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Utilization of operations research in Egypt

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Utilization of Operations Research in Egypt

Special Report

Sahar Hegazi

Cairo, October 1997

ACKNOWLEDGMENT

This study aims at maximizing the utilization of operations research findings in Egypt and strengthening research efforts contributing to the improvement of the family planning and reproductive health care program.

The research was made possible through the generous time availed by the survey respondents. Their comments, quotes and ideas were indispensable to have an understanding of the impact of the operations research program in Egypt and to guide future utilization activities. Special thanks are due to senior government and donor officials who provided the time to contribute to this study in spite of pressuring demands.

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ABBREVIATIONS

ANE OR/TA	Asia and Near East Operations Research and Technical Assistance Project
CSI	Clinical Service Improvement Project
EFCS	Egyptian Fertility Care Society
FHI	Family Health International
IE&C Center	Information, Education and Communication Center of the State Information Services
MOHP	Ministry of Health and Population
NPC	National Population Council
OR	Operations Research
PAC	Postabortion Care
PPC	Population Project Consortium
RCT	Regional Center for Training
RMU	Research Management Unit
SDP	Service Delivery Point
SIS	State Information Services
TA	Technical Assistance
THO	Teaching Hospital Organization
USAID	United States Agency for International Development
UNFPA	United Nations Fund for Population Activities

EXECUTIVE SUMMARY

Utilization as an outcome of the operations research process, is the ultimate goal for any operation research study. However, a large gap between the research findings and their actual implementation exists and hinders many of the potential opportunities for policy development, program and service improvement. To date, the field of operations research in Egypt has not conducted a systematic review of the utilization of the operations research studies completed over the last decade. In spite of the considerable resources devoted to research, internal project evaluation is usually the sole mechanism to learn about the impact of operations research.

This descriptive study was initiated with a long term objective to maximize the utilization of operations research and strengthen future efforts contributing to the improvement of the family planning and reproductive health care program in Egypt. The study has four immediate objectives including: (1 assessing the impact of the current process of utilization and follow up activities; (2 documenting specific evidences of utilization of OR research studies conducted over the last ten years; (3 identifying barriers that impede the utilization of research on the policy, program and / or service levels; (4 defining directions to guide future efforts of utilization. The study's sample included some selected 12 studies completed by the principal agencies conducting operations research in Egypt Family Health International (FHI) (1989 - 1992) and the ANE OR/TA Project of the Population Council (1992 - present). In-depth interviews were conducted with a variety of respondents representing different target audience. The analysis of the qualitative findings was based on a framework applied in a similar study in Indonesia by the ANE OR/TA Project and built on three elements: research product; scientific network; and researcher-audience (beneficiary) relationship.

Analysis of data indicated a general satisfaction with the contribution of operations research to the family planning and reproductive health program in Egypt. Many respondents specifically recognized the role of operations research in policy formulation and policy advocacy. It was also mentioned that the implementation of findings of some studies of the ANE OR/TA Project and FHI had led to more effective

program development. Examples of this are with Raidats Refiat program and in improving the performance of some service delivery projects like the CSI. Findings of the ANE OR/TA Project OR studies on postabortion care were also mentioned to have contributed to the design of the USAID/Egypt family planning and reproductive health program. However, many interviewees indicated that there is still a room to reinforce the utilization process so as to become more timely in providing policy makers and program managers with needed answers.

Respondents stated two key elements that can maximize the utilization process. One is the relevance of the research conducted and second is its quality in responding to the questions under study. In addition, the process of conducting a study can contribute to the use of the results when various partners concerned with the problem under study are actively involved in all stages. Using appropriate methodologies and raising practical recommendations are also important in adding to the credibility of the research. This has an effect on its consideration in the decision making process.

In analyzing the findings of the research and the research beneficiary relationship element the following three aspects were discussed: technical assistance, dissemination and the follow up activities. Although the current model of providing technical assistance is satisfactory to most of the respondents, a strong emphasis was placed on the need to formalize the process of research capacity building. Several interviewees mentioned that it is crucial to create a competent cadre of researchers who can conduct operations research studies within their own organizations when external technical assistance phases out. Similarly, there is a need to strengthen the technical and management skills of local research institutions to provide operations research training. Dissemination activities should continue to match the informational needs of the different research target groups by presenting the data in different formats that suit the profile of every group. A strong need to produce the research final reports, summaries and media kits in Arabic was emphasized. Finally, systematic follow up activities focusing on repackaging research findings and providing individualized presentations to discrete groups was suggested as being a useful tool to increasing the

likelihood of results being used.

