

MODULE 1

HANDOUTS



REFLECTION ON A POLICY/ DECISION-MAKING PROCESS

Think of a policy/decision-making process you have been involved in or heard of recently and write your answers to the following questions:

1. What steps did the process follow, and in roughly what sequence?

2. What were the strengths of this process? (identify three)

3. What were the weaknesses? (identify three)

4. Which stakeholders were involved?

5. What evidence was used?

ACTION PLAN TEMPLATE¹

1. Participant's profile

Participant's name	
Position	
Division, institution	
Email	
Phone	

2. Team profile

Name	Position	Delegation

3. Describe challenges you face at your workplace which affect your ability to access, assess and communicate evidence to inform decision-making.

1. This template is based on the form used by the Ghana Civil Service Training Centre: www.cstc.gov.gh

4. List specific action points which you will take over the next four months to support the use of evidence in policy making and/or address the challenges above.

Action points	Indicators

5. Outline your action plan implementation schedule using the Gantt chart.

Week Activities	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

WHAT IS EVIDENCE?

Decide whether these statements are true or false, and explain why, using real-life examples from your own experiences/observations as much as possible.

Statement A

Evidence is essential stuff. It is objective. It answers questions and helps us to solve problems. It helps us to predict. It puts decisions on the right track. Evidence makes sure that decisions are safer. Evidence can turn guesswork into certainty. Evidence tells us what works. It explains why people think and act as they do. It alerts us to likely consequences and implications. It shows us where and when to intervene. We have robust methods for using evidence. Evidence is information; information is abundant. It is the most reliable basis for making policy. Evidence is the most reliable basis for improving practice. There has never been a better time for getting hold of evidence. (Levitt, 2013)

Statement B

Evidence is dangerous stuff. Used unscrupulously it can do harm. It is easily misinterpreted and misrepresented. It is often inconclusive. Evidence is often insufficient or unsuitable for our needs. We will act on it even when it is inadequate or contradictory or biased. We ignore or explain away evidence that doesn't suit our prejudices. We may not spot where evidence has flaws. It can conceal rather than reveal, confuse rather than clarify. It can exaggerate or understate what is actually known. It can confuse us. Evidence can be manipulated politically. We can be persuaded to accept false correlations. A forceful advocate can distort what the evidence actually says. (Levitt, 2013)

CASE STUDIES

Read the definition of evidence-informed policy below and the five case studies in the handout, then discuss and answer the two questions

‘Evidence-informed policy is that which has considered a broad range of research evidence; evidence from citizens and other stakeholders; and evidence from practice and policy implementation, as part of a process that considers other factors such as political realities and current public debates. We do not see it as a policy that is exclusively based on research, or as being based on one set of findings. We accept that in some cases, research evidence may be considered and rejected; if rejection was based on understanding of the insights that the research offered then we would still consider any resulting policy to be evidence-informed.’

(Newman, Fisher and Shaxson, 2012)

1. Which of the following case studies are examples of evidence-informed policy, and which are not?
2. What are the specific reasons for your answer?

A. CASE STUDY: BANNING OF IMPORTED ‘GENETICALLY MODIFIED CHICKENS’ IN ZIMBABWE

The media and other influencers have shaped a policy discourse regarding Genetically Modified Foods particularly imported chickens. This has resulted in government banning importation of these chickens into Zimbabwe because they are deemed unhealthy. The media and other public opinion leaders have influenced policymakers and the public to believe that imported chickens from countries like Brazil and South Africa are genetically modified when the fact is that they have only benefitted from a natural process of selecting and crossbreeding birds with the most desirable qualities.

The scientific fact that is missed by the media and these other policy influencers is that these chickens are not genetically modified per se but are fed from genetically modified feed. Since more than 80 percent of the corn and soybeans grown in these countries where the chickens are imported from are raised from genetically modified seeds, almost all corn and soybean used in conventional livestock and poultry production is genetically modified. Values and interest to protect local markets influenced the discourse and the policy. Also, the debate has also used the values of natural foods like the free range fowls as opposed to broilers in order to drive the policy in that direction.

(ZeipNET, 2014)

B. CASE STUDY: THE NATIONAL AGEING POLICY IN GHANA

In 2012 the Government of Ghana's Ministry of Health (MoH) requested support from the World Health Organization (WHO) to revise and improve its existing National Ageing Policy. Priority health problems were identified through the use of epidemiologic evidence, review of policy documents, site visits, and interviews with key informants. The Ghana Health Service (GHS) with support from the WHO then organised a policy dialogue to discuss the problems identified. Participants included representatives from key ministries, the GHS, the WHO, teaching hospitals, professional bodies and HelpAge Ghana. A group of policymakers, experts, and the WHO then developed policy briefs for each problem with recommended actions to take. These were presented at a strategic planning retreat of the GHS and key policy recommendations on ageing were incorporated into the five-year plan.

(Araujo de Carvalho, 2015)

C. CASE STUDY: HEALTH CARE REFORMS IN TANZANIA

In Tanzania, the use of operational demographic surveillance data was crucial to ongoing efforts to improve health care delivery. District Health Management Teams in two districts worked with the Tanzania Essential Health Interventions Project to increase the efficiency of district health systems by ensuring that funds were allocated more proportionately for major local causes of death and disability. Following the introduction of evidence-based planning, child mortality in the two districts fell by over 40% in 5 years, and death rates for men and women between 15 and 60 years old declined by 18%.

