. DFAT itself drew on the ADRAS research it funded in program designs and evaluation frameworks in South-East Asia and the Pacific.

5.2.1 Research contribution to development outcomes

A 2008 combined ADRAS/Australian Research Council (ARC) Linkage grant tested and extended the use of an appropriate technology for septic tank wastewater treatment. The Government of the Cook Islands (with NZAID support) and regional bodies (including the Pacific Islands Geoscience Commission) initiated the scale-up of these and other appropriate systems to protect groundwater quality and reduce nutrient run-off. The research also showed, however, that the long time-lags between the introduction of improved wastewater disposal methods and improvement in groundwater quality meant further work exploring current quality and persistent lagoon algal growth. This further work was commissioned to GHD Pty Ltd by the Cook Islands Government who invited the ADRAS research team to be involved.

The 2008 Fiji National University/Deakin University collaboration and Pacific TROPIC ADRAS (Case Study 2), not only influenced national taxation policy, but also supported Fijian Government departments in their efforts to introduce occupational health and safety initiatives for their own staff (including physical exams to measure blood pressure and blood sugar levels to prevent, detect and manage non-communicable diseases (NCDs)). Through evidence-informed local advocacy at a provincial level, led by an influential partnership between a senior road engineer and the new coordinator of the PNG Assembly for the Disabled, the 2008 Travelling Together ADRAS project influenced road widening and signage additions during road refurbishment in PNG (Case Study 3).

ENABLED INFLUENCE – Travelling Together disability inclusive road development in PNG (Case Study 3)

Road transport is the main form of transport in Papua New Guinea, including for pedestrians. A 2008 ADRAS-funded research project, Travelling Together, aimed to encourage road planners and decision-makers (including infrastructure donors) to include road users with disability in road development and maintenance planning; to ensure key attributes important to them for safe road use are included; and to provide better connectivity for social and economic participation.

The Travelling Together team provided **enabling conditions** through:

- the inclusion of PNG men and women with a disability as research assistants who had ownership of the work and conducted follow-up advocacy, coordinated through the PNG Assembly of Disabled Persons
- partnering with a private sector senior road engineer working in Papua New Guinea to bridge the usually siloed worlds of 'hard' infrastructure and 'soft' social development
- producing easy-to-understand guideline briefs with implementable recommendations, separately targeted for road planners and policy makers.

Outcomes included: disability-inclusive road alterations in at least two provinces; changes in infrastructure development practices in a major engineering consultancy; and further employment of a number of young men and women with disabilities in other research and advocacy positions.

Ways of working in private sector industry have also been influenced by ADRAS research. The same Travelling Together project influenced the thinking and practices of a major infrastructure planning and engineering firm, thereby bridging the world of 'hard' infrastructure development and 'soft' social development. Equally, ADRAS economics research in the coffee industry in Timor Leste contributed to changes in the way that coffee companies pay small-scale producers. The changes reward quality and smoothed incomes, and contributed to the launching of a national coffee industry association. Lastly, an innovative randomised trial exploring incentives in crop insurance in the Philippines, funded under the 2009 ADRAS round, worked closely with the Philippines Crop Insurance Corporation, and provided redesign possibilities to increase efficiency and sustainability in the design of crop insurance products.

NGO practice was significantly influenced through ADRAS research. Frequently, relevant NGOs were included as integral members of the research team. As a result of the linking of disability-based and gender-based violence in the Triple Jeopardy project, for example, gender-focused NGOs in Australia and in Cambodia increased their consideration of people with a disability in their programming. These changes included an accessible residence being built at a vocational training centre in Cambodia, and further integration of disability disaggregated data in monitoring and programming of International Women's Development Agency (IWDA). A 2007 ADRAS project improved gender integration in WASH programming and monitoring across a number of NGOs. The changes introduced included Plan International's adaptation and adoption of an ADRAS project-developed monitoring tool in Australia, Vietnam and Indonesia.

5.2.2 Research use to inform practice

Not only policy, but also systems and practices of government were supported and strengthened through some ADRAS contributions. The Pacific Islands Geoscience Commission (SOPAC) took up and used work from a 2008 environment ADRAS/ARC Linkage grant that piloted wastewater treatment systems. As a result, the Nauru Government's wastewater treatment strategy drew on the evidence in relation to septic tank treatment systems from the ADRAS grant (2011 Nauru Water Program Steering Committee minutes).

Donors, particularly AusAID/DFAT, used a number of the ADRAS projects in their program design and evaluation. A Rapid Assessment of Disability (RAD) toolkit developed in a 2008 ADRAS project is being used in the monitoring and evaluation of the Fiji Access to Quality Education Program (AQEP) and its success in disability-inclusiveness. The Triple Jeopardy ADRAS project which examined disability-based and gender-based violence was drawn on in the design of an AusAID-supported program to address violence against women in Cambodia, and an education program in Timor Leste. A 2008 governance-themed ADRAS project on decentralisation and access to services for the poor in Indonesia led to the commissioning of further political economy analysis and other studies to inform a range of AusAID program designs.

Outside of the Australian aid program, a framework for assessing the vulnerability of and adaptation to climate change in the Pacific tourism sector that was developed through an ADRAS grant was drawn on in a German Society for International Cooperation (GIZ) project on community tourism in Vanuatu and Samoa (as well as in a project by Australia's Bushfire Cooperative Research Centre which researched regional tourism towns and bushfire risk).

5.3 Strengthening capacity

Enhanced capacity in critical analysis, advocacy and other research-related skills is an under-reported outcome of Australian funded development research. ADRAS projects contributed to strengthening capacities in research, evidence-informed advocacy, research translation, communication for policy, and systems for accessing and sharing evidence.

Disability-related ADRAS projects frequently included persons with a disability in their research teams. The 2009 Travelling Together ADRAS project team referred to the increased confidence of research assistants

recruited from the PNG Assembly of Disabled Persons (PNG ADP). Their confidence increased not only through the skills that they obtained but also through the 'positional' authority that being employed in the project provided. This gave them entry points to discussions with decision-makers. They developed confidence and advocacy skills to go with the research skills that they were developing. This helped at least half of these research assistants to go on to related roles. Evidence-based advocacy skills in relation to the needs and rights of persons with disabilities were strengthened not only in PNG, but also in Cambodia, Fiji, Bangladesh and the Solomon Islands. Similarly, evidence-based advocacy skills were strengthened in relation to gender and reproductive health in Indonesia, and for prevention of obesity in Fiji.

Outcomes related to the building of systems for production of data and evidence, and promotion of access and sharing of such evidence are also important and rarely explored in development research programs, and yet there were promising examples amongst the sampled ADRAS projects. One 2012 WASH ADRAS project strengthened both systems for, and skills in, data collection and monitoring within a WASH CBO peak body in Indonesia. The Pacific TROPIC ADRAS project in Fiji not only strengthened evidence-informed policy communication and advocacy, but also strengthened systems for accessing and sharing journals, data and other evidence across the Ministry of Health. The project also led to the incorporation of research translation skills development into courses and curricula in the Fiji National University and School of Medicine (Case Study 2).

TARGETED INFLUENCE – Research translation for obesity prevention in Fiji – Pacific TROPIC (see Case Study 2)

The Translation Research on Obesity Prevention in Communities (TROPIC) was a unique ADRAS project focusing on the translation of research into policy and practice, rather than new primary research. The project focused on promoting the take-up and use of research evidence to inform policy for the prevention of obesity and related Non-Communicable Diseases (NCDs) in the Pacific.

Building on the previous Pacific Obesity Prevention in Communities (OPIC) project and the data it produced, the TROPIC ADRAS project tested a knowledge-brokering approach, enhancing the capacity of NGO intermediaries and policy-makers to access, synthesise and utilise evidence-based information for obesity prevention-related policy and practice. The strengthening of skills and systems for research access and translation, along with strong engagement with senior policy makers including the then Minister for Health, resulted in taxation policy introduction and changes. These included limiting palm oil and the practical implementation of a system of health checks for staff in two Fiji ministries.

6. Barriers to and facilitators of impact

Achieving social and economic impacts from research requires different skills and processes from those required for academic impact. Skills in networking and relationship building, awareness of decision-making culture and timing, political engagement, and cultural knowledge and sensitivity are all essential. Research teams should be clear about what decisions the research is seeking to influence, who is making those decisions, how to reach them, and what type of evidence they most need and will be influenced by. Simply doing good research, and presenting and publishing it, is not enough to achieve development impacts.

A small number of ADRAS grantees felt that efforts to ensure that their research influenced policy and practice lay beyond the boundaries of their roles as researchers. They argued that research findings could only be made useable when other groups more familiar with implementation needs and contexts extended the work for this purpose. Research processes that involve such groups from the outset are more likely to promote relevance, take-up and use of the research to benefit development outcomes.

Currently, there are few incentives for researchers to invest time in efforts to ensure adequate impact of their work beyond academic publication. Whilst this context is now changing, academia still tends to reward publication, citations and grants won when making judgements about funding and promotion, rather than external collaboration and engagement (Harris 2015, 25).

> While the importance of knowledge transfer may be endorsed in rhetoric, the rewards, resources and priorities reflect the enduring value accorded to the more traditional academic activities.

Hence whilst funding schemes, such as ADRAS, can put in place incentives and requirements for communication and engagement to promote take-up into and influence on policy and practice, this may be insufficient to promote larger institutional or cultural shifts toward prioritising impacts.

In this study, we have mapped overall categories of facilitators of impact along the research process outlined in the FERDI. It is hoped that this will assist in guiding researchers and funders on factors that should be considered and planned for to maximise development research impact. Figure 4 illustrates the five types of facilitators of research impact and their relative focuses at different stages of the research process. These have been informed by and cross-checked with other frameworks and case studies of research impact, and also include new elements based on this study.

The five facilitators of research impact are:

1. **Foundational facilitators** – these should be thought of as a necessary pre-condition for considering undertaking research in a certain setting, since they are fundamental to facilitating the take-up, use and outcomes of research. They comprise an understanding of the context and existence of established, trustful relationships.

2. **Planning for impact** – or 'starting with the end in mind', refers to having a clear idea of what practical changes the research is setting out to improve on, how these changes might occur, and which stakeholders are most central to influencing these proposed changes.

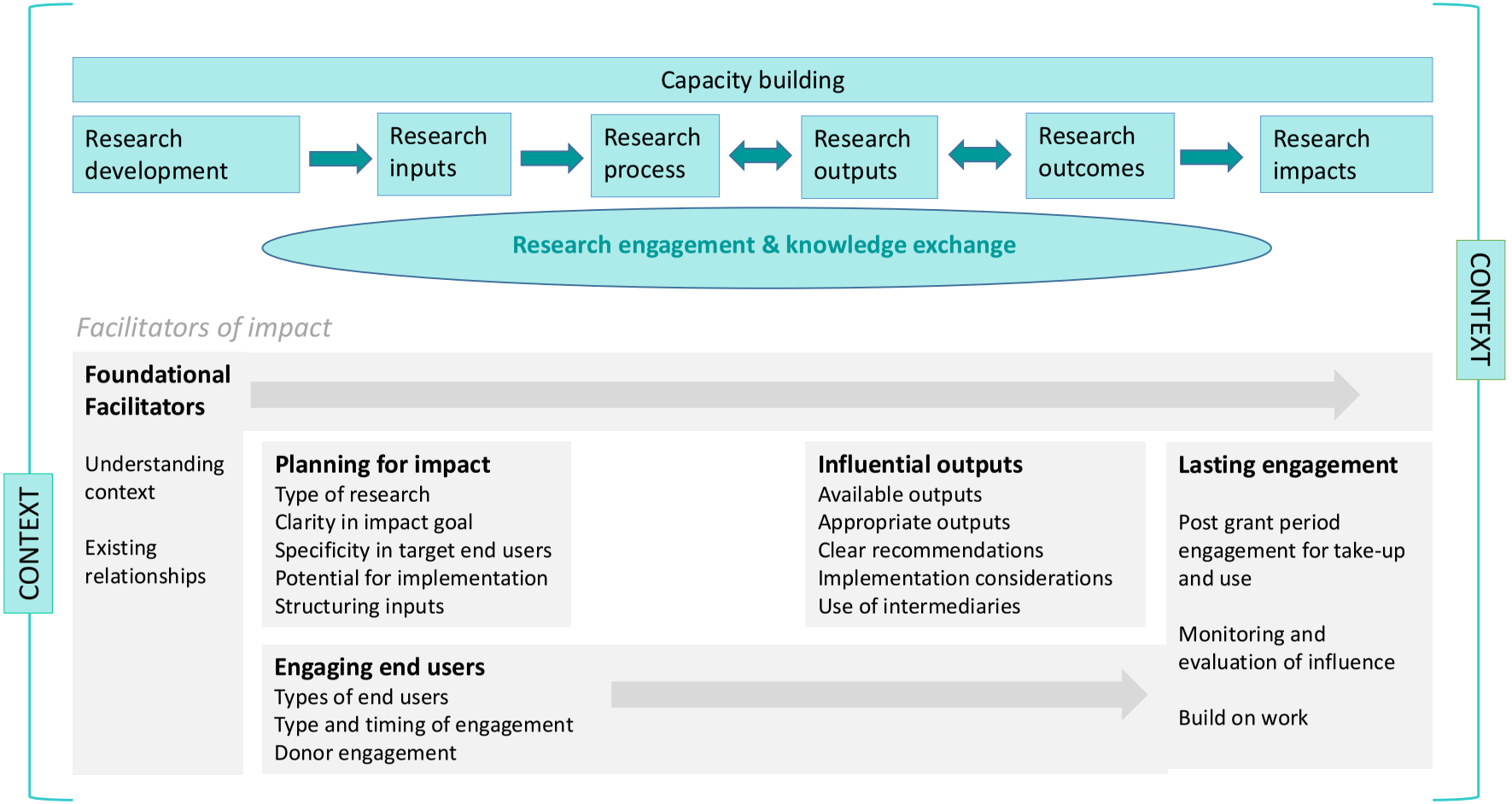
3. **Engaging end users** – both the type and timing of engagement are important. Approaches to engaging each end user should be underpinned by an understanding of their particular needs, motivations, culture and decision-making processes identified during planning for impact.

4. **Influential outputs** – development of effective outputs requires that research teams think 'outside the box' beyond traditional academic formats of outputs, and to consider the most effective ways to communicate research messages.

5. **Lasting engagement** – pathways from research to influence can be (but are not always) long, complex and opportunistic, and therefore having the ability to continue engagement with relevant stakeholders beyond the project period is important.

We use this categorisation in the following sections which examine factors that facilitated or constrained the take-up, use and outcomes of sampled ADRAS projects. A summary of key findings against each facilitator is provided in Section 6.1, followed by detailed explanation of each facilitator in the context of the sampled ADRAS research projects in Sections 6.2–6.7.

Figure 4: Mapping facilitators of impact to the FERDI



6.1 Key findings on facilitators of impact

The analysis of sampled ADRAS projects against the five facilitators of impact provided the following insights in relation to these facilitators.

Foundational facilitators – An understanding of context and established relationships of trust were fundamental to research influence and should be in place, wherever possible prior to research planning. The necessary established relationships span relevant decision-makers, practitioners as well as research partners, and sampled ADRAS projects that were built on this foundation demonstrated higher impact than those that did not.

Planning for impact – Research that directly answered a current policy or practice need or debate was more likely to influence development policy and/or practice outcomes. Whilst this does not negate the importance of horizon scanning research to highlight emerging development challenges, it does suggest that where a contribution to development outcomes is the priority, research focus should be centred on end user relevance.

In addition, this study showed that some ADRAS research teams did not fully clarify and identify the end users or the expected development impact intended from their research. There therefore needs to be a focus on enhancing researcher skills in this area, as the clear articulation of target users and proposed development had significance influence on contribution to policy and practice outcomes. Greater efforts and incentives to support this focus are likely also needed in development research funding.

Engaging end users – Establishing advisory committees of influential stakeholders with different perspectives was found to be a useful way of directing research and, through individuals on the committee, a useful way of promoting use even long after the research has ended. DFAT engagement, where it occurred, increased the take-up and use of ADRAS research through brokering and convening. Clarifying expectations and giving greater weighting to country offices' views on the selection of research may have improved their engagement in ADRAS research.

Influential outputs – Funders and researchers need to work together to ensure that timely outputs are produced from the research, and are visible and accessible on an ongoing basis. Outputs should be not only digestible in length, language and format, but relevant to the needs of each specific target end user. Innovative attention-grabbing outputs should be promoted, and relevant training in the use of any outputs should be fully covered in grant budgets. They should contain clear actionable recommendations and implementation considerations which might include the costs, savings and benefits of taking up recommendations, human resource requirements, and priority steps in implementation. Also, outputs should be available and accessible to a range of stakeholders, not just immediately after the research, but on an ongoing basis in order to feed into new opportunities for take-up and influence as they arise. Translation into local languages is important, as are new approaches using innovative forms of communication to increase impact (e.g. DVDs, blogs). The use of intermediaries or 'knowledge-brokers' to help get the right messages into the right hands at the right time was also a successful strategy for some ADRAS projects.

Lasting engagement – In-country partners with a sense of ownership of the research were key to lasting engagement and continued facilitation of research impact; however, consideration must be given to their project burden and staff well-being, avoiding creating competing demands with the research project. Increased monitoring and evaluation by research teams of the engagement in and influence of their research was needed, and where demonstrated, enhanced development outcomes. Ideally, each ADRAS project should form part of a portfolio of research and consultancy work to promote ongoing engagement, lasting relationships of influence, and the ability to take advantage of windows of opportunity long after the research takes place.

6.2 Foundational facilitators

Prior to research being planned in a certain setting, there is a range of 'foundational facilitators' that should be considered as necessary ingredients for maximising the likelihood of practical influence and development outcomes (Court and Young 2003; Carden 2009; ESRC 2013; France et al. 2016). Foundational facilitators include understanding the context and having established relationships with those who influence change in the desired field of research. Ideally, they exist before the research is planned, but they can change and grow over the course of the research and hence are reflected in the framework in this way.

Further foundational facilitators include pre-existing or established networks and relationships with those who influence change, and the potential research teams' understanding of actors, processes, political economy, and research-value culture. These are foundational to further building blocks of research influence and previous studies of development research impact have highlighted their importance (Court and Young 2003; Carden 2009; ESRC 2013; France et al. 2016).

6.2.1 Established relationships

The presence of existing relationships of trust and mutual respect between senior research team members and key stakeholders is foundational to research impact (Sumner et al. 2011; ESRC 2013). Over a third of sampled ADRAS projects highlighted personal relationships as a key driver of the influence of their research.

