
Supporting the Development of Evidence-Based Policies and Programmes:

Towards an HIV and AIDS Research Agenda for the Department of Social Development

Report on Identification of Information and Research Gaps on the Impact of
HIV & AIDS and Research Priority Needs



June 2006

Report submitted by Gill Schierhout, Malcom Steinberg and Anthony Kingorn

Health and Development Africa (Pty) Ltd

Physical address:

25 Bath Ave, 1st Floor, Rosebank, 2196
South Africa

Postal address:

Postnet Suite #129
Parkview, 2122
South Africa

+27-11-880- 7554 *telephone*

+27-11-880 6694 *facsimile*

Contact

Dr Veni Naidu

082-874-2242

veni@worldonline.co.za

Dr Gill Schierhout

082-338-4467 cell

gschierhout@hda.co.za

Report was prepared by Health and Development Africa (HDA) and Veni Naidu, with funding from DFID MultiSectoral Support for HIV/AIDS Programme for the National Department of Social Development

Table of Contents

Table of Contents	2
Acknowledgements	3
1 Introduction	4
1.1 Approach	4
1.2 Objective of this report	5
1.3 Limitations of the project	6
2 Research Priorities and Organisation into Key Themes	7
2.1 Research Theme – Youth	9
2.2 Research Theme – Households, Family, Older Persons	10
2.3 Research Theme – OVC	11
2.4 Research Theme – Community-Based Interventions	12
3 The Role of Research in Policy Development and Programmatic Review at DSD	13
3.1 Vision	13
3.2 Current Situation	14
4 Recommendations to Increase the Use of Research in DSD Policy and Programmes	15
4.1 Establish Five Thematic Reference Teams to Contribute to Research Co- ordination, Management and Dissemination	16
4.2 Decide on Priority Research Areas within each Theme Based on an Assessment of the Needs of the DSD	17
4.3 Enhance Capacity in Developing Terms of Reference and Ensure Close Consultation on Policy or Programme Issues	17
4.4 Put in Place Mechanisms to Disseminate Research Findings Appropriately	19
4.5 Continue to Work towards an Umbrella HIV and AIDS Research Strategy across the Social Sector	20
5 Overall Recommendations	21
Bibliography	24
Annexe A: Proposed Linkages of Key Stakeholders in the Research Process	25
Annexe B: List of Individuals Interviewed	26
Annexe C: Research Themes - Workplace	23

Acknowledgements

This study was commissioned by the National Department of Social Development and researched by Health and Development Africa (Pty) Ltd.

Special thanks are due to members of the Project Reference Team:

Jacques van Zuydam

Leon Swartz

Johanna de Beer

Dikeledi Nkau

Carol Lombard

Zanele Nxumalo

Bruce Hibbert

Alicia Corneelsen

Christa Kruger

Gerda Erasmus

Innocent Ngenzi

Dibolelo Molehe

Maphefo Mabasa

Karen Birdsall

Niko Knigge

Numerous other DSD staff members also gave up their time to be interviewed for the project – a list of these can be found in Annexe B of this report.

Members of the *Health and Development Africa* research team: Veni Naidu, Gill Schierhout, Nonhlanhla Nxumalo, Nirvana Pillay and Billie-Jean Niewenhuys.

1 Introduction

The National Department of Social Development (DSD) faces the challenge of responding to the socio-economic threats of the HIV and AIDS epidemic. This report covers the third and final phase of an overall project on research gaps. The report aims to document research that has been done on DSD's HIV and AIDS response and on DSD's partnership with the social cluster. It also aims to identify research gaps and the work done by DSD in refining its research strategy and in increasing the use of research for informing planning, policy and programmes. The study has three broad objectives:

- To identify the research priority needs of DSD in terms of the impact of HIV and AIDS on DSD's policies, programmes and services.
- To develop a searchable data base of key selected research for publication on the website of the Chief Directorate: Population and Development.
- To determine with DSD programme managers a process for commissioning the prioritised research and a process for integrating and monitoring the use of HIV and AIDS-related research for policy development and planning.