BACKGROUND

Operations research is defined as a scientific process composed of five steps: 1) problem identification and diagnosis, 2) strategy selection, 3) strategy experimentation and evaluation, 4) information dissemination, and 5) information utilization, (Fisher, et.al, 1991). The process of conducting an operations research study is therefore closely bound to the program it investigates. The ultimate outcome of operations research is the utilization of the results to increase “the efficiency, effectiveness and quality of services delivered by providers; and the availability, accessibility and acceptability of services desired by users.” (Fisher, et.al, 1991). Most commonly the conduct of an operations research study ends with the dissemination of the study’s results through a carefully planned communication strategy. To the extent that operations research staff are available, technical assistance is provided to ensure the utilization of the study’s results. Most frequently, however, once the dissemination activities of a study have been concluded program managers are left to implement the study’s results, without further support.

The Egyptian national family planning program has a long tradition of service delivery research, matching the history of the country’s family planning program. Within the sphere of programs funded by USAID during the past decade, three agencies have been principally involved in the conduct of operations research studies in Egypt: Family Health International (FHI), The Population Council and the Futures Group. The Futures Group provides technical support to the National Population Council’s Research Management Unit (RMU) as a member of the POP/FP III Project’s

Pathfinder Population Consortium (PPC). The Population Council's ANE OR/TA Project has been active in Egypt since early 1992, primarily supporting operations research studies conducted by local NGOs and Universities. FHI's operations research program preceded that of the Population Council and the Futures Group, beginning in the late 1980s and continuing up to 1993, at which time FHI began to focus on programmatic research and other service oriented studies.

RATIONALE

To date, the field of operations research in Egypt has not conducted a systematic review of the utilization of the studies results for policy development, program management or service delivery. Although considerable resources have been allocated to operations research by USAID through its bi-lateral programs with the Egyptian Government, project related evaluations have been the single mechanism for examining the effectiveness of this investment. An internal review that examines aspects related to the process of conducting the operations research studies that enhanced or constrained the utilization of the findings has not been performed.

STUDY OBJECTIVES

Long Term Objective

Maximize the utilization of operation research and strengthen future research efforts contributing to the improvement of the family planning and reproductive health care program in Egypt.

Short Term Objectives

1. Assess the impact of the current process of utilization and follow up activities.
2. Document specific evidence of utilization of OR research studies.

3. Identify barriers that hinder the utilization of research on the policy, program and / or service levels.
4. Define directions to guide future efforts of utilizations.

STUDY DESIGN

This is a descriptive study that reviews the utilization of operations research in Egypt on policy, program management and service delivery levels using a sample of operations research studies conducted between 1989 and 1997. The study utilized in-depth interviews conducted with a variety of respondents who represented the different audience groups that OR serves, (i.e., policy makers, program managers, service providers). It is important to note that FHI Cairo Office staff collaborated fully in the design, interviewees selection and the questionnaire development stages of this study.

A. Sampling Plan and Data Collection Procedures

A sample of 12 studies conducted by the ANE OR/TA Project and FHI was purposively chosen (*Refer to appendix A for a complete list of sampled research*). It included all of the ANE OR/TA Project studies and three of the FHI studies. This list was composed based on the following characteristics:

- different types of study design (diagnostic, intervention, evaluation; experimental, quasi-experimental, observational);
- different research methods (quantitative, and qualitative);
- different sample sizes (national, regional, and local) and for different purposes (policy, program management, or clinical).

In-depth interviews were conducted with 18 respondents who were identified by Population Council, FHI and USAID staff, during the months of May and June, 1997.

(For a complete list of interviewees please refer to appendix B). Interviews were conducted by the ANE OR/TA Project communication officer in Egypt and in a few instances the senior host country advisor participated in the interviewing process.