ADRAS projects that made the most direct contribution to policy and practice influence were built on a foundation of long-established relationships between senior researchers and end users in relation to a series of quality and valued policy-relevant research. In one ADRAS project, such relationships were fundamental to policy decisions in health financing for the poor in Cambodia (see Case Study 1) and in another, such relationships were fundamental to promoting open collaboration from a mining company in Laos. One team highlighted their 30-year research partnership in Indonesia noting that to address contentious issues, this longer-term collaborative work, rather than short-term projects, was essential. Two ADRAS projects altered their direction to capitalise on the relationships between research team members. One changed the focus of gender-based budgeting in countries ranging from PNG to Timor Leste. Another governance ADRAS project aimed to influence DFAT practice but, finding it hard to establish ongoing collaboration with the Department, achieved greater influence in an international setting where key research team members had existing relationships.

One in five ADRAS projects built on established relationships of in-country partners with both NGOs and research institutions. In PNG, the reputation and networks of the head of the Assembly of Disabled Persons provided entry points to key national policy makers, such as in the National Road Authority, and this enabled research influence on discussions on disability-inclusive road development. A three-country ADRAS project on the economic benefits of different funding mixes for infrastructure investment in Asia operated almost entirely through local universities in China, the Philippines and Pakistan. These universities had relationships in key government ministries. The connections and influence of the Secretary of State for Promotion of Equality (SEPI) in Timor-Leste led to ADRAS work on gender-responsive budgeting being presented to a meeting of the Prime Minister and Cabinet.

Not all ADRAS research had existing networks, however, and where this was not the case, those projects whose senior members made specific efforts to cultivate relationships could still make a contribution to development outcomes, though less frequently. These efforts included ensuring an ongoing presence in-country, secondments between research and research user institutions, the establishment of ongoing advisory committees of key stakeholders, and ensuring regular face-to-face contact. In these circumstances, clear mapping of stakeholders, planning communication and engagement strategies, and having a knowledgeable in-country partner, can help researchers to understand where efforts can best be made.

Completing, without payment, small pieces of related work immediately needed by target end users was also reported to be a useful way to build relationships.

Turnover in key stakeholder positions was a difficult challenge faced by efforts to maintain relationships and promote outcomes. This occurred for ADRAS projects on teacher professional development in PNG, gender depictions in school textbooks in Indonesia, health law reform in the Pacific, and NCD policy in Fiji. High turnover in aid program staff in particular was also highlighted as a barrier to ongoing engagement with the donor. On two rare occasions, however, people with whom key relationships were held moved to a position of higher influence, and this served to increase impact. This occurred in one ADRAS project where a research team member moved from an advocacy NGO to head the employers' association in Indonesia.

6.2.2 Understanding context

The importance of context is highlighted in most studies of development research impact on policy and/or practice (Carden 2009; Sumner et al. 2011). While contextual factors are out of the control of researchers, the ability to recognise and take advantage of contextual opportunities or mitigate risks is important. This requires not only an understanding of the political, policy, economic and socio-cultural context of the research setting, but also the overall receptiveness of key stakeholders to research evidence itself. Both pre-research foundational knowledge and mechanisms to stay abreast of what can be rapid changes are key facilitators of impact. In-country groups are more likely to have an understanding of context that helps research design to address user concerns and communicate the research in appropriate ways (Tulloch et al. 2011).

Knowledge of the context in which research is being conducted is an important key to understanding how receptive stakeholders will be to research evidence. Contextual factors include what issues are 'hot topics' in in-country debates and discussions; the timing and process of policy decision-making and potential entry points; sensitivities around where and how research is conducted; and the most appropriate ways to forge relationships and promote engagement. When the research is being planned, insight into who may be most influential figures in relevant decision-making, who is and isn't receptive to research within these groups, and how the study can be laid out to be most useful to current policy needs, are all important.

Ways in which ADRAS project research teams achieved contextual understanding included:

- prior work in the same country and context
- initial formative in-country research work to gain an understanding of current policies, actors and/or processes relevant to the research area
- a reputable and well networked in-country partner as an integral member of the research team
- engaging a stakeholder representative advisory group early in the project
- relationships of mutual respect and trust with key senior officials who directly inform the research team of opportunities, risks and changes in these relationships during the research period.

Other context-related barriers to impact highlighted by ADRAS researchers included a lack of government funding to implement the changes which the results indicated were necessary, and a lack of interest in, or capacity to engage with, research evidence. However, foundational knowledge of these constraints can question research in this setting or inform mitigating actions in its design. In a context where research engagement is low, research evaluators have suggested that it is important for research teams to carefully construct their own research-to-action mechanisms (Carden 2009; France et al. 2016). Certain capacity building activities with target end users in how to digest and apply research can be useful to stimulate demand where it is low, but the incentives and motivations of those users have to be understood and addressed.

Political environments were noted as a key consideration by a few ADRAS project teams. A culture of policy opportunity and innovation after the crisis in Timor Leste was viewed as facilitating interest in new approaches and therefore research evidence. The influence of other external factors on research also cannot be ignored. One example is the effect of the Ebola crisis on increases in international attention on the capacity to implement international health regulations.

Finally, whilst most researchers described external contextual factors such as poor governance, growing political tensions, or serious events as barriers, one ADRAS grantee suggested that the rapid changes in Timor Leste as its democracy developed after conflict facilitated interest in and take-up of research evidence. Having mechanisms to stay abreast of contextual changes and being aware of 'windows of opportunity' for, or risks to, influence during the research are essential to facilitate impact.

6.2.3 Other foundational considerations

Whilst existing relationships and contextual understanding are the two most central foundational facilitators of research impact, there are others that should be considered before research is planned. These include the reputation of the researchers involved, and the existence of related research.

Credibility is enhanced, and take-up promoted, if the researcher and/or institution they come from has existing recognition and reputation in the relevant field and country where the research is being conducted. Both international and Australian lead researchers in an ADRAS project on gender responsive budgeting were recognised worldwide in this field. The PI in part credited this recognition to a reputation for engagement from senior decision-makers and it also influenced extensive citation of the research in an IMF paper on gender budgeting efforts in Asia (Chakraborty 2016).

Researchers are often geared towards 'filling a gap' in the literature on an issue, and this was a frequent aim described by ADRAS grantee respondents in this study. However, there is a theory of cumulative influence that suggests a critical mass of research activity focused in an area may be more likely to lead to policy change (France et al. 2016). This research activity can be bodies of research by the same research teams and/or it can build on or align with related work by other groups. There were frequent examples of the former situation in which ADRAS researchers had previous or follow-on grants such as on health care coverage in Cambodia (Annear et al. 2008), NCD mortality in the Pacific (Taylor et al. 2013), and gender in the manufacturing industry in Sri Lanka (Hancock et al. 2012). When a concentration of other research on disability inclusion in Vietnam coincided with an ADRAS grant for research into the costs of disability-related stigma, Vietnamese researchers agreed that having other bodies of work increased the influence of their own results.

6.3 Planning for impact – starting with the end in mind

It is widely accepted that for research to have an influence on policy, practice or systems, researchers need to be confident of its impact. This requires an impact pathway plan and/or communication and engagement strategy. Also, appropriate resourcing is needed, and should be planned and budgeted for during research proposal development.

Having a well-planned strategy to promote research uptake and use is a frequent requirement of development research proposals (such as DFID's impact pathway) and relies on understanding: the intended impact of the research; the mechanisms by which this might be achieved; and who has influence in decisions related to the change desired. Whilst this alone won't ensure impact, it is unlikely to occur without it. As Harris (2015) puts it:

> Intent to influence is a necessary but insufficient supply-side factor in determining the development effectiveness of research.

Previous work noting the important impact of clarity on intended impacts and target audiences underpinned the ADRAS requirements, from the earliest round in 2007 onwards, that successful grantees: a) formulate a communication and engagement strategy; b) attend an AusAID/DFAT-coordinated communication and engagement workshop prior to commencing the research; and c) submit a communication and engagement report within six months of the conclusion of the grant outlining the activities completed to promote the uptake and use, and the success of these activities in influencing outcomes. Requirements became more specific in the 2009 ADRAS round when they included: 1) a maximum of three target audiences whose specific behaviours, practices and policies the research was aiming to change; 2) what change was desired in each; and 3) how the research would engage with each group throughout the research process to promote this change. It was required that the target audiences identified were highly specific (as distinct from general groups that the research will be disseminated to).

A number of ADRAS grantee respondents in this study appreciated the focus on communication and engagement and resources allocated to that engagement. They noted that this influenced their thinking. Earlier evaluations from communication and engagement workshops in 2009 and 2010 suggested that the tools and guidance presented at the workshop would have been useful resources at an earlier stage in proposal development.

This section explores how the intention to create impact was demonstrated in ADRAS projects, in association with the influence the research had on development outcomes, including through strategies such as:

- the type of and demand for research undertaken
- clarity in goal for impact
- specificity in definition of target audiences/end users
- clarity in engagement plans
- structuring inputs to promote influence.

6.3.1 Type of and demand for research

Responsive research is likely to be operationally relevant and/or provide a solution to a problem (Court and Young 2003). In cases when sampled ADRAS projects were responding to a known demand from an end user, or when they responded to a contentious and pressing policy question, contributions to outcomes were clearer. However, there were only a few of these.

Just over half of all ADRAS projects sampled (52%) were 'exploratory', seeking to find out new information about how communities, sectors or industries were responding to specific challenges; or they explored the determinants of certain outcomes. For these projects, aims included statements such as 'we sought to fill a gap in information on …' or 'to explore the …'. Such research is less frequently driven by demand from research users and tends to have a longer and more complex pathway to its potential use and outcomes. ADRAS projects that were exploratory were less likely to influence outcomes, although one in four (25%) did.

Sixteen per cent of the sample ADRAS projects tested a new intervention or approach, such as the use of mobile phone help lines for maternal health in Bangladesh, or the use of septic tank wastewater treatment technology in the Pacific. Other ADRAS projects (15%) developed new guidance or tools for improved practice in a particular area, such as disability inclusion in infrastructure and broader development programming, health law review, and remote teacher professional development in PNG.

The ADRAS projects that focused on the development of guidance for improved practice, and those that directly answered known policy needs, were the ones that most frequently contributed to outcomes. This was often due to clear demand from those who might use the research, as well as the more practical nature of these research projects.

Stakeholders' 'lack of interest in the research' remained a barrier to impact in around one-fifth of the ADRAS projects sampled, suggesting that relevance to end user needs was not always considered sufficiently (though this compared to around a third of DFID/ESRC Joint Fund projects, highlighting this barrier (France et al. 2016)). Reasons for lack of acceptability of or interest in the research by target end users included:

- lack of interest in topic – for example where rights-based approaches were addressed
- lack of acceptability of data source – generally due to having data of their own or another preferred source
- foreseen consequences of findings
- Lack of clear benefit to the target end user described.

Where a new intervention or approach was tested, one barrier to adoption and scale-up was a perception of high cost and insufficient budget availability for further roll-out. Further consideration of prospective costs and savings analysis, alongside intervention tests, could be implemented to address these common barriers.

6.3.2 Clarity in impact goals

Clear understanding and articulation of the practical changes that research is aiming to contribute to have been linked to impact in a number of previous studies of development research (Carden 2009; France et al. 2016). This underpinned the inclusion of required communication and engagement strategies from ADRAS grantees. Where available, these strategies were reviewed for sampled ADRAS projects, and principal and/or co-investigators were asked in the questionnaire:

> What were your goals for the impacts of your research? What changes in the above target end users' thinking, behaviours, programs or policies did you want your ADRAS research to contribute to? How?

Most ADRAS teams, however, struggled to clearly outline the change in policy or practice that they intended to contribute to. When responses were ranked on a four-point scale of clarity in impact goal from 1 = weak to 4 = very strong, only one in four of the ADRAS projects sampled had a strong or very strong clear statement of intended development contribution. Thirty per cent of the ADRAS projects sampled had 'reasonable' impact goal clarity but the remaining nearly one-half (45%) had only weak descriptions of the practical changes that they intended to influence. Weak statements were frequently broad statements, or they referred more to academically-oriented contributions to evidence.

Impact statements often described what the research would do rather than what it ultimately sought to change. Filling a knowledge gap was often cited as the impact goal for the ADRAS projects, and the production of guidelines or a toolkit, was often cited as an output, but without further information on its intended application or potential development benefit. Similarly, a number of project goals ended at the determination of the research result, particularly when the project aimed to test whether intervention A achieves outcome/s B, C etc., but without reference to the broader change or benefit being aimed for.

There was a clear association between clarity of impact goal and the verified use of and contribution to outcomes from ADRAS research. Sixty-seven per cent of projects with strong or very strong impact goals resulted in demonstrable contributions to outcomes, whereas only 23% of projects with reasonable or weak clarity resulted in demonstrable contributions to outcomes.

6.3.3 Clarity and specificity in target end users

Communication and engagement strategy guidelines for the specification of target audiences for ADRAS research grew more detailed over time. Evaluations found that the more specific target audiences/end users that were defined, the more likely that focused engagement strategies would contribute to research impacts (Carden 2009). Underpinning knowledge is essential, of who has influence, who the potential champions and antagonists are, and what incentives and motivations there are for possible engagement in the research.

By rating each statement on target audiences on a three-point scale of specificity/clarity, we found that just under a third (30%) of ADRAS projects strongly specified who their target end users were. Nearly half (45%) had weak definitions of their target audiences; they often identified a large number of target groups, or they named overly broad groupings (e.g. NGOs, in-country policy makers, and other development practitioners).

Researchers appear to have been unclear about the distinction between 'target audiences' (key defined groups/individuals who have most influence on the changes intended from the research and who will be actively engaged in the research) and 'dissemination groups' (broader groups who are relevant to the research and to whom it will be communicated but who are not necessarily the most key potential drivers of change). A lack of clear consistent terminology did not help this understanding. The term 'end users', rather than 'audiences', more clearly reflects this distinction.

Amongst the ADRAS projects analysed in this study, clarity in target audiences/end users was associated with a greater likelihood of the use of ADRAS research. Two-thirds of projects with strong definitions of the targeted end users yielded verified uses of results by stakeholders, whereas less than half of projects with weak target end user specificity yielded verified uses of results by stakeholders. This pattern continued for outcomes, with nearly half (45%) of ADRAS with clear end users having identified influence compared to less than a quarter (23%) of projects with weak clarity in targeted end users.

Foundational contextual understanding obviously supports better knowledge of actors and their influence and therefore clarity in target end users. This was true, for example, of the ADRAS research contributing to health financing policy decisions to promote equity in Cambodia and Laos, where individuals within units of the Ministry of Health and in WHO were known key end users and were included as research team members. Some projects did show that with considerable effort, key end users could become known and engaged early in the project, and their involvement could be sustained throughout the life of the project. One 2007 WASH-related ADRAS project, for example, put in the time to undertake a stakeholder mapping exercise early in the research to understand the influence of various actors and to better identify target end users. The PI of another 2012 WASH ADRAS project in Indonesia spent a significant amount of time in-country engaging with stakeholders to identify those with influence and adjusting engagement approaches accordingly.

Despite a requirement for increased specificity in communication and engagement guidelines for ADRAS research over successive rounds, there appeared to be little change in the strength of impact goals or target audience definitions. The highest proportion of strong impact statements appeared in 2008 ADRAS communication and engagement strategies and returns, and the lowest appeared in 2012. Stronger audience definitions appeared in 2009 ADRAS projects (the first round stipulated a maximum of three clear target audiences) and fewest in 2012. However, this is only based on a small sample of ADRAS projects, particularly in 2012 (with only new sectors of mining and WASH being included).

6.3.4 Potential for implementation

Prior to commencing any research, researchers should consider how realistic it would be to implement the initiatives or recommendations proposed in the relevant settings. Key questions or concerns should be anticipated where possible and addressed. For example, end users engaged in a number of ADRAS projects commented that their perceived cost and other resource requirements was a key barrier to further application of the research.

Research needs to be planned in a way that ensures it is appropriate to the setting of its intended take-up and use. This was particularly true of ADRAS projects that focused on the development or testing of tools or new approaches to be adopted in practice. Two ADRAS projects were seen as too time consuming and costly for government to replicate without specific outside funding. This limited the use of and outcomes from the research. In another two, the interventions they tested or proposed were seen as too costly to implement on a larger scale. In the latter two, however, it is possible that overall savings from implementation would have been returned to the government sector. In these cases, having a cost savings or cost effectiveness analysis planned into the research from the outset may have mitigated this barrier to some extent.

6.3.5 Structuring inputs

Planning for impact by starting with the end in mind also includes consideration of how inputs to the research are structured to promote take-up, use and outcomes. This includes planning and adequately budgeting for engagement and exchange activities, and communicating the research; appropriate infrastructure and management support, including time for travel; and, in particular, the structure of the research team.

The recent focus on 'translational models' of research, however, suggests that including in the team key users of the research outcomes, together with academic researchers, promotes relevance and practicality at the outset and facilitates take-up and use throughout the research process. Half of the ADRAS projects in this study included end users in the research team. Most commonly (in two-thirds of cases) the research team included an NGO partner who was also an end user. Industry or government representatives' inclusion as research team members was half as likely.

The recent ESRC–DFID Joint Fund for Poverty Alleviation Research evaluation noted that including a range of in-country partners in the research team promoted impact (France et al. 2016). In a similar way, a few ADRAS project teams in our study highlighted that the 'bridging of silos', including through research team structuring, facilitated the outcomes from their research. In one example, the 2009 ADRAS project on roads in PNG joined 'softer' disability inclusion-related social development perspectives and individuals with 'harder' infrastructure engineers and planners (see Case Study 3). Another brought together disability and gender NGOs in a 2009 ADRAS project on gender-based violence and disability in PNG, promoting greater inclusion of both in ongoing practice.

A strong in-country partner was highlighted by ADRAS project teams as contributing to outcomes through their ongoing engagement and advocacy, contextual knowledge and commitment to impact due to stronger connections with beneficiaries. Importantly, in nearly half of all ADRAS projects, at least half of their team members were based in a developing country, and 90% of projects had at least one developing country team member.

In-country partnerships were not without some difficulties, however. One in five ADRAS projects identified low capacity, or tensions within in-county partner organisations, as a key barrier to research conduct, transfer and outcomes. Many in-country partners were overburdened with other projects. Their capacity to take on further work was often limited, and follow-up research and communication activities were sacrificed in favour of new grants and collaborations to ensure ongoing funding.