1.1 Approach

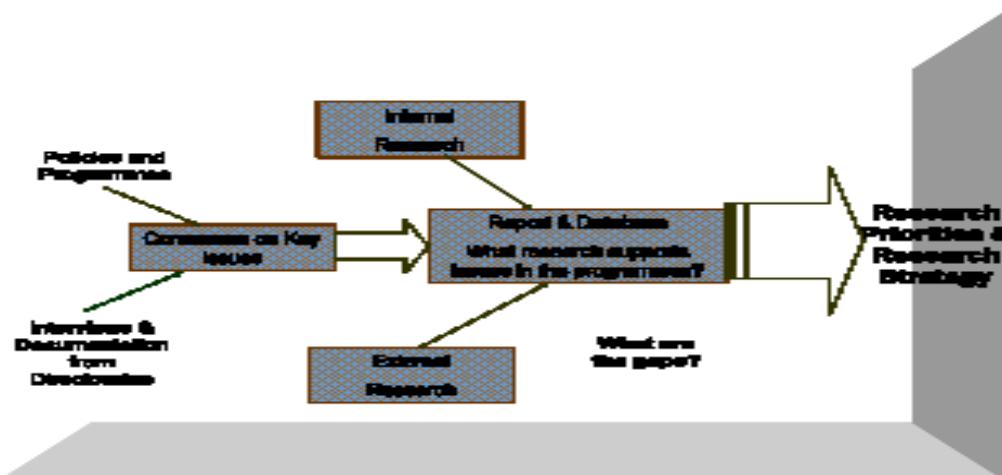
The project has proceeded in three main phases, shown diagrammatically in Figure 1 below.

1. A document review of existing documents made available by DSD was undertaken in order to identify key strategic issues within directorates (see Phase 1 report).
2. A systematic identification of research was undertaken. Internal research, commissioned by DSD, was identified through personal interviews (January to March 2006) with key staff (chief directors, directors and deputy directors □ see Annexe B) in each directorate, and external research was identified through

database, hand-searching and citation tracking of previous research and documentation. Through this exercise, research gaps were identified (see Phase II report) and a searchable data base was created. This database has been made available to DSD in electronic searchable form and uploaded into the departmental intranet.

3. Through a process of content analysis, research gaps have been converted into research themes for investigation in the short to medium term. The research themes will be prioritised by the chief directors of DSD. During personal interviews, data were collected on research capacity, research skills and integration of HIV and AIDS issues into the research agenda of each directorate. A brainstorming meeting was held with the reference team (20 June 2006) where the findings of the personal interviews were presented and recommendations discussed on an approach to increasing research usage, monitoring the use of research and integrating research.

Figure 1: Identification of Research Gaps for DSD: Project Approach



1.2 Objective of this report

This report has two main objectives: Firstly, to highlight the research gaps identified in the earlier phases of the project, thus allowing DSD chief directors to prioritise research projects, and, secondly, to make recommendations on a process of getting research into policies and programmes (GRIPP). This report aims to stimulate

debate between senior management of DSD and the wider social cluster □ a debate that should lead to consensus on research priorities and improved research utilisation by policymakers.

1.3 Limitations of the project

This study is only part of a broader process to increase the evidence base of DSD's policies and programmes. A study of this duration (six months) is inevitably limited in scope and coverage. Setting research priorities, achieving buy-in from all stakeholders within DSD and developing an integrated strategy across directorates and programmes is an ongoing process.

Prioritising research purely from a content analysis of policy and programme documentation also has limitations. Further prioritising should therefore be done by all chief directors. An Executive Management Committee (EXCO) meeting held on 27 June 2006 agreed to the deputy director general (DDG) leading a meeting of chief directors who will approve the research themes. A meeting was chaired by the DDG on 12 December 2006, where the recommendations of the report were agreed upon, including the research themes.

Considerable effort was put into obtaining past and current research commissioned by DSD and externally. Accessing documents from staff on leave or documents from former DSD employees was difficult. It was similarly difficult to obtain all completed research reports and current terms of reference (TOR) documentation. Obtaining research information from the provinces proved even more challenging.[♦] Consequently, the database, although fairly comprehensive, is not complete.

[♦] Despite a number of contacts made with each province, only four of the nine provinces responded: Gauteng, KwaZulu-Natal, Mpumalanga and Northern Cape.

2 Research Priorities and Organisation into Key Themes

There are twelve directorates in DSD each having their own mandate but operating in the same socio-economic environment and contributing to the same larger vision of the department. Often the directorates have to make decisions based on information that has relevance beyond their specific mandate. One of the benefits of integrating research into themes is the combination of scarce resources (financial and human capital).