Categories of interviewees included:

1. *Senior Government Policy Makers:* (e.g. MOHP, NPC)
2. *Donors* (e.g. USAID, UNFPA)
3. *Senior Program Managers:* (e.g. THO, RCT)
4. *Service Providers* (e.g. CSI, El Galaa Hospital)
5. *Cooperating Agencies:* (e.g. PPC, AVSC)

One week prior to every interview, each respondent received a briefing package that contained a short description of this utilization study, an annotated list of all the sampled operations research and copies of special two-page research summaries for every sampled study. The objective of this briefing package was to assist the respondents recall the research findings and to provide background information. This was particularly necessary, as several of the studies had been conducted 5-10 years earlier. Duration of every interview ranged between 35 to 45 minutes.

B. Study Questionnaire

A semi-structured questionnaire was developed and pre-tested during the month of May. The following indicators formed the basis of this questionnaire:

- Genesis of each study sampled.

- Role of the dissemination activities in maximizing utilization.
- Contributions to body of knowledge (e.g., continuum ranging from qualities of originality and uniqueness to complementary findings to redundancy and duplication).
- Degree that the research contributed to improving clinical practices (consultation or management).
- Evidence that results contributed to the development of national policy.
- Evidence that results were used for program management (system wide).
- Elements of institutional building or development of national capacity.

C. Data analysis

The analysis of the qualitative findings was constructed using an analytic framework that was applied in a similar study conducted in Indonesia by the ANE OR/TA Project. That study utilized a conceptual framework built on three elements: research product; scientific network; and researcher-audience (beneficiary) relationship, (Henry, 1996).

1. ***The research product:*** includes elements such as relevance of the research to specific needs, simplicity, quality of work, applicability of findings and recommendations, cost effectiveness and timeliness of the research.

2. ***The scientific network:*** This element focuses on whether or not the study was comprehensive in providing answers to questions raised by the concerned network related to this research and hence the evidence of using this study.

3. ***The researcher and the research beneficiary (audiences) relationship:*** This component covers the efficiency and the comprehensiveness of the dissemination process and follow up activities in communicating the research and reaching out for various concerned target groups and partnership in implementing the research. Finally any form of capacity building that the research recipient can identify as a result of a study.

Immediately after each discussion, interviewer notes were completed and elaborated upon. Data was carefully reviewed to match this framework described above. For the information that was not possible to label under any of these categories, it was grouped separately and recorded as well.

FINDINGS

This section of the report covers three main areas: the impact of operations research and evidence of use; elements for maximizing research utilization, and the researcher - research beneficiary relationship. It is important to note that not all of the studies included in the sample (of FHI or Population Council ANE OR/TA Project) are referred to in this overview of findings. This is due to difficulty in recalling research studies completed early in the development of the operations research program or to avoid repetition of key results.

I. Impact of the Operations Research: Evidence of Research Utilization

All of the respondents recognized the potential contribution of OR to scientifically direct efforts towards overcoming real problems. For example one respondent said, *“I consider OR more important than biomedical research. It addresses specific problems and presents solutions to these problems. Earlier studies of FHI and the current ones of the Population Council are useful.”* At the same time respondents clearly stated that OR should address issues that are possible to resolve, that correspond to the national population strategy as well as the objectives of the host agency. Researching issues other than these *“....does not lead to much of a change and, hence, any utilization of this research will not be possible.”*

On the policy level, OR is considered an important tool for both policy formation and policy implementation. Policy makers in Egypt stated that they have used OR findings for policy advocacy so to support existing programs, to call for changes to seek funds and to build commitment to new initiatives. The contribution of the postabortion OR studies was referred to as an example of how OR contributed to policy formulation.

On the program level, operations research studies were cited as being useful for monitoring the implementation of programs and for trying new approaches. One respondent stated ***“We used to depend on our field impressions, but later we started to count on operations research studies to guide our programs.”***

Another one added, ***“Sometimes using checklists with specific indicators is not enough to monitor the progress of a project. Meanwhile, OR can tell us more if a certain problem exists and (can) provide solutions or explanations.”***

Service providers, stated that they believe OR has been effective in contributing to the improvement of the performance and management of their clinics. Examples they cited included enhancing the technical skills of medical staff strengthening the administrative and the management system of clinics, and contributing to improvements in the quality of care. Some