6.4 Engaging end users

End user engagement is arguably the area given most attention in the development research impact literature to date. Where specific target end users are identified in research planning, strategies of engagement should be specific to the needs, incentives and preferences of each end user. Ways of engagement, and the timing of engagement, need to be kept flexible during the research in order to respond to changes in and understanding of context, relationships and needs. However, this does not negate the value of having a strategy for engagement at the outset. Planning the timing of engagement goes beyond cursory discussions

at the beginning of research (to get 'buy-in') and at the end in a traditional 'dissemination' model. It involves actively targeting end users throughout each step in the research process, from planning and design to participation in and/or monitoring of progress through to the formulation, translation and transfer of key messages from findings.

Interestingly, evaluations of research for development have noted a lower likelihood of impact for projects focused on some types of end users – such as international stakeholders – compared to projects that engage directly with local stakeholders and communities (France et al. 2016). This was somewhat reflected in our ADRAS study, though most projects did aim for engagement with partner country stakeholders and communities, rather than with international stakeholders.

6.4.1 Type and timing of end user engagement

Engagement throughout the research process, rather than the out-dated model of 'disseminating' research after results are obtained, supports take-up, use and outcome contribution. Despite this, a recent evaluation noted that the bulk of engagements still occurred at the end of the research (France et al. 2016). Though the timing of each interaction is not reported in this study, qualitative information from interviews would suggest this was also likely for ADRAS research.

Various ADRAS research teams invested heavily in end-of-project engagement and exchange activities, including face-to-face meetings with key stakeholders and presentations to relevant committee meetings. Large in-country dissemination workshops were common. These workshops brought a range of stakeholders together to discuss results, and this often led to requests for presentation at further meetings. Given their significant size, these workshops were often referred to by researchers as evidence of an influence on outcomes. Practitioner workshops and professional conferences were used to communicate results in some sectors. One disability ADRAS project gained Australian Council for International Development (ACFID) support to present and discuss their RAD toolkit to ACFID member organisations and ensure its suitability for their use.

ADRAS project teams did, however, highlight and value early engagement with key end users in setting research directions, including focused and realistic scope; defining best research locations and entry points to local stakeholders; and having early buy-in to the research supporting later take-up. Where target end users included local NGOs, early engagement often also facilitated access to, and acceptance by, the communities in which the research was undertaken.

For a few ADRAS project teams, engagement only occurred early in the project and at its end. Unless a project was directly shaped around answering a policy question of high interest, this limited engagement appeared insufficient to promote outcomes. Three ADRAS grants taking this approach had well-timed windows of opportunity to influence discussions, policies and practices in defined target end users, hence they could have had impact, but there was no evidence of this. Another noted the need to extend after-project engagement efforts over a long period to gain take-up and use of results.

Ongoing engagement with end users throughout the research process was noted for the majority of ADRAS projects. Mechanisms included end users' inclusion in the research team itself; periodic face-to-face discussions, including in key existing forums of target end user groups; and representation in ongoing advisory committees.

Advisory or steering committees have been found to be a valuable way to engage end users throughout the research process, and to enable them to be aware of changes in context and policy opportunities, and promote take-up and use of research (France et al. 2016). Such advisory committees were set up in over a quarter of the ADRAS projects sampled. However, their perceived contribution to research influence varied. Early meetings were instrumental in defining research scope, directions and plans. Higher perceived contributions were noted when advisory committees included stakeholders who had different perspectives

on the research aim and/or when they included key individuals in positions of significant influence. Examples included an advisory committee that involved industry, government, and community bodies on climate change and tourism in the Pacific; and another that brought NGOs, government representatives and law enforcement agencies together on the role of alcohol and drugs in rates of HIV infection in Fiji.

Ministerial-level members of advisory committees often facilitated later uses of the research. Such uses have included the embedding of a disability inclusion measurement tool developed by an ADRAS project in the monitoring and evaluation plan for a DFAT-funded education partnership in Fiji; a public health law review in Vanuatu; a new taxation policy by Ministries of Health and Finance to address NCDs in Fiji; and the inclusion of customary law considerations in PNG tobacco control laws.

Advisory committee functioning was, however, often constrained by the attendance of junior officers with little decision-making power. It was also constrained by a shortage of funding for meetings, particularly when significant travel costs were required, and the simple logistics of meeting times and availability.

Ongoing face-to-face engagement, including informal meetings with senior decision-makers contributed to impact, but was most common in projects where long-established relationships of trust existed. A number of ADRAS project teams admitted to low engagement with government end users, citing barriers such as their time restrictions, turnover in government contacts, distrust of the data, low incentives for research engagement, and a general lack of interest in the research. When government engagement extended to co-production of the research through fieldwork and evaluation of the data and results, this encouraged greater use of the research. This was mainly through directly hearing about the importance of the issues from potential beneficiaries, such as community members, and through a greater understanding of and trust in the data. One 2007 ADRAS project looking at trends in systems for reporting NCD-related mortality in the Pacific noted that an additional benefit was that government representatives saw directly the areas in which routine data systems needed improving.

6.4.2 Donor engagement

DFAT itself was listed as a key target end user in only three of the ADRAS projects sampled, confirming DFAT comments in Section 4 that perceived low engagement of DFAT by researchers may be due to the ADRAS project teams not viewing DFAT as a key user of the research. This is not unexpected as research for DFAT's own use was not a primary purpose of the scheme's introduction (Commonwealth of Australia 2008).

Engagement with DFAT (or alternatively, the lack of it) was raised in around half of the sampled ADRAS projects, being highlighted as both a facilitator of and barrier to impact.

A number of projects that did aim to engage DFAT admitted difficulties. One, which aimed to influence DFAT's political economy analysis approaches, found that gaining DFAT's involvement was difficult and there was little take-up of the research despite relevant policy and programming focus in DFAT at the time. Team members from another ADRAS project on disability and violence against women were appreciative of the reputation and visibility their project gained within DFAT, but also noted their surprise that the research did not appear to have had more impact on policies or programming within the Department. Impact goals related to international stakeholders other than DFAT were rare in the ADRAS projects sampled, though one ADRAS project on public health law reform had wide and unexpected take-up and use by WHO regionally and globally (see Case Study 5).

The amount of productive engagement with DFAT varied greatly by sector, and depended on the efforts and interest of specific staff. When it was strong, DFAT engagement was reported to facilitate impact through DFAT sharing contacts and networks, convening meetings with key stakeholders, helping to bridge silos between sector teams and partners and notifying researchers of opportunities to further communicate and highlight their ADRAS project. One 2009 disability ADRAS project noted DFAT's efforts in connecting the team with useful stakeholders, highlighting the research to others and helping break down silos between sectors. The

ADRAS research said this help that was necessary for their project's success and noted that 'this was a happy partnership between researcher and funder'.

A number of teams felt that the impact of their research could have been greater had DFAT used their networks and convening power to support forums and other means of getting the research noticed by decision-makers that the teams did not always have direct access to. Where DFAT did facilitate such networking, these opportunities were highly valued by ADRAS project teams. Examples included a disability forum, a meeting of NGOs in Laos where one mining-related ADRAS project team was able to present, and WASH conferences.

A number of ADRAS teams noted difficulties in gaining DFAT engagement due to high turnover of staff, distance to Canberra (where face-to-face interaction seemed the main way to gain involvement) and an apparent lack of interest in their research. Teams felt that there was a lack of clarity around what researchers could expect as a reasonable level of engagement from DFAT country offices (similarly noted in the DFID evaluation (France et al. 2016)).

There are a number of possible reasons for the lack of engagement. High workloads due to immediate policy, diplomacy and programming needs, coupled with low incentives to engage with research, are significant barriers (see Section 6). In addition, whilst mechanisms were in place for country program feedback during ADRAS selection processes, a lack of formal weighting attached to these mechanisms resulted in a low level of interaction between DFAT posts on the relevance of the research and projects funded.

6.5 Influential outputs

Beyond academic requirements for conference presentations and journal articles, having clear targeted outputs that grab end users' attention, that are easily available and accessible, and that are practically relevant, assist in the take-up and use of research and increase the likelihood that it will contribute to development outcomes. In this study, we searched for, accessed and reviewed outputs from the sampled ADRAS projects prior to contact with research teams, and hence had direct experience with the accessibility and utility of ADRAS project outputs.

6.5.1 Availability of outputs

Around one-quarter of the ADRAS projects we sampled had an attractive and enduring website with easy to digest research descriptions and downloadable outputs. Unfortunately, most of these did not include automatic recording of downloads, potentially useful information for demonstrating wider take-up. Three ADRAS projects required direct contact via email with the research team to obtain outputs, tools or questionnaires. Whilst this was done in an effort to provide further information and support to users, and to monitor take-up, this may have discouraged some individuals or groups who might otherwise have used the outputs.

One ADRAS project PI noted that it was simply through online access to the *Reviewer's Companion for Public Health Law Review* (Howse 2012) in the Pacific that WHO colleagues from the WHO Regional Office for the Eastern Mediterranean made contact for further work (see Case Study 5). Another PI expressed disappointment that a project website previously housed by a university institute had been removed. Interestingly, for two ADRAS projects involving an Australian and UK university partnership, the UK institution had a more useful and accessible summary than the Australian institution did.

Unlike DFID, AusAID/DFAT does not have an open access publishing policy in place, and this is reflected in a number of ADRAS publications being in subscription-only journals. This restricts access for a number of individuals and institutions, particularly in developing countries. Whilst projects usually had policy briefs, working papers, and conference presentations that were accessible, one health-focused ADRAS project noted the importance of journal access for evidence-informed policy advocacy within developing countries. Around

a third of the ADRAS projects had at least half of their journal papers in open access journals. One ADRAS project on systems for NCD-related mortality reporting in the Pacific specifically noted their payment to open access journals for publication of a large number of papers as a conscious strategy to increase accessibility and take-up.

Other approaches to ensuring wide *output* availability included the use of sector-relevant email list serves, such as for one WASH ADRAS project, and presentations at sector-specific practitioner workshops (particularly for WASH and disability).

Conversely, for nearly one-third of the ADRAS study sample, outputs that clearly resulted from the grant were extremely difficult to locate, despite extensive searching. In many (but not all) cases, these same study teams did not respond to requests for participation in this ADRAS impacts study, raising questions regarding the visibility of the work undertaken.

6.5.2 Appropriate outputs

Rather than traditional academic outputs of long reports, journal articles or academic conference presentations, influence on policy, practice, and systems requires short, compelling stories from the research that speak to the motivations of each specific end user. Such targeted outputs can increase impact and are the most common form of output that development researchers use to promote take-up and use of their research.

Appropriateness of outputs covers a range of attributes including:

- relevance of content to the user
- formats that are easily digestible
- projecting the goal of the research (such as including a manual for, and training in, the use of a tool or approach as an additional output to the tool itself)
- translation into local languages
- containing actionable recommendations and implementation considerations
- novel attention-grabbing approaches to communication of research results.

Once seen as central to research communication for policy and practice, policy briefs are now almost mainstream. Their preparation was required for ADRAS grants beyond 2007, and so it is not surprising that the sampled ADRAS projects almost universally prepared them. However, it is their targeting, content and format that were key for research influence.

Single policy briefs that simply summarised the research were the most commonplace form of policy brief, rather than a range of briefs that differed in content and styling and were targeted to different audiences. One ADRAS project on gender role depiction and sexual and reproductive health in school curricula in Indonesia did prepare a series of policy briefs in both English and Bahasa Indonesia. Each brief focused on a different aspect of the research and was useful for different audiences. Rather than targeting policy makers directly, policy briefs may be better targeted toward advocacy groups or other intermediaries for use in discussions with end users. A few ADRAS projects did this, with briefs prepared for NGO advocacy groups in three instances and for a key government intermediary group in another.

Short guideline documents are useful where changes in practice or ways of doing things are the goal, and when they are targeted to the needs of the particular implementing group, as they usually contain practical action points and can be left with the user. Separate two-page guideline documents with specific recommendations were prepared for road planners/engineers and for policy decision-makers, by the PNG disability-inclusive road infrastructure Travelling Together ADRAS project team. These were central to advocacy discussions and resulting outcomes, and were frequently requested by a range of end users (see Case Study 3).

Those that targeted road developers were also reviewed by the ADRAS project team member who was a private sector road engineer to ensure appropriate terminology.

Other ADRAS projects produced toolkits or manuals useful for the implementation of the new approaches developed in the projects. They were often accompanied with training, making them more effective. One gender and WASH ADRAS project had guidelines that were accompanied by a poster and flashcards packaged as a toolkit for implementers and evaluators of WASH programs in Melanesia. The approach contained was adopted, adapted and used by a number of WASH-relevant NGOs. Examples include WaterAid replicating the approach in Timor Leste, World Vision extending the use of the approach in Vanuatu, and Plan in Vietnam monitoring gender in their programming. Realising that the initial *Reviewer's Companion* was too long to motivate up-take or use, the Pacific Public Health Law ADRAS project PI revised it during follow-on work for WHO, and created training materials and an online question-driven tool.

With many target end users being time poor, new ways of presenting accurate but persuasive information in shorter and attention-grabbing bursts or snippets are being increasingly tried in research communications. One ADRAS project on the experience of economic shocks by Pacific households produced a DVD to enable time efficient *take-up*, as did an education ADRAS project focused on action research for the professional development of remote PNG school teachers. Having a ranking of districts on performance as an output of research on local economic governance and economic performance created interest among policy makers (wanting to see 'winners and losers'), as well as the media.

Finally, having individuals of seniority and influence publicly support the research and its outputs through launches or presentations at meetings facilitated *take-up*. Examples included take-up by Ministers of Education of tools for professional development of remote teachers in PNG, and disability inclusion assessment tools in Fiji; by Ministers or Secretaries of Health for the introduction of new laws and taxation policies to reduce NCDs in Fiji and PNG; and by the Secretary for Promotion of Equality, for wider use of gender responsive budgeting in Timor Leste.

6.5.3 Including clear recommendations and implementation considerations

At DFAT's suggestion, we explored the inclusion of clear recommendations and practical considerations for implementation in ADRAS project outputs. This has rarely been considered in the evaluation of research impacts and pathways, and traditionally researchers shy away from going beyond providing research results. Around half of the ADRAS projects in our sample included clear actionable recommendations in their outputs, but less than a quarter included any consideration of requirements for implementation.

A 2009 ADRAS project on improving livelihoods in the coffee industry in Timor Leste provided clear recommendations on beneficial actions and a plan of action for their implementation. This led to discussions with the coffee industry and NGOs, and some changes to payment systems to improve income smoothing for small holder producers. Clear recommendations provided in guidelines for road planners and decision-makers in disability-inclusive road infrastructure development in PNG also facilitated more directed advocacy and made the implementation of changes easier.

In some instances, longer term engagement, follow-up and the provision of technical assistance facilitated the implementation of recommendations. An in-country team offered ongoing technical assistance to support the implementation of recommended changes to crop insurance design in the Philippines. In the Timor Leste coffee industry ADRAS project described above, their research had the most impact when the research work was extended upon by consultants for the Asian Development Bank; who were familiar with the industry and the potential benefits of the research's implementation.

Greater inclusion of costing and economic analysis within ADRAS projects, particularly where new approaches or interventions were being recommended, could have facilitated further action and outcomes from the research. For example, objections to likely costs and implications for budgets without evidence constrained

the scale-up of a mobile phone help line for maternal and newborn health in Bangladesh, and further disability inclusions in road infrastructure planning in PNG.

6.5.4 Use of knowledge intermediaries or brokers

Whilst effective direct engagement of the ultimate users of the research results may not be possible, the use of a go-between or 'broker' who understands the relevance of the research and has influence with end users can be an effective way of promoting research up-take and use. This 'knowledge-brokering' approach has been a focus of translating research into policy and practice over the past decade, and it can be particularly useful when the culture of research use in decision-making is low. Knowledge-brokers or intermediaries play an in-between role translating research evidence into practical use and getting it into the hands of the people it hopes to influence. These intermediaries can be advocacy groups, think tanks, the media, donors, and sometimes designated knowledge-broking organisations.

Few ADRAS projects specifically referred to the use of 'intermediaries' or 'knowledge-brokers' as a deliberate strategy to increase the likelihood of research use. Among the exceptions, the TROPIC project was a key one where this was the focus for the entire project. Many project teams did, however, work with partners that had influence with key end users and played a brokering role. Most frequently, these were advocacy/NGO research partners or in-country researchers who had extensive networks and strong relationships with relevant decision-makers. In the Travelling Together project, the PNG Assembly of Disabled Persons continues to advocate for greater disability inclusion in infrastructure planning using ADRAS-produced guidelines and evidence. The importance of brokering was highlighted in one gender-responsive budgeting-related ADRAS project, which noted that:

> It has to be considered that it is not really the researchers who will change things in a country but rather how do you get the information to the local changers.

This team worked with the Secretary of State for the Promotion of Equality (the Secretaria Estado da Promocao da Igualdade, or SEPI) and their influence with high levels of the Timor Leste government helped gain access and engagement on gender-responsive budgeting.

A brokering role was played by development assistance agencies in some ADRAS projects. The WHO played a key role in two projects: it coordinated the review and distribution of the *Reviewer's Companion for Public Health Law Review in the Pacific* (Howse 2012); and it coordinated in another joint work on health financing for equity in Cambodia. Whilst the researchers also had direct relationships with end users in both of these cases, the WHO played an important role in promoting the use and outcomes from the research locally, but also with promoting the potential for further regional and international impact of the work.

AusAID/DFAT was both praised and criticised for its brokering role (or lack of it). The Travelling Together team noted the effective role that aid program staff played in helping to form connections between the social development (disability) and infrastructure teams, bringing them together for discussions of the research within DFAT. Other ADRAS projects, however, mentioned that additional brokering by DFAT would have been useful to facilitate the use of ADRAS research.

Recent analysis has revealed mixed perceptions amongst research teams about the role of the media (France et al. 2016). Only a few ADRAS projects in this study showed evidence of media publicity, though the number was greater than initially expected. Media coverage of the ADRAS project on local economic governance in Indonesia was driven both by a longstanding relationship that the involved NGO had with the *Java Post*, and by the interest in comparing the performances of local government areas. Other than for this ADRAS project, media articles were rare, and when they did appear they tended to focus on the fact that the research was going on (such as research on ground water in the Cook Islands) rather than the results of it.

The rise of regional networks and bodies with greater funding has been suggested as one mechanism that might facilitate greater cross-country intermediation and influence (Harris 2015). There was limited evidence

that they played this role in ADRAS research, though influence occurred in the Pacific in one project on wastewater treatment options and groundwater quality, where the Pacific Islands Geoscience Commission (SOPAC) facilitated regional take-up and another gained important buy-in from the Secretariat of the Pacific Community (SPC) on NCD-related mortality systems and trends.