The themes cut across directorates with no single directorate bearing responsibility for the entire theme. However, one directorate should have overall responsibility for the research project to ensure ownership and commitment. The lead directorate will be the directorate entrusted with directing and executing the research while at the same time drawing expertise from other directorates to ensure proper integration of all HIV and AIDS research.

The four themes identified correspond to the research gaps established in the preceding phase of this project: Youth; Households, Family, Older Persons; OVC, and Community-Based Interventions (including people with disabilities). Tables 1 to 4 list research gaps identified for each major theme. The lists are not definitive, but provide a starting point for development and refinement of DSD research strategy. The process followed to identify the gaps was as follows:

1. Firstly, we generated a provisional list of themes that were directly or indirectly related to the main theme (e.g. Youth, OVC) – this list was based on a detailed review of the policies and programmes of DSD in that theme.
2. Secondly, we documented unanswered research questions in relation to the main theme that were raised by DSD officials during interviews.

3. Thirdly, both lists of research questions were reviewed against the data available in the annotated bibliography. The lists were discussed by the research team, and the reference group members agreed with the provisional list of research gaps for each chapter. These gaps exclude instances where, for example, studies are already commissioned, even if data are not yet available, as well as minor non-strategic areas.

The tables include suggestions concerning the appointment of a lead chief directorate or department for each of the research gaps.

The need for a particular policy or programme is usually informed by a community need and a political agenda. It is important to identify in the TOR phase of the research process which policy or programme the research questions aim to inform. Tables 1-4 contain a column on potential high-level priority areas for policy and programme support. Research will usually address the more specific needs confirmed by the DDG-led meeting.

Research gaps should be ranked by management on the basis of which research will have the greatest influence on policies and programmes. In Column four, managers can rank each research gap into low, medium and high priority. Research that supports immediate issues relating to policies and programmes should be accorded high priority.

Within each thematic area, before undertaking new research, systematic reviews that synthesise existing research should be given high priority. Also warranting high priority is the development of monitoring and evaluation frameworks and impact assessments of existing programmes.

2.1 Research Theme – Youth

Various strategic issues affect youth in relation to HIV and AIDS: the prevalence of HIV and AIDS among youth; their knowledge, attitude, practices and behaviour in respect of HIV and AIDS; their risk factors predisposing them to HIV infection, and the effectiveness of HIV and AIDS interventions in targeting youth.

Overall HIV and AIDS research objective for youth:
To undertake research that supports HIV and AIDS prevention among young people

Users of the research: The key directorates within DSD interested in youth issues are the Population and Development, Monitoring and Evaluation, the HIV and AIDS, the Children, Families and Social Crime Prevention, Welfare Services Transformation and Community Development. Other departments interested in the research are the Department of Health, the Youth Commission and the Department of Education.

Table 1: Thematic Areas – Youth

Research Gaps	Lead Chief Directorate/Department	Potential Areas for Policy & Programme Support
Review systematically risk factors predisposing youth to HIV infection and other issues	HIV/AIDS	Youth Policy Life Skills
Conceptualise a Monitoring & Evaluation framework for youth programmes with indicators relating to measure development of youth and effectiveness of youth programmes	HIV/AIDS Department of Health Department of Education	HCBC HIV/AIDS
Provide uniform definitions of youth and youth-headed households	Youth Commission	Youth Policy
Ascertain knowledge, attitudes, practices and behaviour related to HIV risk and programme design for 12-14 year olds including gender differences	Department of Health, Chief Directorate: Care and Support	HCBC HIV/AIDS Life Skills
Determine at what point in youth development, HIV infection takes place and therefore the most effective point at which to target social interventions	Department of Health, Chief Directorate: Care and Support	HCBC HIV/AIDS Life Skills
Identify effective interventions with the potential for scaling up	Department of Health, Chief Directorate: Care and Support	HCBC New Programme Development

2.2 Research Theme – Households, Family, Older Persons, People with Disabilities

The key issues in this section relate to how HIV and AIDS impacts on families, households and older persons; in particular, how it affects their livelihood, their quality of life as recipients and providers of care, their ability to survive, the changing role of families and their access to safety networks, and other government and non-governmental services.