The Raidat Refiat study conducted by the ANE OR/TA Project and the Faculty of Nursing in Alexandria (1995) was cited as a useful research study in many ways. Some interviewees stated the following programmatic changes based on the study's recommendations:

- ***“A working guide for every Raidat was prepared, printed and used based on the recommendations of the study.”***
- ***“A unified record keeping system was established and a common register book was introduced.”***
- ***“More emphasis was given to the practical training. Also the length of the training courses increased.”***
- ***“The collaboration with the local IE&C centers in the governorates was strengthened enhanced.”***
- ***“Supervision scheme was revised and on the job-training was added to the program.”***

managers of family planning service delivery projects mentioned that the impact of OR was significant in changing attitudes of staff towards understanding the value of research in guiding their work. ***“After the (ANE OR/TA Project) operations research study on Continuation and Discontinuation, our clinic managers in the different governorates realized that in each region we serve different categories of clients who require different strategies. Now they know that many of the elements to attract clients rely in their hands.”*** Findings of another study conducted by FHI on the “Organizing Family Planning Unit Hours and Waiting Times” in the CSI clinics were cited to be helpful in achieving better management of the clinics hours and described as effective tool that helped the Project managers in responding to clients’ time demands per different geographical locations.

The postabortion operations research pilot study, (completed in 1994 to test the effect of improved medical care and counseling of postabortion patients) was repeatedly cited as an example of how OR contributed to both policy development and service improvements. Though the pilot study was done only in two hospitals (El Galaa Maternity Hospital in Cairo and El Menya University Hospital in Upper Egypt), some interviewees believed that working to improve postabortion care outside of Cairo, (especially in upper Egypt) was one of the positive aspects of this study. The current scaling up of this program in ten university and public hospitals was described by one respondent to have established an effective chain for the transfer of knowledge acquired during the pilot research. ***“The 1994 operations research pilot study of postabortion care in Egypt directed attention towards the abortion ward that was long neglected...new concepts were introduced and emphasized. Physicians now pay more attention to it, and with the scaling up program these concepts as well as others are being reinforced.”***

Meanwhile, it was indicated that the findings of the postabortion OR studies have contributed to the design of the USAID/Egypt family planning and reproductive health program. More specifically, the findings of the caseload study focused attention on the need to include postabortion care in the reproductive health package and to institutionalize the OR postabortion program.

Despite these contributions, the field of OR in Egypt still had shortcomings. Some respondents indicated that the link between research and its implementation needs to be further strengthened. For many of them, research findings tend to take a long time until they are finally transformed into program decisions. One reason was given for this weak link is the lack of ownership of results by policy makers and program managers. Thus, one respondent stated that *“(if) Collective ownership over research is better realized, utilization of research will become more possible.”* Another added *“Assisting policy makers and program managers to use OR is important. They should be oriented on how to use the findings so they would realize how relevant (the studies are) to them.”*

Some respondents suggested that presenting policy makers with successful models of how OR can help improve their programs could be useful as well. *“When a successful example of research utilization is available, it should be widely promoted and announced so as to show how the process of utilization is built incrementally with the collaboration of many partners and how it can positively improve programs, services or policies.”*

A few of the respondents see the only meaningful impact of many OR studies as being in the area of capacity building of new skills for researchers and research institutes. It was mentioned that *“Maybe those who benefited most from the OR program are the researchers and the research institutes.”*

Others have observed that recent OR studies are becoming rather long when OR should be a fast tool to provide timely answers to pressing questions. Some stated that when these quick answers are not available when needed, the opportunity for effective utilization is lost. ***“I personally think of OR as a quick study that answers a question...in two weeks or maybe two months, not a year or two.”***

II. Elements for Maximizing Research Utilization

1. Relevance

For most of the respondents, relevance is a key criterion that qualifies a study to be effectively utilized. They also indicated that a study is relevant when it emerges from a real need from the field ***“I think that a good study is the one that touches on the core of my workIt will be to my advantage to use the findings as it will end up improving the quality of my work.”***

Conducting the research with multiple partners was also mentioned as an indispensable element to ensure utilization and to widen the group of potential users. However it is critical to define the roles of the different parties so as to build commitment to the research afterwards. One possible strategy to initiate this collaboration was suggested by one respondent as ***“doing advocacy activities with national authorities who are not currently engaged in the research process to show them how OR can be useful to them.”*** Meanwhile, involving the concerned decision makers early in the process of forming the research agenda builds their commitment to this research and ensures that it reflects their programs' needs. Other government offices, NGOs and public sector organizations who may not be directly related to the conduct of a study should be also aware of the findings and their implications. Donors other than the principal funding agency should be also engaged in this process to foster a wider interest especially in fields of research that were not studied before.

For several respondents, the ANE OR/TA Project postabortion care program is a successful example that applied the above model in scaling up the pilot efforts started in 1994. It was described as ***“Your work on the postabortion care is different...You initiated***

the program with the right people from the MOHP side, respected research institutes, university professors of the OB/GYN departments in addition to other organizations who are involved in the implementation of other reproductive health services.”

In 1992-1993 the Clinical Service Improvement Project (CSI) requested to initiate an operations research on the continuation and discontinuation of contraceptive use by methods and reasons for drop-out in CSI Project. The study came with findings that the project managers used effectively and stated that ***“We always depend on the OR continuation and discontinuation study in making any decision related to the project. The study helped us to change many things but most importantly it changed the staff misunderstandings of the reasons for drop out and clients’ discontinuation.”*** The same study was perceived to be useful and relevant to some donor officials because ***“...the study concluded with specific solutions to problems that CSI were facing and raised bigger issues than even the direct ones originally stated.”***

The importance of keeping the community involved in the research process was stressed by several respondents as a vital key to ensuring utilization: ***“It is very important to keep the community involved. Any research idea should evolve from a community need and answers should be finally addressed to those who live and are served by the rural health unit.”***

2. Quality of Operations Research

Respondents who were able to recall studies listed in the briefing package sent shortly before the interviews, expressed an overall satisfaction with the quality of research. On a scale of one to four -where one is excellent and four is poor- most of the respondents rated the listed studies as

“OR studies are generally of good quality...service delivery agencies use the findings as an input in many situations..If I (personally) have a question I always refer to these studies.”

generally good (2). The high quality of the research was one of the mentioned reasons for making the findings reliable to use for decision making, whether on the policy, program or service delivery level. For example, the value of findings of the ANE OR/TA Project caseload study was thought to be one of the elements that contribute to the current efforts to institutionalize postabortion care as part of the reproductive health program in Egypt.

For many respondents the quality of research means primarily a good design and a coherent methodology that accurately respond to the questions under study. Thus, many indicated that a well designed study strengthens the credibility of findings and accordingly, increases the chances for utilization. ***“The research methodology should be strong enough and the sampling should be representative of the population under study so we can generalize based on solid knowledge.”***

Well drafted recommendations were also mentioned to be a key element in judging the quality of research. They are also viewed as a constructive tool that summarizes and presents the relevant solutions based on a good understanding of the initial problem, the research findings and their implications. It was suggested that recommendations should be grouped and presented according to the interests of the different target audiences. Then they should be independently discussed, followed up in a way that addresses the concerns of every target group.

Some respondents described useful recommendations as the ones that are..

- ***“Well written and present practical solutions.”***
- ***“Focused and relevant to the problem and the research findings.”***
- ***“Classified by different organizational interests so they can be easily implemented and followed up.”***

Collective quotations from multiple interviews

Frequently, some interviewees mentioned that recommendations should not be final until after the dissemination seminar. One respondent stated ***“Final recommendations should not be all set in advance. There should be a room to integrate audiences’ feedback in the final report.”***

The operations research study of “Improving the time management of CSI Clinics” conducted by FHI in 1991 was again cited as an example of how OR can have an effective role when the recommendations meet the above criteria. The utilization of the research recommendations improved clients flow in the CSI clinics under study and reduced the waiting time. This had accordingly a positive effect on the overall clients’ satisfaction and have raised the overall performance of the clinics.

III. The Researcher and the Research Beneficiary (audiences) Relationship

1. Technical Assistance and Capacity Building

Results of the interviews revealed that respondents who were exposed, either directly or indirectly, to any of the technical assistance (TA) activities provided by either the Population

“I have attended the OR training sessions with FHI / Population Council staff and RMU. I benefited a lot from them. I learnt many things about research design from these workshops.”

Council’s ANE OR/TA Project or FHI, were satisfied with the TA model used by both organizations. The majority of respondents believed that the technical assistance is timely, the resource persons are always available and that the OR staff are competent in their fields of expertise. Among the TA activities of the OR Projects was the organization of a series of workshops for researcher training on proposal writing, data analysis, and report writing organized by the Population Council and the RMU, with the participation of FHI. These workshops were found to be **“extremely useful”** especially for mid career researchers. Some respondents recommended to formalize these activities and conduct them more regularly.

Other interviewees suggested other TA training activities to strengthen capacity especially in areas like:

- Defining and setting indicators for monitoring and evaluation of family planning projects' activities and improving management information systems of these projects in a way that utilizes data to be an effective source of information for decision making.
- Developing dissemination materials,
- Strengthening communication and presentation skills,
- Providing information related to methodological techniques as sampling, developing questionnaires and data analysis.

Some respondents mentioned that it will be also useful if the same training is given to different groups to maximize the number benefiting from these sessions. One interviewee mentioned ***“TA provided by operations research staff should ensure building capacities that can undertake similar activities after the technical assistance assignment is completed.”*** Meanwhile, it was stressed that the skills and the expertise of both the national experts and the foreign consultants, should be utilized especially that the language forms a barrier in many situations for non-Arabic speaking experts.

To operationalize the process of capacity building two approaches were recommended. One is to work closely with a few local research institutions or NGOs and support their research capacity to be the central point for national organizations that can be called upon when needed. This approach will require strengthening leadership and advocacy skills in addition to improving the management capacity of these organizations. The other alternative approach is to train different professional groups to create a critical mass that can continue to transfer skills to other subsequent

groups. This will require giving more attention to researchers at the governorates who are usually distanced in most of the cases from these learning opportunities.

“We think that the number of professionals who were trained at the beginning of the OR program is not enough. They all come from the central office of the Ministry. Now that we are trying to decentralize activities to the governorate level, it is mandatory that we create a critical mass that can manage small OR studies so to help local health professionals understand their problems and find scientific solutions.”

2. Dissemination

Dissemination of research is one of the key steps in the process of operations research. Some respondents described dissemination as the main bridge towards achieving effective utilization. One respondent said ***“Without proper dissemination we should not expect any utilization of research.”***

“Transfer of research skills should be the main objective of any TA activity. However, utilizing the Egyptian expertise along with the international is a key for any success in this area.”

Many respondents indicated that the nature of every study decides to a great extent the way it will be disseminated. Some mentioned that studies which are of general interest ought to be presented in a large enough forum to bring the issue to public attention (the example of research studies on new contraceptives was given). If appropriate, different forms of mass media should be utilized to get the message across as well. On the other hand, if the research under study deals with sensitive issues the dissemination activities should reflect this sensitivity as well. For example, many respondents have positively reacted to the communication strategy used to disseminate the findings of the postabortion care research. Thus to many of them it was not surprising to involve limited number of those who are directly working with the

program in the form of small group meetings and individual presentations to senior policy makers and program managers.

Choosing the type of communication channel to disseminate results should match the information needs of the target groups that the research serves. It was mentioned in several interviews that print materials like final reports, should be written in the local language so as to facilitate the comprehension of findings and the discussion of their implications. Though, many respondents found OR final reports to be generally useful and important, some said that they are so long to read.

Accordingly, it was recommended to continue producing research summaries in both Arabic and English in addition to other types of research capsules to complement final reports.

Generally, OR publications were criticized for being heavily distributed on the central level with limited circulation in the governorates. It was mentioned to provide individual copies to target groups / persons so to facilitate reference and use.

It was universally agreed that the dissemination materials should be clear, simple and innovative in presenting data in order to facilitate readers' comprehension of the issue. Using comparisons, simple graphs and text bullets was seen to be helpful in making visual presentation of data more effective . One interviewee indicated

“One barrier in the process of disseminating of research is that most of the final reports are produced in English. I believe that this won’t help officials in the governorates to understand what the researcher is saying. Thus, all final reports should be written in Arabic and if needed in English. Condensed Arabic summaries are not enough too, since many of the target groups should be aware of the full results.”