6.6 Lasting engagement with research

6.6.1 Ongoing engagement for take-up and use after the grant period

It is rarely possible for research to get used and contribute to outcomes within the project grant time-frame. Changing priorities and staffing, and external pressures can prompt the opening of windows of opportunity that continued engagement can take advantage of. Longer term engagement through follow-up work has also been influential in identifying and addressing bottlenecks in getting practice changes from earlier national policy contributions from research (Tulloch et al. 2011).

A number of ADRAS projects suggested that the clear contribution that they had made to development outcomes only resulted from a long period of continued engagement after the research had ended, with one ADRAS project PI stating:

> The policy recommendations evolved after ongoing follow up with key people. It was probably more than a year before movement started.

Some Australian and international researchers noted the importance of longer term face-to-face engagement in extending the life and influence of research. Examples include the coffee industry in Timor Leste, and crop insurance in the Philippines. It was, however, generally in-country partners with ownership of the research who continued engagement beyond the given time-frame, promoting further outcomes. The commitment of PNG Assembly of Disabled Persons (PNG ADP) to the Travelling Together project, and its relevance to their ongoing advocacy work, led to continued use of the ADRAS research and guidelines produced in discussions with policy makers and other end users. ADRAS projects that invested significantly in the capacity of partners, both within the research team and external to it, and that invested in research conduct, communication, and *use*, were more successful in promoting ongoing collaboration and engagement with end users. This was the core focus of one translational ADRAS research project that took results from a previous study on obesity in the Pacific and used them as a basis for training NGO and government groups in order to use and effectively communicate these findings to influence policy and practice.

In a few ADRAS projects (five in the study sample), capacity, staff turnover, other project commitments or budgets constrained in-country team members from fulfilling follow-up research communication and engagement work. The frequent multiple projects over-burden that good advocacy groups often experience, was raised by two disability research project teams as a core issue for donors to be aware of. This led to recommendations that greater core funding be provided that supports advocacy organisations as a whole and its staff, rather than project-by-project funding that adds burden without raising salaries and guaranteeing positions (in order to keep and protect good staff).

Overall, lack of funding and time was the most frequently mentioned barrier to continued engagement and activities that promoted the use of research beyond the life of the ADRAS grant, as seen in other research impact studies (France et al. 2016). Sometimes, crucial follow-on activities for furthering *use* and *outcomes* from ADRAS research, including training in the use of tools developed, were omitted due to these pressures.

6.6.2 Internal monitoring and evaluation of impact

Research teams' efforts at monitoring and evaluating the *take-up, use* and *outcomes* from their own research have been shown to promote influence. Researchers can implement fewer time-consuming mechanisms for

monitoring pathways to influence through the conduct of projects, for which good resources are available through the UK Collaborative on Development Sciences (UKCDS) and the Overseas Development Institute (ODI) (Hovland 2007).

A number of ADRAS project teams interviewed recognised the importance of, and noted their interest in, evaluation of the outcomes of their research. Few, however, had adopted systematic approaches to in-project monitoring and/or post-project evaluation of engagement, take-up, use or outcomes of their research. Australian, international and in-country teams all generally associated monitoring and evaluation with post-project follow-up and reported lack of time, lack of funding and other work pressures as being the most common barriers to carrying out evaluations. International researchers recognised that this would require significant cooperation of in-country partners, and were generally hesitant to ask them to undertake further evaluation work. As one researcher noted:

> Since then, as the project was completed, we cannot really ask our country researchers to do additional work.

Other common barriers to further monitoring and evaluation of ADRAS contributions included not knowing how to go about them, and changes in the personal or professional circumstances of key team members. Where project teams did make monitoring and evaluation efforts, these were largely focused on *outputs*, *take-up* and *use*. These efforts included setting up systems to monitor requests for, or downloads of, tools or guidance documents. One NGO partner had planned a valuable evaluation of the uptake and use of tools developed through an ADRAS project on gender and economic activity in Melanesia. However, resource pressures have meant delays.

6.6.3 Follow-on work

Follow-on research and activities have been noted as important for impact as this can support prolonged engagement and/or build a portfolio of research on an issue more likely to influence policy and practice than one-off projects. A number of ADRAS projects were able to successfully situate themselves in ongoing research, technical assistance and/or development programming activities, promoting impact.

Five of the ADRAS projects sampled had follow-on ADRAS grants in 2012: two in disability, one in gender and two in health. All noted how learnings through the earlier ADRAS research informed the latter. In four out of five ADRAS projects that had follow-on grants, the second grants were able to apply the approach that was developed in the earlier grant. For example, the application of disability-inclusive tools that was developed in an earlier ADRAS project was then rolled out for implementation in a second grant. A further example is the evaluation of HEF in Cambodia, where the evaluation in the earlier ADRAS project led to a second ADRAS project where policy recommendations were supported to be applied in policy.

In at least three of the ADRAS projects in our sample, grants complemented other ongoing core DFAT funding that could be utilised to extend the influence of project research (the Health Financing Hub, Nossal Institute for Global Health, and the Poverty and Economics Program Network). In other cases, ADRAS research work was followed by consultancy or technical assistance work, such as on groundwater quality improvement in the Cook Islands with GHD; early childhood education in Indonesia supported by the World Bank; and public health law development in PNG, among many others. Often, ongoing work was carried out by DFAT, enhancing the Department's benefit from the original ADRAS funding. Examples have included political economy analysis in project designs in Indonesia; design, research and evaluation work in WASH; and gender programming, monitoring and evaluation.

Many ADRAS project teams without access to support for ongoing work around their research noted this as a significant constraint to impact. This lack of support also had other consequences, such as the loss of experienced staff.

7. Pathways to impact case studies

In the five case studies completed, patterns emerged that suggest three types of pathways to influence policy and practice.

1. **Targeted influence** – produced when research is conducted in response to demand for an answer to a priority policy or practice question by relevant decision-makers and subsequently the research is used to make and guide the implementation of a related decision. In this way the research is clear about what it is addressing and the targeted influence it hopes to achieve. (Case Studies 1 and 2)

2. **Enabled influence** – resulted from a research team creating a variety of conditions that actively facilitate impact. Examples are likely to include, but are not limited to, including end users in the research team; having established relationships with in-country actors who are influential in the implementation of research results; having an in-country partner who has ownership of the research that can and does continue to advocate for the use of its results; and focusing on an issue/question of high policy relevance even if not directly demanded from a relevant decision-maker (as would then be targeted impact). (Case Studies 3 and 4)

3. **Emergent influence** – occurred when, due to circumstances not known to the researcher at the outset of the project, the research became higher priority and was taken up in unexpected ways. This may be because of the timing of an external event in the global, regional and/or national policy or practice environment (such as a disease outbreak bringing focus to international health regulations), or the development of relationships with key decision-makers or champions who use the research and share it with others. (Case Study 5)

The specifics of the case studies have been included in earlier sections of this report, and this section highlights the key aspects that were examined through the realist evaluation framework; that is, Context-Mechanism-Outcome configurations and lessons that can be drawn from such analysis.

Context – ADRAS research having targeted influence was built on a foundation of existing relationships of trust between the senior members of the research team, both international and local, and the key target end users. Continuity in these positions was therefore important (and constrained impact when turnover occurred in the case of the Pacific TROPIC ADRAS project – Case Study 2). Prior relevant research had already been conducted and was built on in the ADRAS project on health care. End users had already been involved in the prior research and they were therefore known to value the work on equity in health and health care in Cambodia and Laos. Issues of the ADRAS's research focus were known to be a policy priority, where decision-makers needed to take action that could be usefully informed by evidence.

In ADRAS projects where influence was enabled, on the other hand, little or no existing policy focus had been given, and nor was evidence available on the issue addressed, as in the case of research into violence experienced by women with disabilities in Cambodia, or in the case of research on road planning that considered the needs of people with a disability in PNG. In fact, silos existed in both cases between sectors crucial to enacting change. The silos related to gender and disability in the first case, and infrastructure planning and engineering and disability in the second. In both cases however, strong local organisations with networks and good reputations existed who could partner in and take ownership of the research.

Whilst the focus of development assistance groups internationally may have included the issues addressed in the ADRAS project case studies of emergent influence, public health law reform or gender-based budgeting, there was little local priority placed on them.

Mechanisms – Many of the underlying mechanisms which ADRAS research highlighted in the case studies influenced policy or practice were very dependent on interpersonal relationships and networks. Outcomes were most likely when research was jointly produced, and the evidence came from individuals with long and trusted relationships with decision-makers. It was important for decision-makers to have an ongoing influence on policy throughout the project. This influence could be through technical assistance roles such as (in the case of the PIs) in health financing for equity, and public health laws (Case Studies 1 and 4).

Having outputs that were targeted to, and appropriate for, specific end users was important in half of the case studies. Practical guidance for disability-inclusive road planning in one case, and public health reform in another, promoted action from the research in two ADRAS projects (Case Studies 2 and 4).

In both of these ADRAS projects which demonstrated enabled influence, disability was a key focus and the highly participatory nature of the research (involving research assistants with disabilities and building their skills and positional authority through the research), both enhanced long-term capacity and influenced further approaches to research involving disadvantaged populations.

The take-up and translation of the research by a key intermediary group (WHO) with a sound reputation and relationships with a range of decision-makers was common to the emergent influence across the public health law case.

Outcomes – Contributions to policy and/or capacity were more common in the case studies than contributions to practice (or other FERDI outcome types). ADRAS research was more likely to affect national policy than international or donor policy, a finding in line with other studies on research impact (see France et al. 2016). In addition, references to ADRAS case study research in National Disability Policy in PNG and Cambodia Case Studies 3 and 4 were only 'passing mentions' rather than clearly defined actions based on the research findings in accompanying implementation priorities or plans. Follow-up work looking at whether research influences changes to practice, and brings about longer-term outcomes for populations, would be useful. Evaluations of the outcomes from significant policy changes would provide valuable information on final outcomes from development research.

Although the Travelling Together ADRAS project was used in disability policy and guidelines (including Universal Design guidelines) by DFAT, and previously AusAID, there was no reference to or use of the work in an appropriately timed second phase of the DFAT-funded road development support program in PNG. This highlights the difficulties in internal DFAT communication and use of research across sectors and programs. Changes to practice in development initiatives were more evident within non-government organisations participating in the research.

Importantly, significant outcomes in terms of increased capacity and the employment of individuals with disabilities resulted from two ADRAS projects with a disability focus (Case Studies 2 and 3).

8. Recommendations

A number of recommendations arise from this analysis of the development contributions of ADRAS research. They are for research donors, the researchers themselves, their representative bodies, and evaluators. The recommendations might contribute to the development outcomes and impacts arising from Australian-funded development research.

For Development Research Funders

Recommendation 1: Ensure research investments are guided by a holistic research strategy that enables the funder to commission a strategic mix of research which have a range of pathways to impact (e.g. targeted, enabled and emergent influence).

Utilise the insights and guidance from this study to orient funding towards research approaches and ways of working observed to have the greatest impact on development. To achieve this, invest in research that is oriented to inform specific strategy policy, programming or practice issues as a way to provide an immediate and visible return on investment.

To complement this targeted research investment approach, coordinate with research councils or other funders to ensure the availability of funding for other types of research which examines and prepares for emerging development challenges and opportunities (sometimes termed 'blue sky' research).

Recommendation 2: Assign responsibility for communicating research findings and recommendations arising from funded research to a relevant staff member or area (for example within DFAT; the Office of Development Effectiveness (ODE), the Development Policy Branch or InnovationXchange). Target internal communications and messaging about research and evidence to relevant sectors and/or country teams at times when they are likely to be receptive to evidence and insights.

Recommendation 3: Include in grant funding guidelines a requirement to demonstrate existing relationships, networks and understanding of context as part of research proposals and weight this highly in selection criteria.

Recommendation 4: Consider a two-stage research funding and selection process that provides initial seed funding on the basis of a successful concept note in order to develop a full proposal. This will enable during proposal development a more detailed focus on understanding actors, processes and context, and better planning of engagement with relevant end users.

Recommendation 5: Consider follow-on research impact or evaluation grants by invitation for selected research teams who have completed high-quality, relevant research. Such grants would support dedicated efforts to enable impact (for example through follow-up communications, engagement or other research translation processes), and/or to facilitate tracking and evaluation of longer-term research take-up and impact.[12]

Recommendation 6: Replicate and extend the communication and engagement requirements exemplified in the ADRAS to other current channels for research funding, and require explicit articulation of the intended pathway to impact of proposed research as well as identification of clearly defined impact goals and target end users.

12 Competition between completed ADRAS grants for extension/evaluation was recommended as part of a 2011 internal process review of the ADRAS. This idea was also raised by stakeholders during consultations to inform the development of then AusAID's research strategy. The ESRC–DFID joint fund for poverty alleviation initiated "impact maximisation" grants. Whilst these include knowledge exchange activities, here we suggest only implementation bridging and evaluation activities (with knowledge exchange activities, particularly output preparation, remaining as part of the main grant).

Recommendation 7: Improve the available guidance, resources and capacity building for research communication and engagement planning to assist researchers, including by linking to existing resources such as the Economic and Social Research Council (ESRC) – Department for International Development (DFID)-funded Impact Initiative website.[13]

For Development Researchers

Recommendation 8: Build in and budget for an adequate inception phase to understand context and stakeholders, build relationships (e.g. with relevant development partners, government, and/or NGOs), clarify impact goals, and target end users.

Recommendation 9: Integrate target end user representatives and relevant implementing organisation representatives into research teams or on-going engagement structures to strengthen the pathways from research to policy and practice.

Recommendation 10: Develop and implement a communications and engagement plan for every research initiative, including consideration of the proposed pathway to impact and effort to 'design in' facilitators of research impact to the research process.

Recommendation 11: Plan diverse, engaging communication outputs, and utilise interpersonal engagement to support research use, drawing on growing sources of information and good practice such as the Impact Initiative website in the UK. Long reports and journal papers are a necessary foundation for accountability and credibility, but decision-makers need short, accessible products to engage with.

Recommendation 12: Ensure appropriate funding and adequate time and human resources for monitoring of research use during and at (and after) the completion of research, as a means to continue to facilitate impact and to demonstrate influence.

For Representative Research Bodies and Networks

Recommendation 13: Increase targeted advocacy about the value and impacts of development research and the role of institutional requirements or incentives, to support the use of quality evidence in Australian foreign policy and development assistance.

Recommendation 14: Consider collective work (for example, via Universities Australia, Australian Technology Network (ATN), RDI Network and/or Australian Council for International Development (ACFID)) to strengthen the ability to track, aggregate and demonstrate the value-add from research in foreign policy dialogue, relationships and development. In addition, collectively build on and strengthen existing research sector developments such as the increasing requirement to demonstrate research impact that can be expected to incentivise researchers' attention to impact.

Recommendation 15: Strengthen and resource a focus on research communication and engagement, translation to policy and practice and impact evaluation, including by drawing on and exchanging with best practice initiatives and groups such as the UK Collaborative on Development Sciences (UKCDS) and the Impact Initiative in the UK, or the International Development Research Centre (IDRC) in Canada. This can promote outcomes from development research and generate evidence of 'real world' impacts.

13 http://www.theimpactinitiative.net/ accessed 10/11/2017

For Research Evaluators

Recommendation 16: Utilise and build on the Framework for Exploring Research for Development Impacts (FERDI) developed in this study, to underpin future evaluations of the impact of development research.

Recommendation 17: Complement *forward evaluations* of research schemes that have a starting point of examining individual research projects and their contribution to development outcomes, with *backward evaluations* that take a policy and practice change as the starting point, and work backwards to the role that research played, to better understand how to maximise the contribution of development research to improved policy and practice.

Recommendation 18: Conduct follow-up of short-term study of the impacts of development research on policy, practice and capacity building (such as this study), with subsequent assessment of the longer-term social and economic impacts of such changes, to strengthen the evidence base regarding returns on development research.

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From evidence to impact:

Development contributions of Australian aid funded research

A study based on research undertaken through the Australian Development Research Awards Scheme 2007-2016

CASE STUDIES

OCTOBER 2017

Case Study 1: Health Equity Funds in Cambodia and Laos

1.1 Summary of the ADRAS project

Laos and Cambodia have experienced large inequities in health and health care. In Cambodia, these stem from a history of conflict, social decline and high out-of-pocket spending for health care due to informal payments and private drug sales (Annear, Bigdeli et al. 2008). In Laos, despite improved physical infrastructure, geographical remoteness coupled with high user fees and irregular primary care service provision drove overall low and inequitable health care use (Annear, Akkhavong et al. 2008).

During the 2000s, both countries had a number of separate health financing initiatives at sub-national levels. Cambodia had a spattering of district-level Health Equity Funds (HEF) managed by NGOs where the poor were the targeted beneficiaries and received free health care at point of service. Separate to these schemes, some donors supported contribution-based Community-Based Health Insurance (CBHI) schemes that aimed largely at covering the near poor, rather than most poor. In Laos, a government-managed CBHI scheme was progressively implemented but struggled to meet coverage targets, and so a smaller number of NGO-established HEFs were more widely piloted in the late 2000s under a World Bank/Asian Development Bank (ADB) health sector improvement program. Laws were also passed in the mid-2000s to establish national social insurance, and a compulsory scheme for civil servants was instituted, although initially this only covered capital city based civil servants (Annear, Akkhavong et al. 2008).

In the late 2000s, both Cambodia and Laos debated how best to extend coverage to the poor and near poor in order to address health inequities in their countries. A 2007 ADRAS grant awarded to Dr Peter Annear (at the Nossal Institute for Global Health, University of Melbourne), collected data from two pilot schemes, one in Cambodia and one in Laos, to evaluate whether HEF, CBHI, or a combination of the two, might best target and cover the poor to address inequities in health care and other outcomes.

These health-financing scheme pilots provided an opportunity for objective evaluation and evidence for policy. Such evidence directly addressed a priority policy issue and debate at the time. The long-established relationship of trust between the PI and relevant decision-makers, built on a history of valued work, meant that this evidence was provided through a trusted source. As a result, the project contributed to Cambodia's national policy decision for HEF to be rolled out to provide health coverage for the poor. Evidence from the ADRAS project further informed health financing policy in Cambodia through the PI's involvement in later health financing and situation analysis policy pieces for the Ministry of Health.

1.2 Context, mechanisms and related outcomes of the project

CONTEXT

C1a - Relevance to end user – Inequities in health were a high policy priority in Cambodia and Laos

Addressing inequities in health and health care had risen in priority both internationally and locally in Cambodia and Laos. Low access to health care for Cambodian citizens was highlighted in the government's 2008–2015 health financing framework which also aimed to set directions for the development of a social protection mechanism for health care (Kingdom of Cambodia 2008). The Health National Socio-Economic Development Plan 2006–2010 for Laos included health as a priority sector highlighting health coverage for the poor, including the introduction of HEF.