**Overall HIV and AIDS research objective for households:
To undertake research that supports HIV and AIDS care and support, especially for affected families, older persons and people with disabilities**

Users of the research within DSD: Population and Development, HIV and AIDS, Children, Welfare Services Transformation, Development Implementation Support, Social Security Policy and Planning, Grant Systems and Administration. Users from other departments: Department of Health, Youth Commission, Presidency, Department of Education, Department of Agriculture.

Table 2: Thematic Areas – Households, Families, Older Persons, People with Disabilities

Research Gaps	Lead Chief Directorate/Department	Potential Areas for Policy & Programme Support
Systematic review (policy brief) of data on structure of families; burden of care on the elderly, people with disabilities and gender-related dimensions of HIV and AIDS impact	HIV and AIDS	Family Policy Older Persons Bill
Conceptualise a Monitoring & Evaluation framework for existing programmes for families and households	Children	VEP ¹ HCBC
Determine how community safety nets can be strengthened to support children and older persons	HIV and AIDS	HCBC OVC Framework
Explore the role of the extended family in SA including Granny-headed households, the role of family care giving and how it can be supported/integrated into government interventions	HIV and AIDS	Older Persons Bill HIV and AIDS Policy HCBC
Determine what makes HIV and AIDS-affected households vulnerable to poverty and what can pull them out of poverty	HIV and AIDS	Poverty Alleviation HCBC OVC Framework
Determine the extent and manifestation of stigma and discrimination towards affected households and how can DSD and government best combat it	HIV and AIDS	HCBC

¹ Victim Empowerment Programme

2.3 Research Theme – OVC

The key issues in this section are the number and location of orphans and vulnerable children (OVC) including child-headed households, the socio-economic impact of HIV and AIDS on OVC, which can be felt on various levels such as livelihood, health, education, welfare, protection and emotional health, and the services that have the greatest impact on the lives of OVC. The protection of the rights of children is an equally important issue.

**Overall research theme for HIV and AIDS and children:
To undertake research that supports enumeration and cost of implementation of services to OVC.**

Users of the research within DSD: Population and Development, HIV and AIDS, Children, Welfare Services Transformation, Social Security Policy and Planning, and Grant Systems and Administration. Users from other departments: Department of Health, Presidency, Department of Education, and Department of Agriculture.

Table 3: Thematic Areas – Orphan and Vulnerable Children (OVC)

Research Gaps	Lead Chief Directorate/ Department	Potential Areas for Policy & Programme Support
Define and quantify the national levels of well-being of OVC	HIV and AIDS Children	OVC Framework
Determine and cost the priority needs/interventions from the perspective of children including the reduction of stigma and discrimination and child abuse	HIV and AIDS Children	OVC Framework Children's Bill
Conceptualise a Monitoring & Evaluation framework and impact assessment for funded programmes such as child welfare – Early Childhood Development (ECD), child care forums, drop-in centres	HIV and AIDS Children	OVC Framework HCBC DOH EPWP
Determine how DSD can support comprehensive ARV roll-out to children	HIV and AIDS	OVC Framework HCBC DOH

2.4 Research Theme – Community-Based Interventions

The key issues in this section are the number of households in poverty, factors that keep households in poverty and factors that help pull households out of poverty. Another major issue is the role of grants in mitigating poverty and in creating sustainable livelihoods for the poorest of the poor. An important issue in the face of increasing number of AIDS cases is the quality, cost and standard of home-based care.

**Overall HIV and AIDS community-based research interventions:
To undertake research that supports programmes aimed at mitigating poverty and improving the quality of life of poor people in the community.**

Users of the research within DSD: Population and Development, HIV and AIDS, Children, Welfare Services Transformation, Social Security Policy and Planning, Grant Systems and Administration, and Development Implementation Support. Users from other departments: Department of Health, Presidency, Department of Education, and Department of Agriculture.