“Present your data in a way that the audience can relate to. Help them to quickly understand how (the) positive or negative (findings relate) to them.”

Several interviewees mentioned that big seminars could be probably one way to introduce the research findings to a large group and to ***“announce the findings publicly”***. Yet, others criticized them for not providing the needed opportunity to communicate the findings and discuss their implications thoroughly. Many respondents suggested interim seminars or meetings to pave the way and prepare the research audiences for the final results to be released sometimes after.

Suggestions to improve dissemination and increase utilization

- ***“Small group meetings allow for more thorough discussions and more meaningful outcomes.”***
- ***“Presenting findings and recommendations based on interests of different target groups is a lot better.”***
- ***“Delay coffee breaks, and proceed with the main presentation because many people just leave after the break.”***
- ***“You have to tell your invitees clearly and simply why they are coming to this meeting, what do they expect and what it means to them”.***

Collective quotations from different interviews

Others have stressed the need to organize and replicate final dissemination seminars on the governorate level so to reach local officials who will finally implement the research findings. In cases when it is not possible to do more than one seminar, it might be useful to invite local officials to participate in these centrally organized meetings. In this regard, the dissemination of the Raidats Refiats study was cited as an effective example. ***“The way the Radiats Refiats study was disseminated was very good. The dissemination seminar brought together the researchers and the feedback from the field presented by the program officials from the central and the governorates’ offices.”***

Targeted individual presentations is another means for effective dissemination that was highlighted in several interviews, especially the ones addressed to policy makers and senior program managers. It was mentioned that these types of face to face briefings

are most effective when the relevant findings to the program are highlighted. One additional advantage to this type of dissemination is that it helps researchers in building long term commitment and provides the opportunity for future utilization of the results. *“When you talk individually to me and present certain research findings and when you know my program and tell me how this research can benefit me, I will respond to these findings more positively.”*

The study of “IUD Use Dynamics in Egypt” conducted by the Egyptian Fertility Care Society and the ANE OR/TA Project in 1994 is

another example of using targeted dissemination seminars to selected audiences. Several interviewees mentioned that the use of small group meetings to disseminate this study’s results led to

“Dissemination seminars become more successful when the presentations are well prepared; the researcher has good communication skills and when the recommendations are based on scientific interpretations rather than personal opinions.”

better implementation of useful actions. For example, the training curricula of MOHP and RCT were modified to include the CuT380A IUD new use duration of 8 years rather than the previously instructed of 6 years use duration (which has since been increased to 10 years). A special brochure was produced in Arabic where more than 15,000 copies were widely distributed to MOHP health facilities in Egypt to cover issues of concern that the findings of the study revealed. Results were also helpful in the production of TV spots by the IEC Center of SIS for women using CuT380A IUD to combat rumors and raise clients’ awareness.

3. Follow up Activities

Although some respondents were able to cite at least one example of how one of the operations research studies sampled in this study was utilized, the majority felt that

systematic follow up activities are limited particularly where interpersonal activities are concerned. ***“We should always start from the beginning...the follow up plan should ensure an open dialogue with all involved partners so to direct future efforts.”***

However, some interviewees mentioned that follow up activities do not have to be done by the researcher personally. One organization or a network of concerned professionals could play this role. This assigned group could coordinate to repackage results in multiple formats as needs emerge and present them to different target groups over a time plan. Some respondents agreed that the advantage of this strategy is that it does not overload the researcher with many responsibilities and provides longer time frame to implement and monitor the utilization process.

In addition, findings of several related studies can be synthesized and communicated to target groups depending on their informational needs. Modified sets of presentations could be also disseminated to other non involved groups in the OR network so to expand the frame of the research beneficiaries. In other words, every key individual(s) / group(s) considered as an important part of the OR beneficiary network need to be ***“personally counseled”*** as one respondent described about the major OR findings and their policy and program implications.

Generally, many interviewees mentioned the need to repeat some OR studies that are of importance to the national program to test the progress of these programs. These repeated OR studies were viewed as one tool of follow up activities on the effective implementation and utilization of findings. Specific examples include OR studies related to continuation and discontinuation of methods and services and

research related to programs' assessment and evaluation.