C1b - Existing policy debate – but there was debate between actors on the best approach to extending health care coverage for the poor

In the late 2000s, many donors were discussing health financing with the Cambodian Ministry of Health, and had different ideas about whether HEF, CBHI, vouchers or other mechanisms were more appropriate for extending health coverage to the poor. There were also different ideas about whether HEF and CBHI approaches could be combined. The Laos government had already noted that the roll-out of CBHI had not been progressing, and was not providing the coverage it had hoped for. Only 1% of the target population had been covered after five years of CBHI scale-up efforts. Definitions of 'the poor' were narrow, including only the most destitute, and hence barriers to participation were still high for a number of people who were expected to pay premiums under the CBHI model. In both of these cases, therefore, objective, independent advice was useful.

C1c - End user demand for evidence – and a demand for evidence to inform decision-making

Cambodian government officials had an appetite for evidence and information generally to inform decision-making. Given the different advice that it was receiving on HEFs versus CBHI, the Ministry of Health wanted objective evidence on what may be the best approach for wider roll-out nationally for health coverage for the poor. They were quite open to experimentation in health financing (supported by development partners) and to research that helped them judge what was working and why, so that they could move to scaled-up implementation of successful approaches. The Ministry of Health in Laos, realising that the CBHI strategy was not going to work, was also interested in what evidence the ADRAS research had to offer. It was clear that there were some parallel issues between the two countries, with similar policy questions, and hence it was sensible to look at both countries together.

C1d - Evaluation conditions existed – Localised approaches to health coverage for the poor existed that could be evaluated

In Cambodia, existing locally-run HEFs and CBHI schemes provided the opportunity for country-relevant evidence on effectiveness to be gathered. In Laos, CBHI was being rolled out as a Ministry of Health program, and HEF also existed, though on a smaller scale. An HEF pilot was being managed under a World Bank project in the northern half of the country and the ADB had a similar project in the south.

C1e - Existing relationships and contextual understanding – Previous valued work by the PI in Cambodia on Laos on similar issues had built relationships of trust

The PI for this study had completed significant work in both countries on equity in health financing prior to the 2007 ADRAS project. Fifteen years of work in Cambodia at the time of the ADRAS project application included inputs to a strategic health financing framework with the WHO and Ministry of

Health partners of the ADRAS project. All partners in Cambodia had worked together immediately prior to the ADRAS project on a small AusAID-funded and related piece of work. The long collaborative relationships between the PI and key WHO and senior Ministry of Health officials meant that the ADRAS project was based on good joint understanding of the policy evidence needs of the government.

In Laos, prior to the ADRAS project, the PI collaborated with the World Bank/Ministry of Health office on reviews of Health Equity Funding and drafting inputs to the *Report and Future Recommendations for Future Development for the National Guidelines for Health Equity Funding* (2007). Joint field trips undertaken as part of this work supported relationship building which benefited the ADRAS project.

In both countries, the ADRAS project PI's prior work and relationship with local WHO/World Bank offices was important as they were ongoing partners providing technical advice on health financing in both countries.

C1f - Continuity in key contact's positions was important

Low turnover in upper positions of the Cambodian Ministry of Health (MoH) and the Laos MoH/World Bank project leadership ensured continuity in key relationships from previous work through to the preparation of the ADRAS proposal. The ADRAS project PI remained familiar with the evidence needs of these officials based on prior discussions, using these to shape the ADRAS project design.

MECHANISM

M1a - Relevant, timely and needed evidence

There was not a single point when the demand for evidence appeared, but rather the demand arose as situations unfolded in both countries, and local officials began to see what they needed in terms of information. The ADRAS research question, if and how the HEF and CBHI could be combined into one scheme, put the policy discussion to the test. In Laos, the government had already begun to realise that plans for national CBHI coverage were not realistic, and that they needed a different strategy, so there was considerable interest in the ADRAS research.

M1b - was objectively constructed on the basis of evaluation of interventions in local context

The ADRAS project team worked with international NGOs at the provincial and district levels who had introduced pilot HEF schemes. In one district in Cambodia where a combined CBHI–HEF model was being piloted, quantitative findings suggested that the combination resulted in a negative impact financially for the HEF, with the benefits of monies allocated to the HEF flowing to the more well-off CBHI members. Having objective evidence to draw on (there was little other evidence aside from the ADRAS work at the time) increased the confidence of government officials in both countries in their decisions to roll out HEF.

M1c - Evidence was produced jointly with end users of Ministry of Health in both Laos and Cambodia

Two people responsible for CBHI in the Laos Ministry of Health (MoH) were on the research team for the ADRAS project and in Cambodia the Director of Planning himself was an integral member of the research team. MoH officers participated in district-based fieldwork and worked together to collect data and to understand the outcomes. Results were presented on an ongoing basis throughout the research project in technical meetings of the Ministries of Health so that discussion could be fed back into the

way the research was focused. Draft end results for Laos were presented to the Ministry of Health's technical working group meeting, and then to a broader stakeholder forum, which included high-level experts. In both countries a number of reports and journal articles were jointly authored.

M1d - and was provided through trusted sources

Opportunities for influence tended to unfold over time, and hence relationships and time spent in-country were important. As the PI on this ADRAS project aptly stated:

> There is something about the way the various relationships are brought together that makes it work particularly well, mostly based on longer term experience, trust and mutual activity … The role I am able to play now in working with the MoH and its technical staff is significantly stronger than what I was able to do in 2007 … the relationships were good pre-ADRAS but I am now more trusted as a researcher and policy advisor than I was initially. Working together is the best way to build this trust.

M1e - Further ongoing work that could extend the ADRAS influence

A 2012 round ADRAS application to evaluate the outcomes from further implementation of HEF was successful and could provide the next step in an evidence-to-policy ripple effect. Completing the initial work funded through AusAID was instrumental in preparing a successful proposal for the first ADRAS grant, and the first grant was instrumental in the success of the second ADRAS grant.

As the Ministries of Health in both countries wrote health sector strategic plans and financing strategies, the work done through the ADRAS projects (2007 and 2012 rounds) fed into their thinking, and aligned with the issues that they wanted to resolve. The timing was fortuitous as the ADRAS work could feed directly into these policy documents.

Work done under the ADRAS framework built a foundation for the later work of the AusAID-funded Health Policy and Financing Knowledge Hub at the Nossal Institute, continuing work on HEF, CBHI and health financing in Laos and Cambodia looking at key policy questions and including how to build the institutions that would have to implement national policy. Internationally, the ADRAS work was taken up during the preparations of the World Health Report 2010 on universal health coverage and was quoted in preparatory papers.

OUTCOME

O1 - Policy influence – led to decision to provide government support to roll out HEF

In Cambodia, evidence from the ADRAS-supported evaluation contributed to the Ministry of Health's decision to prioritise the roll-out of HEF due to their success in coverage of the poor, over proposals for a combined CBHI and HEF approach.

In Laos, high level discussion immediately surrounded the presentation of results in a context where decisions are often made through meeting-based discussions, and the evidence pointed towards the need to scale up HEFs. After around a two-year time lag, coverage of the HEFs has now expanded to a point where it is greater than that of CBHI, and the failures of the CBHI program are now openly discussed.

O2 - Policy influence – and further supportive work on health financing policy in Cambodia

Later, the PI was asked to contribute to a situation analysis to inform the new Health Strategic plan for 2017–2020.

O3 - Practice influence – in the local HEFs evaluated

The ADRAS work helped to inform the development of the HEF structures in Cambodia. In Laos, through work with the Red Cross who introduced the HEFs, the ADRAS contributed to the decision that the previous focus on the most destitute, which limited coverage, should be altered, with the fund now targeting a larger proportion of the poor.

O4 - Extended Australian Government opportunities for policy dialogue

Through ongoing advice from the PI regarding results of the ADRAS project work, AusAID was put in a stronger position for policy discussion with the Cambodian Government on these questions of health equity and this led to DFAT becoming the main donor supporting the MoH health financing strategy and the expansion of the HEFs nationally.

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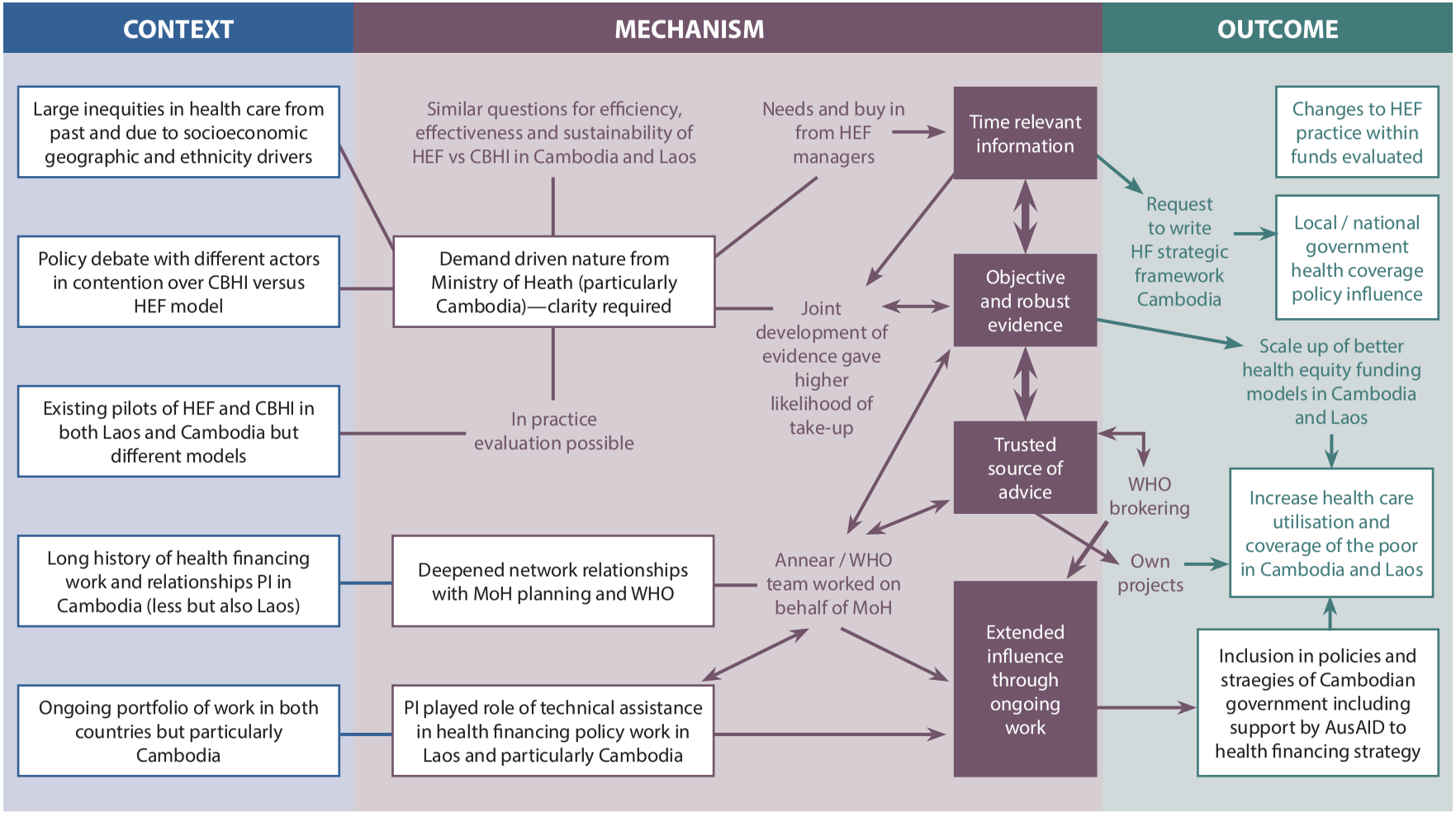
1.4 Outcome pathway

Health financing for equity in Cambodia and Laos



Case Study 2: Pacific TROPIC – Translating Research Evidence for Obesity Prevention

2.1 Summary of the ADRAS project

High rates of non-communicable diseases in the Pacific Islands are now estimated to be responsible for up to 75% of deaths and may be contributing to stagnating life expectancy in some populations of Pacific Island nations (Taylor et al. 2013; World Health Organisation 2014; Hou et al. 2015). The region also has some of the highest rates of obese and overweight individuals in the world, with rates doubling in adults in Fiji between 1993 and 2004, and tripling in under 18-year-olds (Ministry of Health Fiji 2007, Snowdon and Thow 2013). Dietary choices are thought to be the greatest contributor to diabetes and cardiovascular disease, and hence to deaths in Fiji (Hou et al. 2015).

Many Pacific Islands have low comparative advantage in food production and export, due to their remoteness, which contributes to a high import dependency. Difficulties experienced in trade negotiations (with the relatively smaller size of Pacific economies), have constrained changes to tariffs and trade barriers that Pacific nations may have wanted to make to address unhealthy food consumption. Palm oil imports into Fiji, for example, increased 10-fold between 2000 and 2009 (Snowdon and Thow 2013).

The Translation Research for Obesity Prevention in Communities (TROPIC) project was a unique 3-year ADRAS awarded in 2008. Rather than focusing on carrying out new primary research, TROPIC built on the Pacific Obesity Prevention in Communities (OPIC) project by testing a knowledge-brokering approach to getting evidence on drivers of obesity in Fiji from the project and other sources and creating policy as a result. The OPIC project (2004–2009) comprised community-based interventions and analytical studies regarding the prevention of adolescent obesity in four countries (Fiji, Tonga, New Zealand, Australia) providing an evidence base on its prevalence and drivers (Swinburn et al. 2011). The OPIC project also included a component on food policy for obesity prevention.

The TROPIC team recruited six participating organisations based on their potential to: a) develop policies relevant to obesity; b) reach broad audiences; c) commit staff for knowledge exchange activities; and d) build a supportive organisational culture for use of evidence in decision-making. These included four government departments (Ministries of Women, Health, Education and Agriculture) and two NGOs. The TROPIC team increased the participating mid- and high-level government officers' capacity to better understand obesity-related evidence, map policy environments and cycles, and communicate research for policy. Approaches included workshops; small group and one-on-one mentoring to prepare policy briefs; development of templates; and securing access to software and database resources. On average, TROPIC team members spent 30 hours per participant over the 12–18-month intervention period (Waqa et al. 2013). One third of participants produced evidence-informed policy briefs on relevant topics, including reducing costs and increasing accessibility to healthy foods, and creating improved environments for physical activity. These were communicated to senior decision-makers within their organisations.

Involvement from the outset of high-level officials from government departments, such as Ministers and Permanent Secretaries, was key to the TROPIC's success. The project built skills and capacity for evidence-informed policy decision-making to address obesity in Fiji, including extending access to relevant literature and improving data sharing within and between relevant government departments. Despite turnover of staff from participating organisations and their limited availability to participate in all knowledge-brokering activities, two-thirds of participants prepared policy briefs on jointly agreed topics pertinent to obesity

prevention, including food policy. Some of these contributed to key changes in taxation for obesity, including the 2012–2013 introduction of a 32% import tariff on palm oil imports into Fiji (Fiji Customs & Revenue Authority 2012). In addition, at least one participating government department engaged a TROPIC researcher's support in introducing regular onsite physicals for staff within their department.

Further work on health outcomes following these changes would be valuable, particularly with the Consumer Council of Fiji noting actions by suppliers and vendors to try to circumvent the policy changes introduced. This has included firstly the labelling of some palm oil as vegetable oil, possibly to try and avoid the import tariff, and secondly, there has been a slow drop in prices of imported fruit and vegetables to consumers, despite the import tariff reduction. This has benefited vendors but not consumers (Consumer Council of Fiji 2012).

2.2 Context, mechanisms and related outcomes of the project

2.2.1 Capacity strengthening for research translation

CONTEXT

C1a - Low culture and capacity for evidence use in decision-making in Fiji

The government sectors included in the project in Fiji had limited resources and systems for accessing published and unpublished research, and for the production, translation and use of evidence in policy decision-making. These challenges made it difficult to foster the culture, structures and processes that support evidence-informed policy-making. Few policy frameworks referred to the use of evidence in shaping policy, including in the area of obesity prevention, and little information and data sharing occurred within or between ministries relevant for decision-making.

C1b - Constrained use of evidence on obesity in the country

There is an existing evidence-base to draw from in Fiji. This includes the work on obesity and priority interventions through the Obesity Prevention in Communities (OPIC), and other ongoing research on non-communicable disease being done by Pacific regional organisations. Whilst policy and advocacy organisations could articulate their key problems and policy possibilities, prior to TROPIC, very few appreciated the that role evidence could play in decision-making and even fewer drew on literature or other evidence in their decision-making and advocacy roles to address obesity and related NCDs (Waqa et al. 2013).

MECHANISM

M1a - A structured knowledge-brokering approach to bridge the gap between research and policy

The TROPIC team drew on international momentum and a growing information base to develop and test a structured knowledge-brokering approach in order to promote greater engagement between research and policy. The policy environments of each organisation in the project were mapped, and participants were supported through a series of workshops and mentoring. These activities aimed to assist participants to assess, adapt, and apply evidence; select relevant policy options; develop convincing evidence informed policy briefs; and present and discuss these in their organisations, to promote related policy change and implementation.

M1b - Involving end users (government) and intermediary (NGO) organisations committed to building evidence informed policy

In order to be selected, the participating organisations had to demonstrate their commitment by agreeing to support and release staff to participate in TROPIC's knowledge-brokering activities. In addition, many of the organisations had strong relationships with the TROPIC team through the previous OPIC study. Importantly, the organisations participating in the TROPIC project spanned four government departments and two NGOs relevant to changing food policy environments in Fiji. The TROPIC team included advisors who had experience working in, and with, these organisations to ensure understanding of organisational cultures, policy actors and processes, in order to tailor appropriate ways of communicating evidence for policy.

M1c - Strengthened access to sources of evidence

As well as guiding participants to relevant online databases and local sources of evidence, the TROPIC team facilitated Fiji Ministry of Health's access to the World Health Organisation's Hinari initiative. The initiative enabled access by low- and middle-income countries to a range of relevant health literature, as well as to Endnote software for referencing of resources.

M1d - Included an embedded evaluation of the knowledge-brokering approach

The TROPIC study conducted a planned process evaluation of their knowledge-brokering approach alongside its implementation (Waqa et al. 2013). Evaluations of baseline and post-knowledge exchange activities were conducted through questionnaires, semi-structured interviews, and capacity assessments, and TROPIC team members kept process diaries throughout the project that detailed time spent in differing activities and stakeholder interactions. This assessed the skills and opportunities that the participants felt they had gained, the remaining challenges faced in communicating evidence for policy and take-up in their organisations, and the effectiveness of the knowledge-brokering approach.