(Newman, 2014)

D. CASE STUDY: SCHOOLS FOR NOMADS IN SOMALILAND

In Somaliland, agencies did not seek out and use relevant research on groups suffering a crisis. This failure to read ethnography in the immediate post-conflict phase on Somaliland led agencies to build schools in pastoral nomadic communities that would normally move continuously with their herds to water sources. These schools created a focal point for settlement, but by bringing people together they rendered them more vulnerable to attack, and provided a target for grenades.

(Laws et al., 2013)

E. CASE STUDY: THE SOUTH AFRICAN CHILDREN'S BUDGET

In South Africa, the Budget Information Service and the Youth Development Trust completed a study analysing government spending on children. This study:

- monitored the link between government policies and expenditures intended to benefit children;
- tracked government spending on children in key socio-economic sectors;
- provided recommendations for improved socio-economic delivery to children; and
- suggested indicators to monitor shifts in spending to children.

It also provided key technical analysis and support on government spending on children in South Africa to the government and civil society. The information in the study has been used by civil society organisations in their policy campaigns, and by the government in its 1997 South African Government Report to the United Nations Committee on the Rights of the Child.

(Laws et al., 2013)

TYPES OF EVIDENCE: SCENARIOS – PARLIAMENT

1. Read and discuss the short scenario assigned to you.
2. Refer to the table and complete columns 2–4 for each type of evidence listed in column 1.

Parliament

Group 1

You have been asked by the Parliament Portfolio Committee on health to prepare a detailed background paper on how best the government can immediately respond to emerging health demands following the first reported genuine case of Ebola.

Group 2

During a question and answer session in Parliament, one MP questions the impact of the Indigenization Act on foreign direct investment, and an information request to this effect ends up on your desk as a researcher.

Group 3

You work in the Research Department of the Parliament of Zimbabwe and have been requested to prepare a report on social welfare reforms in Zimbabwe since 1980.

Group 4

The Clerk of Parliament wants information on the effects of parliamentary reforms in sub-Saharan Africa and has asked for reference information to enable him to prepare his presentation for a forthcoming conference.

Type of evidence	Provide a concrete and context-specific example of the type of evidence that you would use	Why have you chosen it?	How do you access this evidence?
Data (e.g. statistics)			
Research (e.g. academic papers, government papers, formal evaluations etc.)			
Practice-informed evidence (e.g. your own experience or other people's experience, day-to-day M&E)			
Citizen evidence (surveys, interviews with citizens)			

TYPES OF EVIDENCE: SCENARIOS – CIVIL SERVANTS

1. Read and discuss the short scenario assigned to your group.
2. Refer to the table and complete columns 2–4 for each type of evidence listed in column 1.

Civil Servants

Group 1

You have been asked by the head of your department to prepare a detailed background paper on how best the government can immediately respond to emerging health demands following the first reported genuine case of Ebola.

Group 2

During a question and answer session, one civil servant questions the impact of the Ghana Poverty Reduction Strategy on employment policies, and an information request to this effect ends up on your desk as a researcher.

Group 3

You work in a research department and have been requested to prepare a report on agricultural reforms in Ghana since the 1980s.

Group 4

Your supervisor wants information on the effects of civil service reform in sub-Saharan Africa and has asked for reference information to enable him to prepare his presentation for a forthcoming conference.

Type of evidence	Provide a concrete and context-specific example of the type of evidence that you would use	Why have you chosen it?	How do you access this evidence?
Data (e.g. statistics)			
Research (e.g. academic papers, government papers, formal evaluations etc.)			
Practice-informed evidence (e.g. your own experience or other people's experience, day-to-day M&E)			
Citizen evidence (surveys, interviews with citizens)			

BENEFITS OF USING RESEARCH EVIDENCE (1)

Read the case study, then discuss the two questions below:

1. What were the key factors that contributed towards the Zimbabwean government's adoption in 2009 of male circumcision as one of its HIV prevention strategies?
2. Identify one social, economic or development challenge facing your country, region or province etc. and discuss why you would use research evidence to address this challenge, and what kind.

CASE STUDY: HIV/AIDS PREVENTION – MALE CIRCUMCISION IN ZIMBABWE

Sub-Saharan Africa remains the part of the world most affected by HIV and AIDS. Zimbabwe was hit hard in the early years of the pandemic, but has made progress in reducing AIDS-related deaths and the HIV prevalence rate from as high as 24% in 1999 to the current 13% of the total population. Randomised control trials carried out in South Africa, Uganda, Kenya and Zimbabwe showed that medical male circumcision has a protective effect of 60% against HIV transmission. The University of Zimbabwe Research Support Centre which was involved in the research evidence, lobbied the Ministry of Health and Child Care. The Ministry examined the evidence and accepted it. The Zimbabwean Government in 2009 then adopted male circumcision as one of the comprehensive HIV prevention strategies. The programme, through the Ministry of Health and Child Care and its partners, has in 2013 successfully circumcised 90,000 men. Various strategies to ensure safe male circumcision services have been employed, which include training doctors, nurses and supporting team members to offer this much needed service.

(Montano and Danuta, 2014)

BENEFITS OF USING RESEARCH EVIDENCE (2)

Discuss and write down at least three questions for each problem that you would ask a researcher, to ensure you have a clear understanding of the issue.

1. There are high rates of HIV transmission in your country.

Your questions:

2. Exports of tobacco have declined in the last decade.

Your questions:

3. Young people are struggling to get into the workforce once they finish university.

Your questions:

