Taking research where the practice is:
a tale of two programmes from BRAC
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A major challenge for the research community is to take knowledge or evidence generated from research to the practitioners for translation into tangible practice. This paper describes how an indigenous Bangladeshi NGO addressed this challenge and made use of research in developing two of its most successful projects – the oral therapy extension programme and a grants-based programme for improving the lot of the ultra-poor. A study of the projects reveals that early involvement in identifying research issues and designing studies, communication between researchers and practitioners, relevance and timeliness of research, and customised dissemination were the key factors underpinning success.

Rapprocher la recherche de la pratique : l’histoire de deux programmes de BRAC

Un défi de taille pour la communauté des chercheurs consiste à amener les connaissances ou les données découlant des recherches jusqu’aux praticiens pour les traduire en pratiques tangibles. Ce document décrit la manière dont une ONG bangladaise a tenté de relever ce défi et a tiré parti des recherches pour développer deux de ses projets les plus réussis – le programme de vulgarisation de la thérapie orale et un programme basé sur des subventions pour améliorer la situation des ultra-pauvres. Une étude de ces projets révèle que les facteurs clés étayant le succès étaient : la participation dès le début à l’identification des questions de recherche et à la conception des études, la communication entre les chercheurs et les praticiens, le caractère pertinent et opportun des recherches et la dissémination sur mesure.

Levando a pesquisa para onde está a prática: a história de dois programas do BRAC

Um grande desafio para a comunidade de pesquisadores é levar aos profissionais o conhecimento ou evidências gerados em pesquisa para que sejam colocados em prática de maneira factível. Este artigo descreve como uma ONG indígena de Bangladesh abordou este desafio e fez uso da pesquisa no desenvolvimento de dois de seus projetos mais bem-sucedidos – o programa de extensão de terapia oral e um programa de auxílio financeiro para melhorar as condições de vida de pessoas em extrema pobreza. Um estudo dos projetos revela que o rápido envolvimento na identificação de questões de pesquisa e elaboração de estudos, a comunicação entre pesquisadores e praticantes, a relevância e a objetividade da pesquisa, bem como a sua disseminação personalizada, foram os fatores-chave responsáveis pelo sucesso.

De la investigación a la práctica: una historia de dos programas de BRAC

Uno de los principales retos para los investigadores es hacer llegar los conocimientos o los resultados de sus investigaciones a quienes pueden llevarlas a la práctica. Este ensayo describe
Introduction

Research is essential in reducing the “know–do” gap between the knowledge (and tools) already available and its application in evidence-based health policy-making and intervention design (Jsselmulden and Matlin 2006). This is especially true for South Asian countries where a culture of evidence-based decision-making is absent and there is limited social accountability (Sadana et al. 2004). Other barriers include often-inappropriate technical backgrounds of the policymakers; different vocabulary of the researchers and policymakers; complexity of findings and poor ‘packaging’ of research findings for target audiences; and other types of competing evidence such as personal experience (Hennink and Stephenson 2004). In recent times, increasing emphasis is put on intense researcher-practitioner collaboration (de Leeuw et al. 2008) and not leaving the knowledge translation process to chance but addressing it proactively (Lavis et al. 2003).

Lessons learnt from the Getting Research into Policy and Practice (GRIPP) case studies emphasise the importance of close interpersonal relationships with policymakers right from the beginning, timing and relevance of research, and disseminating evidence in a way that ensures that the right messages get to the right people at the right time, as important factors in ensuring use of research results (Innvaer et al. 2002; Nath 2007). Still others have suggested reversing the paradigm: in order to get research into practice, first get practice into research, i.e., try to understand the problems from the perspectives of practitioners (Walley et al. 2007).

In this paper, I describe how research informed the development and fine-tuning of programmes in the NGO BRAC, using illustrative case studies of two of its most successful programmes.

BRAC and its Research and Evaluation Division

BRAC has long been working to empower people and communities “in situations of poverty, illiteracy, disease and social injustice” (www.brac.net). In addition to microfinance, it undertakes programmes on health, (informal) education, skill-development training, and social and legal awareness for ‘realising potential’ of poor people, especially women. A number of impact assessment studies conducted by BRAC and others found significant and positive contribution of these programmes on improving the health and livelihoods of the participating households, and theirs is acknowledged as an effective poverty alleviating model (Chowdhury and Bhuiya 2004).

From the very beginning, evidence generated from research helped BRAC develop its programmes and scale up what worked (Rohde 2005). The Research and Evaluation Division (RED) was formally established as an independent, cross-cutting unit in 1978 to provide...
research and analytical support to BRAC programmes including new programme development. It has allowed BRAC to learn from its mistakes and share its successes with NGOs, academics, and development practitioners around the world (Strom 2001). The cost of research is funded from BRAC’s core budget (around 1–2 per cent of programme funds are allocated for research) and earnings from external collaborative research, consultancy, and commissioned research projects.

Methods

I will present two case studies to show how research informed and developed BRAC programmes, and summarise the key lessons learned for wider application in knowledge translation. The case study approach was undertaken “to achieve balance between the detailed understanding of the context that is required and the generic lessons that can be learnt” (Theobald et al. 2009: 2). The two cases (Oral Therapy Extension Programme, OTEP; Challenging the Frontiers of Poverty Reduction, CFPR) were selected purposively based on their historical importance for BRAC, and the availability of documentation of the processes involved. The first one was strategically significant for BRAC’s development as a national organisation, and the second one demonstrated how to address the livelihood problems of the ultra-poor. I was partially involved with the second case (as a researcher), but not the first one. Thus, the narrative of the cases comprises both a process of reflection and writing from an “insider position” (Gilson and McIntyre 2008), and an objective analysis of the available documents.

Following selection of the cases, all relevant documents from programme and research were collected, both published and unpublished. A chronological analysis was done to align programme activities with related research and evaluation activities, and reflect on the synergy of the processes. The draft paper was shared with some of the key persons involved in the programme/research, who were still available, for clarification and to preclude misunderstanding or misinterpretation of the events. The key findings were also shared with audience in an international conference on scaling up health programmes for attaining “good health for all”. Feedback, comments and suggestions received from the practitioners and the conference were used to rewrite the cases and finalise the paper.

Case study 1: Oral Therapy Extension Programme (OTEP)

One of the greatest achievements of BRAC has been the OTEP, during the 1980s, an effort to contain dehydration and death due to diarrhoea, which is a major cause of childhood morbidity and mortality in Bangladesh. Through this programme, BRAC reached 13 million rural households to demonstrate to mothers how a simple solution of a fistful of molasses, a pinch of salt, and a half litre of water can be made at home and used for treating diarrhoea. It all began with the discovery of Oral Rehydration Therapy (ORT), possibly the most important medical advance of this century (Lancet 1978). While the technology of ORT was developed by others around 1968 (such as the Dhaka-based Cholera Research Laboratory, now the International Centre for Diarrhoeal Disease Research or ICDDR) and still limited to hospital/clinic situations, the challenge for BRAC was to take the fruits of scientific discovery from the laboratory to the doorsteps of mothers.

A review of available means convinced BRAC management in late 1970s to opt for home-administered ORT over other options such as rehydration centres, clean water supply, or oral rehydration solution (ORS) packets to treat diarrhoea in the community. A pre-pilot field trial in two villages in February 1979 showed that illiterate mothers can understand, remember, and reproduce the knowledge needed to prepare and use a home-made ORS, and that semi-literate young village
women can be trained as ORT health educators, or oral rehydration workers (ORWs). The field trial was followed by a year-long pilot project which tested the home-based sugar salt solution (SSS) model. In the process, small-scale experiments were done to explore measuring devices for sugar and salt at home such as plastic spoons or finger pinch and scoop; feasibility of using boiled water as clean drinking water; the use of gur (molasses) instead of refined sugar; and use of the dialogue method of health education instead of traditional didactic methods. A performance-based incentive mechanism for the ORWs was developed through research which rewarded good work and punished bad work, in monetary terms. Once the intervention components were standardised through the pilot, the OTEP was launched in 1980 and continued for ten years in three phases. Each phase was informed and fine-tuned by evaluative research from RED (Chowdhury and Cash 1996). The research team embedded in the programme, conducted numerous studies to answer questions that arose while implementing the programme. Quite a few of these studies took advantage of operations research methods, testing different components of the programme in the field and evaluating its efficacy and finding the best option. These included the problems of retention, reinforcement and use of messages for greater use of ORS, and making a home-made ORS of the right composition using measuring units commonly available in a household. Impact assessments were done at different phases of OTEP which informed refinement and improvement of the programme (Chowdhury and Cash 1996).

OTEP fulfilled the seven attributes of success for scaling up interventions (Simmons and Shiffman 2007):

1. it was based on sound evidence (that an oral therapy can prevent and treat diarrhoeal morbidity and mortality);
2. its effectiveness was observable to the users;
3. it was relevant to the management of diarrhoea;
4. it was relatively simple (compared to other options) to adopt and disseminate;
5. it was user-friendly;
6. it was compatible with users’ understanding of diarrhoea; and
7. users could test it for themselves before final adoption.

Scale-up was extremely successful. As Jon Rohde (2005: 27) observed, “the success of OTEP is a twenty-year tale of research, monitoring and modification”, and became a part of Bangladeshi culture.

Case Study 2: Challenging the Frontiers of Poverty Reduction (CFPR)

It has been found that traditional microcredit programmes are not appropriate to address the needs of the ultra-poor in a sustainable way (Matin and Hulme 2003). A number of structural barriers have been identified by RED which included poor asset-base for risk-taking, harsh discipline of the micro-credit/micro-finance institutions unsuitable to their livelihood pattern, fear of cash money transaction, and absence of a safety-net provision in case of failure of the enterprise (Halder and Mosley 2004). These experiences led BRAC to revisit its development paradigm. A targeted, grants-based intervention integrating income-generating asset grants, skill development training, subsistence allowance, social (e.g. basic human and constitutional rights) and health (safety-net measures against income-erosion effect of illnesses) inputs, and pro-poor advocacy was designed under the name of CFPR in 2002. Once the grant phase is over in two years, they are expected to participate and benefit from mainstream microcredit programmes (BRAC 2001: 96).

From conceptual thinking to development of the proposal to implementation of the programme, every stage of the CFPR programme was informed by research inputs from RED.
The programme and research worked in close coordination to generate and apply new knowledge when needed. In the beginning, the main challenge was to identify and select the ultra-poor households for programme intervention. Alongside programme staff, RED combined mapping and participatory wealth ranking exercises to identify community-defined ultra-poor households; this was then verified objectively by a small quantitative survey and cross-checked against programme-specific criteria to make the final selection (Matin and Halder 2004). This exercise led to the development and refinement of indicators for identification of ultra-poor households in the Bangladesh context. This was especially important because like the inverse care law in health, which stipulates that the availability of good health services tend to vary inversely with the need for it (Hart 2004), experiences show that the poorest have the least chance to benefit from any poverty-alleviating programme unless they are specifically targeted (Morduch and Haley 2002). Even then, there is a tendency to select the relatively better-off among the poorest (Navajas et al. 2000). For success, the intensity of implementation is more important than methods (Coady et al. 2004). The CFPR method was particularly successful because the programme put organisation-wide emphasis on the rigorous implementation of each step of the process which is evidence-based, throughout the scaling up phases.

A comprehensive baseline survey of targeted households was combined with exploratory studies in the initial stage to help understand the context of programme deployment. For example, exploration into the causes of why things always did not work out as expected in the beginning revealed that the most critical factor was related to staff attitude, their ability to engage and provide sound advice and support at the right time. Henceforth, the importance of compassion, patience, and mentoring in the CFPR programme started to be highlighted and repeated in management meetings at different levels. Other exploratory studies included finding the most feasible and cost-effective enterprises that the ultra-poor can safely pursue (Alarakhia and Barua 2004), exploring their health domain (Zaman et al. 2004) and social capital (Huda et al. 2005) which helped enormously in fine-tuning different intervention components. An informal dissemination approach (e.g. interpersonal communication, presenting findings in the field, condensed two to four page research previews, Bangla summaries) shared research findings on a regular basis with the programme staff at field and head offices. Feedback from them at different levels helped in improving subsequent research design and focusing the evaluations.

The evaluation studies (after the two-year cycle was over) examining impact on different dimensions of the CFPR programme revealed improvement in the lives and livelihoods of beneficiaries, accumulation of assets, improved quantity and quality of food consumed (Rabbani et al. 2006), and better health-seeking behaviour (Ahmed et al. 2006). A panel data analysis showed that impacts were sustainable over time, and more than two-thirds of the graduated households had participated at least once in the mainstream microcredit/microfinance programme within four years (Das and Misha 2010; Shams et al. 2010). Thus, the CFPR programme has successfully shown how evidence generated from meticulous research and evaluation work can help in crafting a ‘graduation pathway’ for the ultra-poor, despite scepticism (Matin et al. 2008).

Discussion

The key factors which enabled this knowledge translation process to happen successfully in case of these programmes can be summarised as follows:

**Early engagement with programme**

The programme played a guiding role in identifying and prioritising research issues. In both the projects, programme personnel were involved from the beginning of the research process; their
insight of field realities and feedback helped researchers to sharpen study designs and consequently its credibility and acceptance. The programmes were designed in an action research mode with praxis at the centre.

**Interpersonal relationship**

Researchers and programme staff worked together in designing and fine tuning the pilot interventions based on deep engagement. Close interpersonal communication between researchers and the programme personnel helped conducting the studies smoothly, and developing clear strategy in managing stakeholder relationships and dissemination. Close interpersonal communication, besides credibility of research and researchers, has been identified as one of the key factors underlying increased use of research by the decision-makers (Innvaer et al. 2002).

**Timeliness and relevance**

In both instances, the researchers were responsive to flexible programme needs. They combined quick, short studies to address immediate programme concerns and comprehensive studies to address medium to long-term needs. A fine balance was maintained between timeliness of research delivery and quality of research; this helped programme with evidence-based decision-making at strategic moments. This is important because timely and relevant research of high quality is needed for evidence-based decision-making by the policymakers (Innvaer et al. 2002).

**Credibility of the researchers and research organisation**

The credibility of research organisation as well as the researchers themselves is an important factor for the use of research findings by the decision-makers and practitioners (Gilson and McIntyre 2008). Critical analysis of programme performances without bias helped BRAC to learn from its mistakes and craft the path to success (“learning by doing”). In both cases, the practitioners and the researchers were housed within the same organisation, but belonged to different hierarchical structures, which ensured unbiased assessment. The resource team was part of BRAC senior management at the time, which facilitated uptake of research and evaluation findings as soon as it was produced.

**Customised dissemination**

In both the cases, the findings were made accessible to relevant users as soon as they were available. Packaging and customising of results were done for different types of audiences: executive summaries with key findings and recommendations for senior management, working papers and journal articles for the academic community, newspaper articles and Bangla summaries for field level and popular dissemination, etc. There were also interpersonal two-way communications, informal meetings/discussions, networking with peers outside BRAC for sharing and receiving critical feedback. These are all necessary because to be effective, communicating research requires more than disseminating the research findings (Vincent 2006).

**Conclusions**

These illustrative cases show how research can play a strategic and useful role in programme development and scaling up. When it is embedded into the programme and thereby informed
by practice (Walley et al. 2007), there is mutual respect and learning between the programme and research. Additionally, creating a culture of understanding the constraints and challenges under which a programme operates is crucial to gaining appreciation and acceptance of research. To be credible, researchers also need to be “entrepreneurial”, i.e., learn the skills of networking with knowledge users and peers to build alliances for common action (Gilson and McIntyre 2008) and minimise the “know–do” gap.

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References


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