OUTCOME

O1a - Built capacity in research communication and use for policy

Participants noted their furthered skills in acquiring, adapting, and applying evidence, giving examples of the use of these skills within their roles (Waqa et al. 2013). The networks built through TROPIC between organisations were also valued, as was the practical focus of the project, including the opportunity to immediately apply skills to the writing of a relevant policy briefs supported by the TROPIC team. Importantly, the evidence-informed policy and advocacy skills gained during TROPIC are transferable to any policy area.

O1b - Contributed to changed discourse, processes and structures for greater translation of research evidence to policy

Researchers in Fiji who continue to work with organisations that were involved in the TROPIC project noted greater discourse around the importance of evidence and more frequent reference to evidence by senior officials, including in the national NCD advisory group. The then Director of Information in the Ministry of Health was supportive of TROPIC work on evidence use in policy, and encouraged staff to make use of the available data in the Ministry. Information systems to access and share relevant data, however, remained a challenge for a number of the other government departments.

O1c - including longer term capacity building through the inclusion of research communications for policy, into Fiji National University (FNU) courses

One of the key FNU researchers, an invited guest involved in the project, presented a lecture at the School of Public Health on knowledge translation and research communication. Processes to more formally include such training in public health curricula are now under way.

2.2.2 Policy influence – changes in taxation to reduce NCDs

CONTEXT

C2a - NCDs being a major Pacific regional and Fiji national policy priority

The high burden of NCDs on population health, budgets, and economic productivity was widely discussed in the Pacific Island region. A March 2007 meeting of Pacific Island Health Ministers highlighted coordinating frameworks to translate the 'Healthy Islands' vision to action on NCDs, and noted trade and commercial influences particularly in areas of food, tobacco and alcohol as key concerns. In August 2007, the Secretariat for the Pacific Community (SPC) and WHO Western Pacific Regional Office, together with Pacific Island leaders, produced the Pacific Framework for the Prevention and Control of Non-Communicable Diseases, with actions to be monitored against this framework in the future.

C2b - Coupled with a national policy environment of strong centralised decision-making and a commitment to improved health

In the mid-2000s there was high level political commitment to implement legal and fiscal policies that addressed the dietary and physical activity contributors to the alarming rates of obesity and non-communicable diseases in the Pacific, but little actual policy implementation had occurred by the time of the commencement of the project. The military-led government in Fiji, keen to implement policies and demonstrate performance in the lead-up to the planned elections in 2014, provided a window of opportunity for quick policy action against these commitments.

MECHANISM

M2a - Supported the use of targeted evidence informed policy briefs

Policy briefs were the central written outputs through which relevant evidence was presented, and the topics were jointly agreed by participating organisations and the TROPIC team. Templates were provided and adapted to the specific organisational setting, and oral presentations on policy topics were given by participants to high ranking officials within their organisation, supported by the TROPIC team. Around 20 policy briefs were prepared and presented by TROPIC participants, centring on reducing cost and increasing accessibility to healthy foods; increasing costs of unhealthy ones; and changing the environment for physical activity.

M2b - Jointly with partners showing commitment and with whom previous relationships were held

Organisations selected for participation in TROPIC built on relationships established through the OPIC project (Mavoa et al. 2012). High-level officials, including Ministers and Permanent Secretaries, were engaged early in the TROPIC process. Organisations were involved based on their willingness to release

staff for TROPIC activities, demonstrating their commitment to the project and its value. The then Minister of Health was particularly involved, and staff committed from the Ministry of Health produced the largest number of policy briefs on topics ranging from the banning of marketing of healthy foods to school students through to increasing import tariffs on palm oil.

M2c - Productive cooperation between Ministries in Fiji including discussion of policy briefs

The Ministry of Health requested the cooperation of the Ministry of Finance regarding the palm oil import tariff introduction, using the policy brief produced with TROPIC support as a basis of discussion.

OUTCOME

O2a - Facilitated TROPICs contribution to an increasing in the import tariff on palm oil

The Fiji government, amongst other significant actions, introduced an import tariff on palm oil at the maximum level allowed under Fiji's WTO agreement (32%), up from 15%, as part of its 2012 budget (Fiji Customs & Revenue Authority 2012).

2.2.3 Practice influence – introduction of staff physicals in relevant ministries

CONTEXT

C3 - Relationships between in country researchers and officials within key government departments

Through previous involvement in OPIC and in health research and technical assistance in Fiji generally, a key Fiji National University (FNU) researcher on the TROPIC team built networks with a further two key ministries in Fiji.

MECHANISM

M3 - and their involvement in the TROPIC project through cross government department inclusion

Involvement in the TROPIC project meant exposure to a series of evidence-informed messages about obesity and NCDs that further strengthened the commitment of two key ministries (outside of the Health Ministry) to model NCD prevention efforts through their own internal departmental policies and actions.

OUTCOME

O3 - led to a request for support in the introduction of physical assessments for staff within key government ministries

The departments bought their own blood sugar and blood pressure testing equipment and a TROPIC researcher helped set up relevant examinations onsite for staff of these departments.

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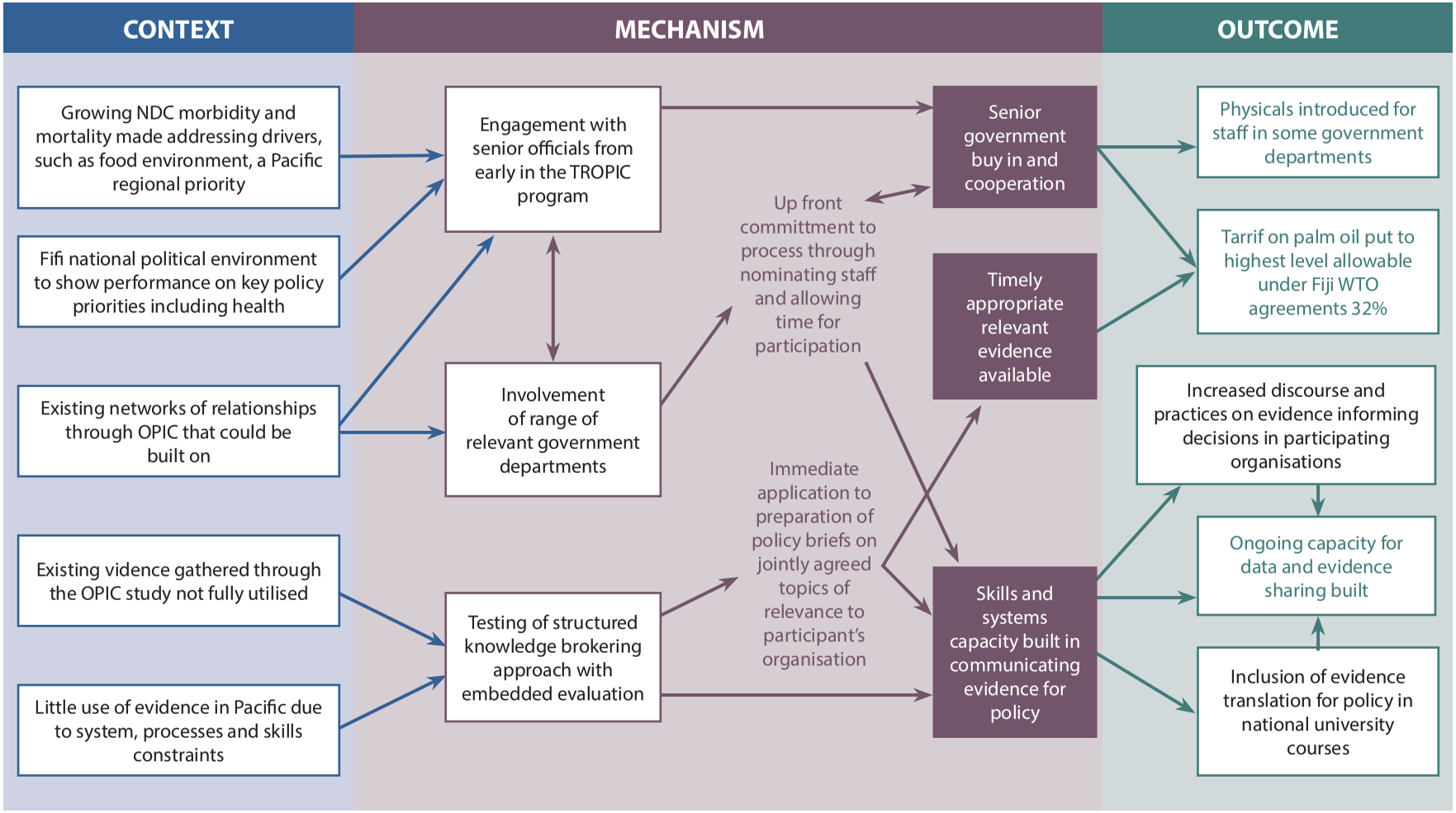
2.4 Outcome pathway

Pacific TROPIC



Case Study 3: Travelling Together – Disability Inclusive Road Development in PNG

3.1 Summary of the ADRAS project

With little public transport infrastructure, roads are the main form of transport in Papua New Guinea (PNG), including for pedestrians. Demonstrated benefits of road development such as better access to essential services and economic outcomes related to better access to markets often largely exclude the most vulnerable, such as people with disabilities.

Road development in PNG has been a large and growing area of investment by both the PNG Government and its development partners, including the Australian Government. Nationally used quantitative performance indicators such as kilometres of road developed neglect issues of road maintenance and inclusiveness and therefore equity in access and benefits for women, poorer socio-economic groups and people with disabilities.

Between 10 and 15% of the PNG population are estimated to be living with a disability. A major implication of poor accessibility for people with disabilities is that they may be excluded from the impacts of road infrastructure improvement. Many road projects tend to focus on the needs of vehicle traffic and can actually worsen access for people with disability, due to higher vehicle numbers travelling at greater speeds. Increased vehicle numbers was both a goal and a likely result of an ADB roads project in PNG (Asian Development Bank 2015). It can be less costly to incorporate the needs of disadvantaged road users in planning processes than to make later changes or to reduce access. The majority of work on public transport access for people with disabilities in low- and middle-income countries has focused on trains and buses, with little information on road infrastructure use and few tools for incorporating people with disabilities' views in road planning processes.

The 'Travelling Together: Disability-Inclusive Road Infrastructure Development in PNG', funded under the 2009 ADRAS, aimed to increase the benefits of road development for those with disabilities in PNG through identifying key barriers to access and use, and developing an approach by which people with disabilities could effectively contribute to road infrastructure planning processes.

The Travelling Together project team purposely included members from different disciplines and perspectives relevant to disability and infrastructure development, including an urban planner with experience in participatory approaches, an established disability NGO–global health university institute partnership (the CBM–Nossal partnership), the PNG umbrella group for disabled person's organisations (the PNG Assembly for Disabled Persons – PNG ADP), and a private sector senior road engineer with a significant portfolio of work in PNG.

Throughout the project, the research worked to bridge silos of 'hard' infrastructure engineering and 'soft' social development. The research was conducted in two urban and three rural sites in PNG where roads were being refurbished. A participatory approach was central to the Travelling Together project, with two data collectors with disabilities recruited for each site by PNG ADP. Research planning and tool development, data analysis and write-up were conducted jointly, and workshopped with PNG ADP staff. Data was collected through interviews with road decision-makers, group discussions with people with disabilities and 'moveabouts'. In the moveabouts, groups moved along a segment of road identifying features that promoted or detracted from

safe use, and photos were taken by disabled road users of good and bad aspects of the road and associated infrastructure to illustrate problems and suggest improvements.

The study found that people with disabilities used roads extensively to access neighbouring towns and essential services, schools, stores, churches, and health facilities, and to visit friends and carry out livelihood activities.

Whilst construction and maintenance of roads generally increased the ability of people with disabilities to access essential services, it increased traffic and the speed of vehicles thereby threatening access and safety. Key barriers to accessing roads included lack of marked crossings at logical crossing sites, narrow bridges with limited pedestrian space, poor access to footpaths, open drains along the sides of roads, and poor road drainage and maintenance. Addressing many of these barriers during road design and construction is simple and low-cost, and helps improve road access for all road users, reducing road accidents and subsequent health care costs. However, there was little awareness amongst road decision-makers (RDMs) on the use of roads by people with disabilities. Few processes for community involvement in road planning existed, and there was no evidence of discussions with people with disabilities on road infrastructure.

The Travelling Together ADRAS project was well regarded within and beyond DFAT. It successfully increased skills, confidence and employment of research assistants with disabilities and influenced the approaches that further disability-related research and development projects took. Follow-on joint advocacy from PNG ADP and the consultant road engineer using the ADRAS research contributed to changes in road development in at least two provinces and also influenced the thinking and practices of road engineers. However, whilst the Travelling Together project was referred to in PNG's National Policy on Disability 2015–2025, changes to road planning and development policy, processes, and programs (including donor funded) have not been widespread and PNG ADP continues to use the evidence and guidelines in advocating for change.

3.2 Context, mechanisms and related outcomes of the project

3.2.1 Improving the capacity and livelihoods of research assistants with disabilities

CONTEXT

C1 - An existing body representing disabled people's organisations in PNG had networks and experience, and could provide local coordination of the study

The PNG Assembly of Disabled Persons (PNG ADP), had previous experience working in inclusive infrastructure programs. It has an important profile in PNG including being responsible for national oversight of advocacy, rights and responsibilities under PNG's National Disability Policy (NDP) 2015–2025. The organisation had previously worked with the CBM–Nossal partnership which formed a core part of this ADRAS's research team. The PNG ADP's then co-chair, Ipul Powaseu, who coordinated the PNG-based work, had significant networks and influence and was previously an adviser to the PNG Government.

MECHANISM

M1a - which enabled a participatory approach to recruitment and developing the skills of research assistants with disabilities rather than a traditional approach of research 'on' people with disabilities

Research assistants (RAs) with a disability were recruited in each project site through PNG ADP rather than through a university. Few of the RAs had any prior research experience, and levels of education varied, though most had some high school education. RAs were embedded in the community (both geographically and in the disability community generally) and had a direct interest in the positive changes to road infrastructure inclusiveness that could result from the research. Responsibilities of the RAs included gathering six to twelve people with disabilities from the local area, explaining the research and collecting the data in each site. Through joint approaches to data collection tool development, data analysis and advocacy, the research assistants developed not only research skills but also group organisation and leadership skills.

M1b - Positional authority from the project empowered PNG ADP research assistants and gave entry points to decision-makers

Importantly, being involved in the project gave the RAs positional identity and authority as 'researcher[s] on the PNG Travelling Together inclusive road infrastructure project'. This provided them with confidence, perceived legitimacy and specific authority to approach local road decision-makers. Through this process, PNG ADP researchers gained confidence, skills, positional standing and exposure.

OUTCOME

O1 - leading to further related employment for the research assistants with disabilities

At least four of the ten RAs from the Travelling Together project went on to further disability-inclusion related work where they are using the skills and networks learned. Three of these four were women. Further roles included within the national disability resource and advocacy centre, in the Assistive Technology Project (ATP) and in a 2012 ADRAS Voices Of Children With Disability, led by Deakin University.

3.2.2 Promoting further research approaches

CONTEXT

C2 - Disability continued as a priority of the ADRAS in later years

Disability-inclusive development remained a focal theme in the 2012 ADRAS round with a committed disability team within AusAID/DFAT supporting and using evidence to inform policy. The then-head of PNG ADP involved in Travelling Together was a selection committee member for the 2012 disability-themed proposals to the competitive scheme.

MECHANISM

M2 - and PNG ADP representation on the disability theme ADRAS selection committee allowed cross facilitation of approaches to disability research

PNG ADP director's role in the ADRAS 2012 disability theme selection committee provided her with an opportunity to discuss Travelling Together ADRAS project's success in employing research assistants with a disability, with a later successful Voices of Children with Disability in PNG and Vanuatu ADRAS project team.

OUTCOME

O2 - toward greater inclusion of researchers with a disability as core research team members

Another successful disability research partnership with PNG ADP resulted in the 2012 Voices ADRAS project, giving further opportunity to research assistants with disabilities in PNG (including a position for one research assistant who had worked in the Travelling Together ADRAS project) and further ensuring research 'with' people with disability, rather than 'on' them.

3.2.3 Greater disability inclusion in road development and maintenance in research sites

CONTEXT

C3 - Little awareness existed amongst local road decision-makers about the use of roads by people with disabilities

Interviews conducted by the RAs with a disability with local road decision-makers highlighted that there was little awareness of the function of roads by people with disabilities, or of what accidents occurred on roads or the people involved. There were few processes established for general community discussion or involvement in road planning or maintenance priorities, and no evidence that people with disabilities were being consulted.

MECHANISM

M3a - but participatory approaches taken in the ADRAS project to results analysis and preparation of local advocacy plans

The RAs with a disability were from the local community/Disability People's Organisations (DPOs) in each of the project sites. As part of a six-day analysis workshop held with all RAs, each pair of RAs was supported to prioritise findings and key changes that could be made to roads to improve use by people with disabilities in their local area, and prepare an advocacy plan towards these outcomes.

M3b - provided a sense of ownership of the research and empowered PNG ADP representatives to use their ongoing entry points to local decision-makers to advocate for change

Confident and evidence-equipped PNG ADP RAs had long-term access to decision-makers, coupled with the project-prepared advocacy plans to facilitate ongoing engagement on inclusive road development in the research districts.

OUTCOME

O3 - which contributed to changes in at least two of the research site areas during road upgrade processes

As part of maintenance works, district roads were widened in two districts in which the research was conducted, and follow-on evidence-informed advocacy occurred. New signage was also added in one case.

3.2.4 National policy influence

CONTEXT

C4a - Significant monies, including through development assistance, were being invested in road infrastructure development in PNG

Infrastructure development was a major area of investment for donors and the PNG Government, including significant investment in road planning and upgrading through Australian aid, and ADB and World Bank loans.

C4b - but priorities for and performance of investments did not include outcomes, particularly for disadvantaged groups

Measures of the performance of these investments, however, were largely based on quantitative measures of road-related outputs such as kilometres developed, without consideration of the benefits from these road developments. Road planning and development processes in PNG did not provide opportunities for community involvement, and nor did actors within the National Road Authority have an awareness or appreciation of the importance of pedestrian use of roads, safety and disability-inclusiveness. They sometimes viewed potential changes as too costly for budgets, without evidence of their low cost and the potential for equitable gains from these investments.