CONCLUSIONS & RECOMMENDATIONS

For the majority of interviewees OR is important to the national family planning and reproductive health program in many ways. Operations research findings were mentioned to be useful for policy formulation, implementation, achieving programs' objectives and improving service delivery performance. Specific examples of how OR studies were particularly useful in this regard were frequently mentioned; for example, the ANE OR/TA Project on improving postabortion care and the FHI OR study on organizing family planning unit hours and waiting time in the CSI project.

Two elements were considered particularly important in the process of utilization. One is the relevance of the study to the research beneficiary and the second is the scientific quality of methods. Several successful OR examples were cited for their relevance and high quality research such as the ANE OR/TA Project research on IUD Use Dynamics and the study of Continuation and Discontinuation of Contraceptive Use by Method and Reasons for Drop Out in CSI Project. These studies were mentioned to be effective in concluding with relevant recommendations to the policy makers and program managers and in utilizing special dissemination channels that allowed for active follow up activities. However, more efforts were called for to strengthen the link between research findings and their actual implementation.

Generally, the following lessons were recommended as indispensable to maximize the utilization of operations research:

- OR studies ought to strategically tailor their focus on issues that are of national interest and linked to the national research agenda.

- OR should continue to contribute to the process of policy formulation, program development and service improvement. It should be one of the fast input tools that policy makers and program managers can use in the decision making process.
- Involving multiple partners in the research process is crucial to ensure future commitment to the utilization of this research. Concerned decision makers should be also included in the process from the beginning and should be continuously updated about its progress and the research implications.
- Research institutes conducting operations research need to give the highest priority to the design and implementation of the research in the field. Well designed studies that effectively investigate the questions have a higher opportunity to be utilized since the findings would be considered more credible and reliable. Meanwhile, recommendations should present practical solutions and should be classified and communicated according to the interests of the different research audience groups.
- Although the current models used for providing technical assistance are satisfactory, there is a need to formalize the process of research capacity building. More efforts are called for to build a cadre of researchers who can conduct small scale studies within their own organizations. In addition, there is a need to strengthen the technical and management skills of local research institutions who can become OR training centers. Further analysis of the these models of technical assistance applied is also recommended to avail a clearer understanding of the alternative paths for effective utilization.
- Dissemination activities should continue to match the informational needs of the different research target groups. Presenting the data in different formats that suit the profile of every group is critical in achieving any success. Circulation of print materials and the organization of the interpersonal communication activities should be decentralized to involve more personnel on the governorate level.

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APPENDIX A LIST OF INTERVIEWEES

Donor Organizations:

- | | |
|-----------------------|----------------------|
| 1. Dr. Richard Martin | USAID/ Cairo Office |
| 2. Ms. Connie Johnson | USAID/ Cairo Office |
| 3. Ms. Angela Lord | USAID / Cairo Office |
| 4. Mr. K.V.R. Moorthy | UNFPA / Cairo Office |

Government Offices

- | | |
|----------------------------------|-----------------------------------|
| 5. Dr. Moushira El Shaafi | Ministry of Health and Population |
| 6. Dr. Magda El Sherbini | Ministry of Health and Population |
| 7. (H.E.) Prof. Dr. Maher Mahran | National Population Council |
| 8. Mr. Mohamed Amer | National Population Council |
| 9. Mr. Nasry Shaker | National Population Council |
| 10. Ms. Fatma El Zaharra Mohamed | National Population Council |

Service Providers

- | | |
|---------------------------------|--------------------------------------|
| 11. Dr. Mohammed Edrees | Clinical Service Improvement Project |
| 12. Dr. Mostafa Sadek | Teaching Hospital Organization |
| 13. Dr. Abdel Azziz El Shoubary | El Galaa Maternity Hospital |

Others, including Researchers, Training Institutes, Cooperating Agencies

- | | |
|---------------------------|-------------------------------|
| 14. Dr. Osama Refaat | Regional Center for Training |
| 15. Dr. Zienab Heida | WellStart International |
| 16. Dr. Mahmoud Farag | Consultant (NPC) |
| 17. Dr. Waleed El Khateeb | Population Project Consortium |
| 18. Dr. Maaly Goumie | AVSC Int. |