C4c - Competition between PNG national departments for limited budget resources

Nationally, strong competition for budgets in some circumstances promoted an openness to evidence that was supportive of new activities, such as disability inclusion, for placement in budget submissions in PNG Government negotiations.

MECHANISM

M4a - provided policy windows for disability inclusion that were taken advantage of including through existing networks of relationships

The National Road Authority had an interest in how disability-inclusive road projects could be added to its portfolio as a means to justify greater budget allocations. The then PNG ADP director had influence and a network of personal relationships which were useful in advocacy efforts with the National Road Authority, raising their awareness of disability-inclusive planning.

M4b - An influential collaboration between PNG ADP and a private sector road engineer

The new head of PNG ADP held joint discussions with the PNG Government towards the end of the project and shortly after. The partnership between a younger man with a disability and an older engineer who had worked in transport for many years was highly effective and influential.

M4c - together with targeted guidance notes for road decision-makers and planners/engineers

Relevant and applied outputs from the Travelling Together ADRAS project were produced in the form of guidelines with implementable actions specific to: a) decision-makers on safer roads; and b) road engineers and planners. These short guidelines could be discussed and left in the hands of the relevant decision-makers as an advocacy tool and to support action.

OUTCOME

O4a - led to influence on national policy including reference to the research in PNG's national disability policy 2015–2025

With buy-in from the Department for Community Development and Religion, the National Disability Policy 2015–2025 refers to the Travelling Together research.

Beyond data collection initiatives, there has also been specific disability research conducted around the country by a range of local and international researchers. For example, the PNG ADP collaborated on a research study with international partners on researching inclusive road developments in PNG to inform national transport and infrastructure policies (PNG Government 2015).

Wider use in national road policy, planning processes and programs (including those supported through development partners), however, has been limited and PNG ADP continue to advocate based on the Travelling Together project's evidence and guidelines.

O4b - and informed UN Women Safe Cities project work in Port Moresby

The guidelines also informed the UN Women Safe Cities work in Port Moresby's Gerehu and Gordons markets. Whilst this was mostly looking at how to make the markets safer for female vendors, disability-inclusive design of car parks was discussed and the CBM universal design guidelines were provided to

the project. In Port Moresby, consultations between the Safe Cities Project and the National Transport Authority have also considered transport accessibility for people with disabilities.

3.2.5 *Influence on wider infrastructure development programs*

CONTEXT

C5 - Silos of social development versus infrastructure development

Across settings (development agencies, governments, private sector), human resources and programming for inclusive development and physical infrastructure planning and engineering are generally separated. PNG road infrastructure planners and decision-makers had little knowledge or consideration of the needs and risks of road usage by those with disabilities, and nor were there processes or priorities for their engagement in road planning processes.

MECHANISM

M5a - were broken down in the team structure of and advocacy from the project

The Travelling Together ADRAS project actively worked to bridge the gaps between infrastructure planners and engineers and social/inclusive development practitioners. The research project team included a road engineering consultant who gained interest, understanding and commitment to disability-inclusive infrastructure development whilst lending engineering 'speak' (terminology), perspectives and credibility in guidelines development and discussions with road decision-makers.

M5b - which demonstrated the effectiveness of a combined approach

The Travelling Together project demonstrated why and how to further include social development/inclusion expertise and approaches in infrastructure planning and development. Joint discussions between the AusAID/DFAT roads adviser and the disability team on disability-inclusive infrastructure development were triggered through the presentations from the Travelling Together project. CBM presented at the ADB's biannual transport meeting in Manila late in 2011, raising understanding of the importance and process of disability-inclusive road planning, including findings from the Travelling Together project.

OUTCOME

O5 - influencing infrastructure planning and engineering practice more broadly

Based on work in the Travelling Together project, the consultant infrastructure engineer included disability-inclusiveness in his review of the design of Mt Hagan airport. A United Cities collaboration (a joint mayors' group) under UN Habitat had an inclusive transport report, which, after accessing Travelling Together information, it broadened to include roads.

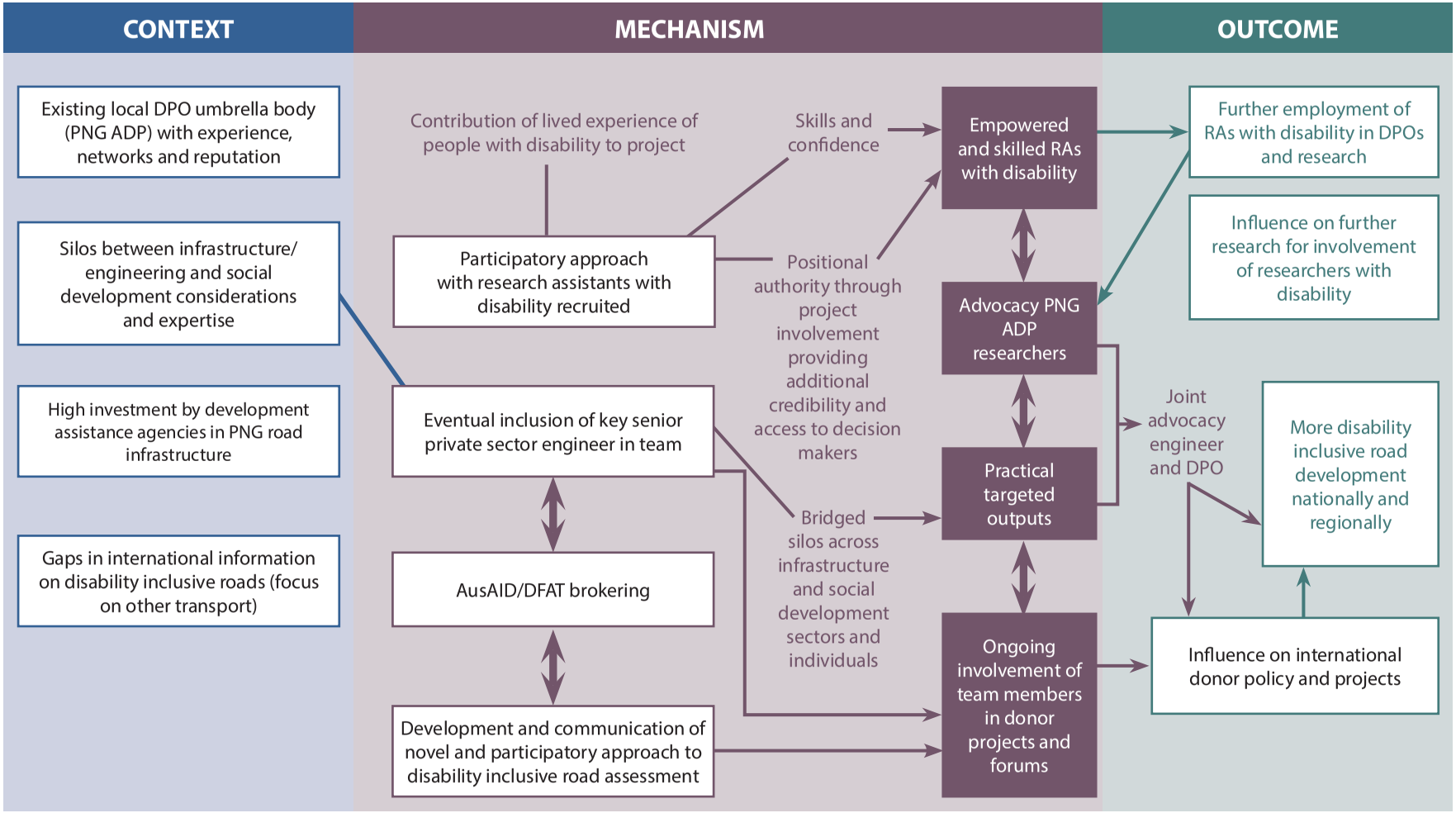
3.3 References

Asian Development Bank (2015). *Papua New Guinea: Road Maintenance and Upgrading (Sector) Project*. Manila., Independent Evaluation Department – Asian Development Bank.

PNG Government (2015). *Papua New Guinea National Policy on Disability 2015–2025*. Department for Community Development and Religion. Port Moresby PNG., Independent State of Papua New Guinea.

3.4 Outcome pathway

Travelling together: Disability inclusive road development in PNG



Case Study 4: Triple Jeopardy – Gender-Based Violence and Disability in Cambodia

4.1 Summary of the ADRAS project

An estimated 15% of the world's population has a disability. Women with disabilities in low- and middle-income countries experience multiple disadvantages resulting from gender, disability and poverty. However, there is very little data about the situation of women with disabilities.

The Triple Jeopardy ADRAS project awarded in 2009 highlighted experiences of gender-based violence by women with a disability in Cambodia, and policy and practical constraints to accessing appropriate support services. The study bridged pre-existing silos between women's and disability organisations and programming in the composition of its research team, led by an Australian university, that included one disability-focused NGO from Australia and one from Cambodia, and one gender-focused NGO from Australia and one from Cambodia.

A survey of 354 women, 18–45 years old, 177 of whom had a disability and 177 of whom did not, was undertaken in three rural and two urban sites in Cambodia using questions from the WHO Study on Women's Health and Domestic Violence, the Self Report Questionnaire for mental health and the Washington Group Questions for disability prevalence. In-depth and key informant interviews and focus group discussions complemented the survey.

The results showed that women with and without disabilities in Cambodia experienced similar levels of partner violence, but women with disabilities experienced higher levels of emotional, physical and sexual violence perpetrated by household members other than their partners, and women with disabilities experienced significantly higher psychosocial distress overall. Formal support-seeking for all women was low, but the higher rates of violence experienced by women with disabilities from family members that were not partners exacerbated already high barriers to disclosure and service access, requiring targeted policy and programming action.

Triple Jeopardy researchers suggested examples of low-cost approaches to boost the inclusion of women with disabilities in women's programs relevant for Cambodia. These included ensuring sensitivity on the part of service providers, supporting women with disabilities to share their concerns with community workers, and training women with disabilities to act as liaison advocates and counsellors for other women with disabilities (Astbury and Walji 2013).

This ADRAS project demonstrated the principle of 'nothing about us without us' by including women with disabilities as researchers, and by providing significant research training and capacity strengthening of local partners in the process. By effectively coupling the lived experiences of women with disabilities with quantitative disability-disaggregated data on violence against women, this ADRAS project showed the stark differences in experience of violence from non-partner family members, requiring specific policy and practical service delivery action. Targeted training tools for community organisations, and the involvement of women with a disability as research team members, influenced disability-disaggregated data and service focus in local and international women's development organisations, and led to an increased emphasis on gender equity in DPOs.

The project was highly regarded nationally and internationally, and took appropriate advantage of windows of opportunity in policy and strategy development to contribute to the inclusion of the specific needs of women with a disability in gender-based violence prevention and support. Illustrating the length of time it can take for some research impacts to translate into changed practice, in 2017, the Triple Jeopardy research is informing engagement by the Australian Government with the WHO and UN Population Fund (UNFPA) on the integration of disability in violence prevalence surveys.

4.2 Context, mechanisms and related outcomes of the project

4.2.1 Influencing national policy

CONTEXT

C1a - A policy vacuum in Cambodia for violence against women with disabilities existed

No policies were in place in Cambodia that addressed the types of violence faced specifically by women with disabilities, and there were no dedicated support services for them.

C1b - Most services are focused on violence from an intimate partner

Women with disabilities in Cambodia are significantly less likely to have partners (75% of women with disability in the sample versus 29% of women without were unmarried at the time of the Triple Jeopardy study), live with their birth family (75% versus 45%), and experience violence from family members who are not partners (Astbury and Walji 2013).

C1c - But the development of the Cambodian National Action Plan to Prevent Violence Against Women

During 2012–2014, the Ministry of Women's Affairs in Cambodia coordinated the development of the country's National Plan to Prevent Violence Against Women 2014–2018, bringing together national and international organisations that had violence against women as a core priority. This included the Cambodian office of the Australian aid program in DFAT (Kingdom of Cambodia 2014). A knowledgeable disability focal point championed the inclusion of women with disabilities in the Plan.

MECHANISM

M1 - provided a policy window of opportunity that the Triple Jeopardy ADRAS project team took

The Triple Jeopardy ADRAS research noted that the development of the Cambodian National Action Plan to Prevent Violence Again Women was concurrent with the writing up of the research results, and based on this suggested that:

> It is critical that stakeholders specifically address the intersection of gender and disability in these activities (Astbury and Walji 2013, p. 31).

OUTCOMES

O1 - to influence national policy

The Cambodian National Action Plan to Prevent Violence Against Women 2014–2018 highlights details of violence against Cambodian women with disabilities and their increased risk, referring to the Triple Jeopardy research (Kingdom of Cambodia 2014). Although greater representation of networks of women at high risk in coordinating groups is included in activities, overall, the task areas and indicators in the implementation plan fall short of specifically addressing the needs of women with disabilities. This highlights a fundamental but common gap between the use of research in policy and its extension to practice.

A DFAT-funded Australian Leadership Award program in 2013–14, coordinated by International Women's Development Agency (IWDA) and CBM, sought to bridge this gap by supporting a 'leadership for inclusion' program for nine Cambodians from disability, gender, non-government and government sectors, and by developing a gender and disability-inclusive development manual and toolkit to support inclusive practice.

4.2.2 *Influencing gender-based violence and disability programming*

CONTEXT

C2a - Silos of gender-based violence and disability programming

Whilst disability and gender programming were areas of high priority in international development policy at the time of the ADRAS project, they were largely considered separately in programming and service delivery despite areas of overlapping concern such as violence, sexual and reproductive health, and access to education. In the AusAID research working paper produced by the project team, the Triple Jeopardy researchers highlight these silos as they relate to on-ground advocacy and service delivery organisations as follows.

> Male leaders of disabled people's organisations (DPOs) setting advocacy agendas raise issues of common concern to both sexes, such as access to infrastructure and education, but cannot adequately capture the gendered experience of disability, or the unique barriers faced by women with disabilities. Gender based violence, sexual and reproductive health – traditional 'women's program' areas – are often unaddressed in disability-specific programming. Equally, the particular needs of women with disabilities are not always well reflected in the priorities of women's organisations which often focus on priorities shared by all women, rather than the unique barriers experienced by women with disabilities. (Astbury and Walji 2013, p. 9).

MECHANISM

M2a - Through inclusion of both disability and women's organisations as team members to break down silos

The Triple Jeopardy team included both a women's development and a disabled persons' organisation from Australia (CBM for disability and the IWDA for women's development) and Cambodia (the

Cambodian Disabled People's Organization for disability and Banteay Srei for women). This ensured joint learning about the importance of the different experiences of women with disabilities in terms of violence and related support services.

> Finally, the project partners represented academic institutions, disability specific organisations and gender specific organisations. This unique partnership ensured that expertise was available in the areas of research, disability and gender and that each partner learned new skills from the other, strengthening the research itself and developing mutual capacity. (Astbury and Walji 2013, p. 33)

M2b - And providing appropriate outputs/practical tools to improve access and service response

The ADRAS research produced a series of practical training tools targeted towards advocacy and service provision organisations for women and people with disabilities. The tools were available for free download from the Banteay Srei and the Cambodian Disabled People's Organization websites in both Khmer and English. The Community Training toolkit, for example, uses only pictures and conversation to deliver the training, and provides communities with ideas on how to include and support women with disabilities in the community (Heng et al. 2013). Outputs also provided practical guidance and indicators on including the consideration of disability in violence against women initiatives and gender as a cross cutting theme in disability initiatives (Vallins and Wilson 2013).

OUTCOMES

O2a - Programming and monitoring practices of women's and disability organisations were influenced to increase their consideration of gender and disability

The Triple Jeopardy project influenced greater inclusion of disability data disaggregation and focus in the women's development organisations involved, and gender focus and data in the disability organisations involved. Banteay Srei, the Cambodian women's development organisation, incorporated integrated disability into their programming, including training of over 200 staff and volunteers in gender and disability inclusion. An accessible residence was also built at a training centre.

The Australian women's development organisation involved in the research suggested that:

> Our involvement in this work meant that we understood and thought differently about having disability highlighted more and we integrated the Washington Group questions into [an individual deprivation measure] so that it included disaggregation by gender AND disability status. I don't think we would have done that if we had not had the engagement with disability groups and issues through the Triple Jeopardy research.

O2b - and findings were used in the design of new Australian development assistance programs and strategies

The Triple Jeopardy research was drawn on to inform Australian aid's gender-based violence programming design in Cambodia and education program design in Timor Leste. DFAT's disability strategy 2015–2020 has an emphasis on taking into account the interaction between gender and disability, with the Triple Jeopardy ADRAS specifically referred to (Commonwealth of Australia 2015 p. 10).

> We have supported research to better understand and address the risks of abuse experienced by women and girls with disabilities. Findings highlighted the

disproportionate family violence experienced by women and girls with disabilities and their lack of access to appropriate support services as a result of discrimination. This research has been used by a wide range of development partners across the Indo–Pacific region to raise awareness of the prevalence of violence against women with disabilities and encourage action to address it.

4.2.3 Research capacity of in-country partners including women with disabilities.

CONTEXT

C3a - Women with a disability face higher barriers to employment and earnings

Women with disabilities in low- and middle-income countries have significantly lower employment rates and earnings than those without disabilities. In Cambodia, of the women interviewed in the Triple Jeopardy research, 81% of those without a disability earned an income compared to 70% of those with a disability, and those with a disability had significantly lower financial autonomy (Astbury and Walji 2013).

C3b - and focus has grown on ensuring greater involvement of people with disabilities in research and planning – 'nothing about us without us'

DFAT's disability-inclusive development strategy and other strategies emphasise the important role that people with disabilities, and their representative organisations, play in contributing their lived experience and perspectives to inform inclusive development strategies and service and program design. This includes an important role for people with disabilities in research activities.

MECHANISM

M3 - The Triple Jeopardy research encapsulated the 'nothing about us without us' principle by investing significant time in the inclusion and training of Cambodian women with a disability as researchers

The research information collection was conducted by Cambodian women with and without a disability, facilitating an open sharing of experiences by women with a disability. Extensive training in research data collection, interviewing skills and data analysis were provided.

OUTCOME

O3 - which led to skills development and in some cases further employment of women with disabilities in the research for policy advocacy space, and demonstration/role modelling of possibilities for women with disabilities

Involvement in the study and the skills that they developed led to some of the researchers with disabilities gaining further related employment.

4.3 References

Astbury, J. and F. Walji (2013). 'Triple Jeopardy: Gender-based violence and human rights violations experienced by women with disabilities in Cambodia'. *AusAID Research Working Papers.* Canberra, Australia. Working Paper 1.

Commonwealth of Australia (2015). *Development for All 2015–2020: Strategy for strengthening disability inclusive development in the Australia's aid program.* DFAT. Canberra, Australia.

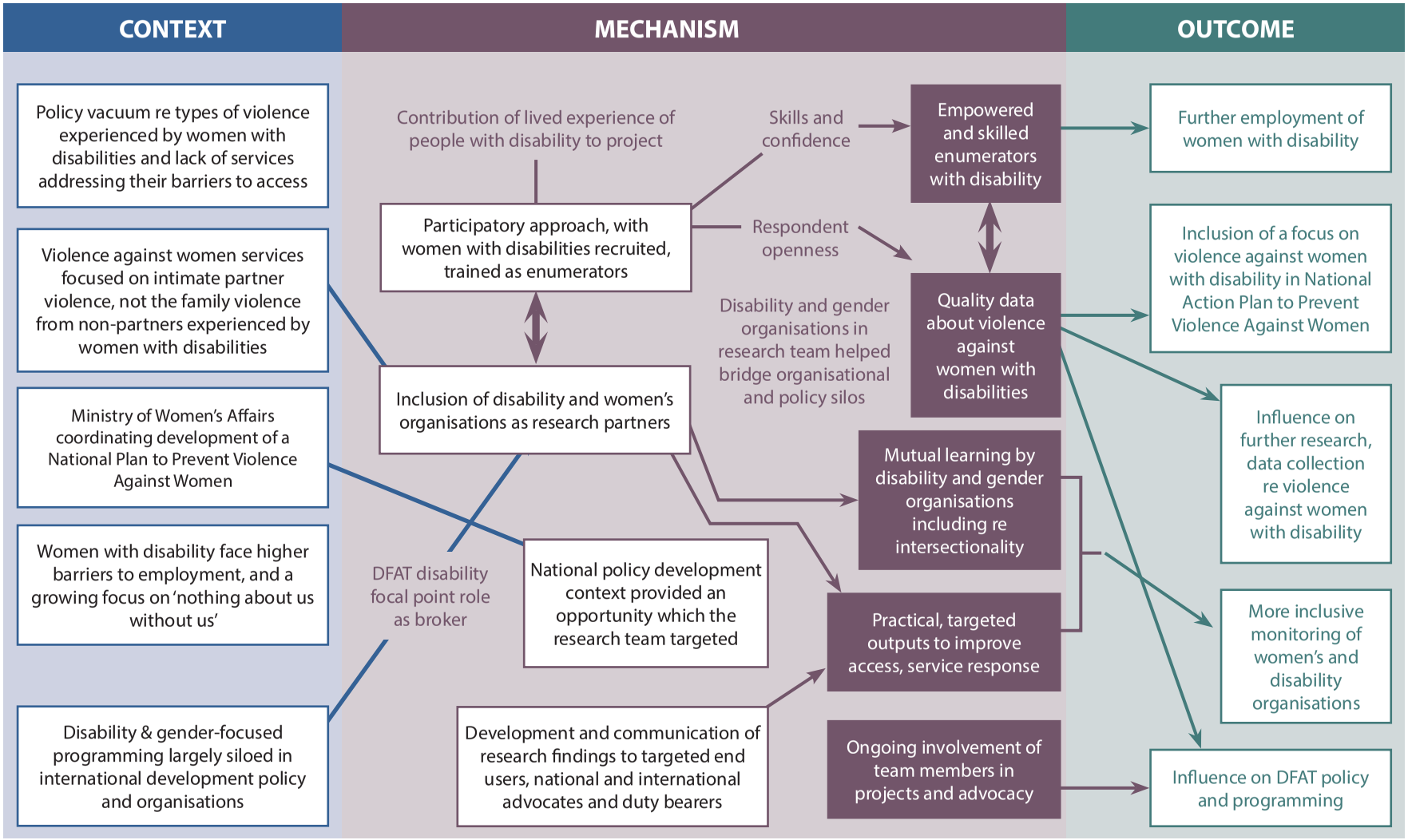
Heng, C., D. Tep, H.S. Tith, D. Ton, N. Vallins, F. Walji and J. Astbury (2013). *Challenging Discrimination Against Women with Disabilities: A Community Toolkit.* Banteay Srei, CDPO, CBM Australia, IWDA and Monash University

Kingdom of Cambodia (2014). *National Action Plan To Prevent Violence Against Women 2014–2018.* Ministry of Women's Affairs. Phnom Penh Cambodia., Kingdom of Cambodia.

Vallins, N. and B. Wilson (2013). 'Triple Jeopardy: Gender-based violence, disability and rights violations amongst women in Cambodia'. *Gender Matters,* International Women's Development Agency. 3.

4.4 Outcome pathway

Triple jeopardy—gender based violence and disability in Cambodia



Case Study 5: Model Public Health Law for the Pacific

5.1 Summary of the ADRAS project

Health legislation underpins health systems that can respond to emerging disease threats and effectively address existing communicable and non-communicable diseases by being clear about the rights and responsibilities of different parties, and guiding implementation of programs. Changes that affect people's health, such as climate change, new disease threats, changing disease burdens, increased human migration and the wider implementation of national health coverage schemes, mean that revisions of health laws are regularly needed. The Pacific faces high rates of natural disaster, increasing impacts of climate change and rapid shifts in the health burdens imposed by non-communicable diseases, requiring updated health legislation.

Reviews or new developments of health laws often occur quickly and in a reactionary way, responding to specific external pressures such as disease outbreaks, natural disasters or international requirements which can produce inconsistencies between laws and an unclear legal framework for health system functioning. In addition, due to time and capacity constraints, health law developments and amendments in the Pacific are often imported directly from other countries and are inappropriate for the Pacific context, or the drafting of laws is undertaken by short-term contracted consultants unfamiliar with the context that they are working in.

The unique context and attributes of Pacific countries require special consideration. These include the importance of customary law and the interaction of these with Western laws and international treaty obligations. The limited resources in the Pacific also mean that the cost of implementation needs to be considered at the outset of health legislation design and revision. Current laws in the Pacific are often not useful because they have been adopted from elsewhere and are unsuited to the cultural context. They sometimes have unrealistic resource implications and there is a frequent underlying assumption that the countries involved have well-functioning legal systems.

The Model Public Health Law for the Pacific project, funded under the 2009 ADRAS, was intended to assist Pacific public health officials and legislators, or the consultants they commission, to make good decisions about how to use laws to address whatever health system priority or problem they had identified. The initial aim was to develop a model regional public health law for the Pacific. As a result of direction from the Pacific policy makers' advisory committee, the development of guidelines for those reviewing health legislation was seen as a more practical goal. The resulting *Reviewer's Companion* includes model texts adaptable for each nation's needs, and, importantly, emphasises practical considerations for implementation such as consistency with broader laws and the resources available (Howse 2012). The availability of guidance that has been carefully thought through, that asks relevant policy questions and is applicable to the region in which the laws will be applied, may mean that health law reforms are better suited to country contexts and capacities and are therefore more likely to be successfully and sustainably implemented.

The PI's 10 years' work on health law in the Pacific prior to the ADRAS project provided an initial understanding of the context and need for guidance in undertaking a review of health legislation. Formative research was conducted at the commencement of the project which considered current Pacific laws, how they are used, and the views and concerns of the public health officials implementing them. Two input papers were also commissioned from in-region experts working at the University of the South Pacific (USP), one on customary law and the other on opportunities for regional approaches to public health law making. An advisory committee comprising Pacific public health policy makers was established at the outset of the project, which provided initial important contextual input, advice and direction to the project.

From this ADRAS project, national, regional and global requests for assistance emerged for the development of practical guidance for health law reviews. Hence, outcomes continue with the development of increasingly user-friendly formats of health law review guidance and training in the Pacific and Eastern Mediterranean regions. In addition, specific aspects of the work done under this Model Public Health Law for the Pacific ADRAS project have contributed to national policy changes, such as the inclusion of customary law provisions in PNG's recently passed tobacco control law.

5.2 Context, mechanisms and related outcomes of the project

5.2.1 Regional health law guidance availability take-up and use

CONTEXT

C1a - Low resources and priority placed on public health law review means out-dated and inappropriate laws to the needs of Pacific Island nations.

There is a lack of resources for public health law review and it is given a low priority, despite its importance in a region faced with frequent natural disasters, growing risks from climate change and an increasing NCD burden. Health laws are frequently out-dated, directly imported from countries ill-suited to Pacific context and/or developed by contracted consultants under limited time-frames and resources and often with little Pacific contextual knowledge. This results in laws that are often unable to support effective decision-making to address current health concerns.

C1b - Whilst specific demand for health law guidance had not been raised, general potential for its usefulness was evident through other Pacific regional law cooperation

Though there was no direct demand for a health law review guidance tool, some general demand did exist. Precedents for model regional laws existed, including previous Pacific Islands Forum-led work on model regional law addressing Pacific intellectual property and traditional knowledge.

C1c - PI had previous experience on challenges in health law in the Pacific

Previous work by the PI on Pacific health law meant that she had an understanding of the value of guidance in the region to improve public health law relevance, appropriateness and sustainable implementation within resource constraints.

MECHANISM

M1a - Ensuring practically oriented outputs for use in health law review

A model regional law was not recommended by the Pacific advisory group, and guidance for health law developers/reviewers was a practical alternative. The guidance needed example laws for particular policy questions/problems/areas. The resulting *Reviewer's Companion* included implementation considerations such as the resources needed for enforcement. It provided model text that could be adapted for each country's specific requirements and context. The document was long, however, and the project PI recognised that its size might dissuade some users from engaging with it.

M1b - That were taken up and extended by a relevant development partner

The Western Pacific Regional Office (WPRO) of WHO recognised the usefulness of the *Reviewer's Companion* for supporting public health legislation review. WPRO received a number of requests for assistance with legislative reviews in the health sector that included revising public health codes to respond to climate change, updating pharmaceutical legislation (including addressing traditional medicines), amending social health insurance legislation and reviewing mental health legislation. WPRO views guidance on public health law as 'consistent with the core work of WHO and is responsive to member states' needs' (WHO official). Noting the importance of the adaptability of the guidance to the specific country context, a WHO official felt that:

> having a document assists with having a dialogue about the issue of regulatory implementation – including whether laws might need to be simplified or made more coherent to assist with implementation.

OUTCOME

O1 - Meant the guidance tools on health law review were adopted and distributed by WHO – WPRO

WPRO approached the PI and supported the peer review, publication and distribution of the *Reviewer's Companion*. Most recently they have requested that the materials be updated by the PI who is in the process of developing shorter, more user-friendly outputs including a question-driven online tool updated for current use.

5.2.2 Policy influence – PNG Tobacco Control Act

CONTEXT

C2a - The ongoing advisory role that the PI later played in the Ministry of Health in PNG placed her in a position to utilise policy windows of opportunity

Subsequent to her ADRAS project's completion, the PI – Dr Howse – was working as an adviser to the Secretary of the Ministry of Health in PNG, a role in which she could utilise her public health law background and work.

C2b - In this case in PNG tobacco control law development

The PNG government was under internal and external pressure to address high rates of smoking which stood at 51% of under 22-year-old men, the highest rate in Pacific region and the fifth-highest globally. PNG noted the need to develop new health legislation to address labelling, sales and fees for the tobacco industry.

> Our legislative response, the six phase tobacco products, Health control Act 1987 is 30 years old and is very limited in scope. It regulates importation, manufacture and sale of tobacco products. It has some very limited provisions about tobacco advertising which are entirely out-of-date … 30 years later, PNG is a very different place. A lot more people smoke, tobacco use is different, the way it is sold and marketed is different. Tobacco use is growing and PNG cannot simply afford its effect on our productivity and our health system and hence Government response is necessary. (Minister for Health in reading of the Bill to PNG Parliament, 3 Nov 2016).

Focusing on commercial products, the PNG tobacco act that was drafted was initially focused on large companies. It included laws and regulations that would damage small-scale local growers and market sellers who make up 40% of the industry in PNG.

MECHANISM

M2 - PI was placed to use her previous ADRAS work having trusted relationships with key decision-makers who had been previously involved in the ADRAS project through the advisory committee

Dr Howse noted that a hybrid approach incorporating customary law would be more appropriate for PNG, and having the confidence of the Ministry of Health General Secretary due to their ongoing working relationship, she was asked to assist with the redrafting of the Tobacco Control Bill. Drawing on both the customary law input paper developed as part of the earlier public health law ADRAS project and knowledge generated through the work, Dr Howse incorporated split regulations, including customary law provisions for small-scale local growers and market sellers of tobacco as distinct from industry regulations for large companies such as British American Tobacco.

OUTCOME

O2 - To inform work on customary law inclusion in PNG Tobacco Control Bill

The hybrid approach to regulation for small-scale producers and the large-scale industry was included in the final Tobacco Control Bill for PNG which was passed through the country's Parliament in November 2016. The importance of the customary law component was highlighted by the PNG Minister for Health in the Bill's parliamentary reading (3 Nov 2016) including statements such as:

It develops the PNG underlying law, as allowed for under the Constitution in an innovative [and] separate regime for brus [local word for small scale tobacco producers] which is sensitive to the fact that it is predominantly sold in informal businesses and markets.

5.2.3 Global take-up

CONTEXT

C3 - The Ebola outbreak increased global attention on health law implementation – specifically the international health regulations (IHR).

Global interest in health law implementation and review had grown since the 2014 Ebola outbreak including an increased focus on countries' capacity to implement the international health regulations.

Though member states had been providing self-reports on IHR capabilities, there is now a process commencing of Joint External Evaluation. The legislative and regulatory dimensions will become more important as these issues come under stronger international scrutiny. (WHO official).

Member states of the Eastern Mediterranean Region of WHO (EMRO) raised health law review as a priority in a 2015 meeting.

MECHANISM

M3a - Ongoing availability of the ADRAS-supported Reviewer's Companion online meant that the PI was recognised as having relevant expertise and could be contacted

WHO Cairo officers located the *Reviewer's Companion* online and contacted Dr Howse regarding support to EMRO member countries in health law review.

M3b - but build on the work with more appropriate outputs to build capacity and support health law review in the Eastern Mediterranean region.

Initially asked to adapt the *Reviewer's Companion* for the Eastern Mediterranean region, Dr Howse, given the different context of the region and with lessons from the original ADRAS model public health law project, opted instead to develop context specific user-friendly tools through two regional expert meetings in 2013 and 2015 and a training course in which these tools were applied.

OUTCOME

O3 - Practice – Training course in health law review rolled out in Eastern Mediterranean region

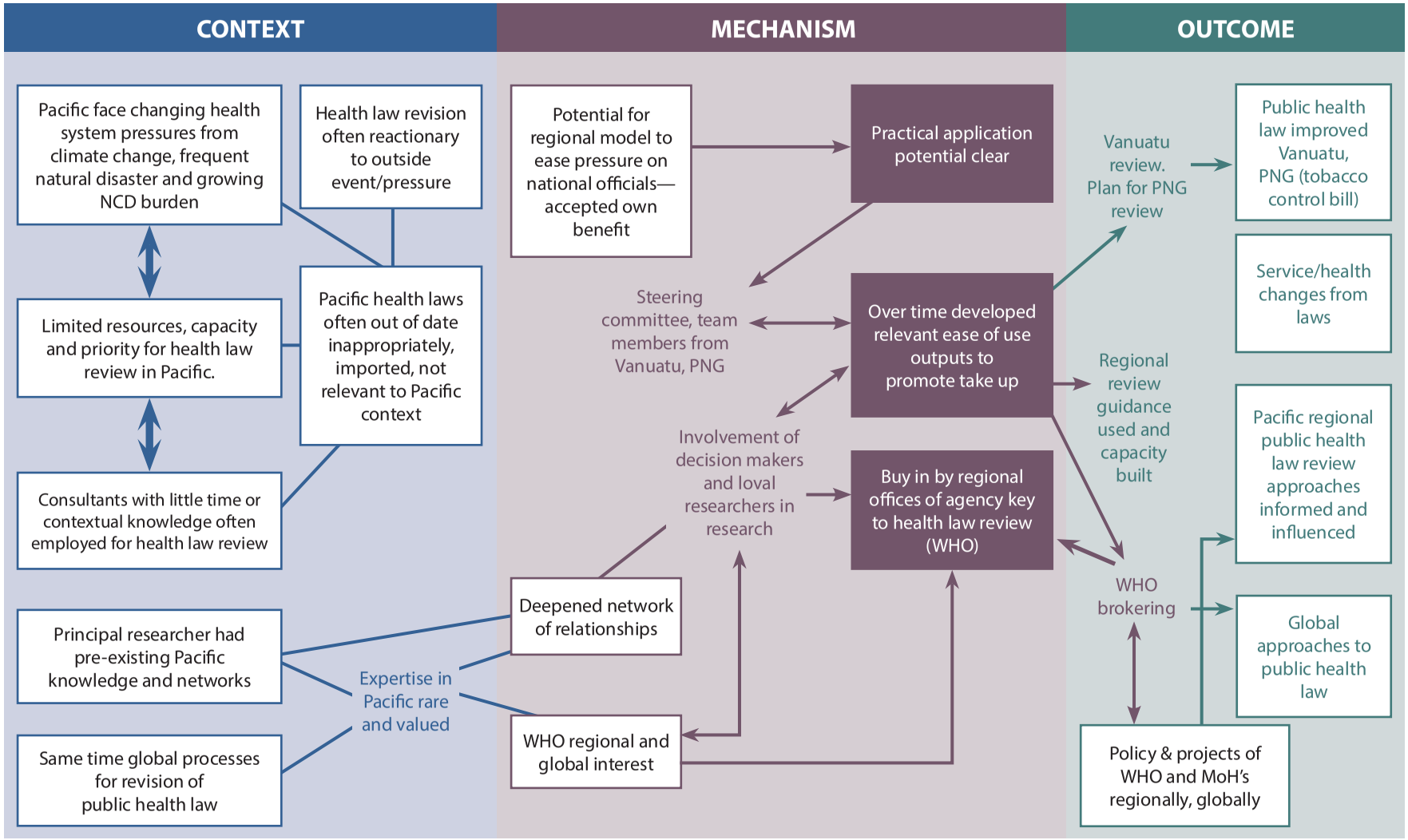
The training course was conducted in Jordan in 2016. It involved a number of countries including Egypt, Saudi Arabia, Jordan, United Arab Emirates and Iraq.

5.3 Reference

Howse G (2012) *Public Health Law in the Pacific: A Reviewer's Companion*, http://www.wpro.who.int/topics/legilsation/public_health_law_legislators_companion.pdf

5.4 Outcome pathway

Model public health law for the Pacific



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