Table 4: Thematic Areas – Community-Based Interventions

Research Gaps	Lead Directorate/Department	Chief	Potential Areas for Policy & Programme Support
Explore the intended use of grants and determine their effectiveness (e.g. Child Support Grant (CSG) – used for the upkeep of children) and service delivery gaps	Social Security Policy and Planning		Grants Policy Family Policy HCBC, OVC Policy Framework Poverty Alleviation Older Persons Bill
Determine service delivery gaps particularly those aimed at women and children at community level (community profiling and appraisal of service providers) – baseline and follow-up (impact assessment)	HIV and AIDS		HCBC Youth and Gender EPWP ECD, VEP Disability Bill Older Persons Bill
Quantify the cost of implementing the norms and standards of care for HCBC	HIV and AIDS and DOH		HCBC OVC Framework
Determine audit training requirements of funded HCBC service providers	HIV and AIDS and DOH EPWP		HCBC OVC Framework EPWP
Conduct a national cost and quality evaluation of funded HCBC providers	HIV and AIDS and DOH		HCBC OVC Framework
Conduct a survey on quality of care from the perspective of the beneficiary including how to reduce stigma and discrimination	HIV and AIDS and DOH		HCBC OVC Framework

3 Role of Research in Policy Development and Programmatic Review at DSD

3.1 Vision

Policy development and programmatic improvements in service delivery should be informed by evidence-based research (Personal Interview, Dr Connie Kganakga, March 2006).

Internationally, research is increasingly seen as an important catalyst for policy and programme reform. Research can contribute to policy debates and support the development of policy. Research is commissioned by a range of stakeholders usually with policy-related interests. If a policy-making body such as DSD commissions research, this is usually done to provide information that feeds into an already identified specific policy need. The basic assumption is that research-informed policies are better than policies not informed by research (Hanney et al., 2003).

How Research Can be Useful to Policy (from von Grebmer, 2004)

Research can....

- confirm the appropriateness of policy actions
- indicate that policy actions are needed to reduce risks or costs or increase benefits
- confirm the appropriateness of policy actions taken
- show in advance the probable outcomes of alternative policies
- synthesise information on how other policymakers have coped with an issue
- alert policymakers to major threats

Programmes implemented by government, and others, are also increasingly being called upon to provide data to show that the investment in the programme is having the desired impact. Ongoing monitoring and evaluation (M&E) informs improvements or changes to a programme. However, M&E frameworks often omit impact assessment studies even though such studies show how the lives of people have been impacted by the policy or programme. Impact assessment studies are critical to assess which

interventions work under given conditions, what differences they make and at what cost (Savedoff, 2006).

3.2 Current Situation

Considerable scope exists to increase the use of research by DSD. Currently, virtually no robust impact assessments of DSD programmes are in place. Many DSD programmes also lack routine monitoring and evaluation data. Policy in DSD is being informed in the following ways (DSD reference team, meeting 20 June, 2006):

- Through the political agenda via the politicians
- Community visits
- Research conducted externally and internally
- Opinions of key interest groups
- Through the media

The strategic plan of each directorate informs the research agenda of the particular directorate. There is limited integration of HIV and AIDS issues in the existing research of the various directorates. Once a directorate has approved the research theme, a TOR is developed in some cases with the technical assistance of staff in the Chief Directorate: Population and Development. After the TOR document has been approved by the line management, it is presented to EXCO for approval. It is then sent to Procurement for the tendering process.

Research undertaken by one directorate may have policy or programme implications for other directorates or departments within the social sector. The directorate commissioning the research invites staff to join the “reference team”. This team is not necessarily made up of all stakeholders from various directorates or from the social sector. The reference team is responsible for the quality of the research and the lead directorate for the management of the study.

The DSD recognises that research should play a key role in supporting its work and it is therefore committed to increase its research inputs.

4 Recommendations to Increase the Use of Research in DSD Policy and Programmes

On the basis of our work with DSD on this project and a brief review of international best practice, this section includes a series of recommendations for increasing the use of research in DSD.

The recommendations are listed in the box below, and each recommendation is then discussed in more detail.

Proposed actions that DSD can take to increase use of research in DSD policies and programmes

- Establish four thematic reference teams to contribute to research co-ordination, management and dissemination
- Decide on priority research areas within each theme based on an assessment of the needs of DSD
- Enhance capacity in developing terms of reference and ensure close consultation with the policy or programme issues
- Manage research in such a way that it does not get lost and that quality is ensured
- Put in place mechanisms to disseminate research findings appropriately
- Continue to work towards an umbrella HIV and AIDS research strategy across the social sector

4.1 Establish Four Thematic Reference Teams to Contribute to Research Co-ordination, Management and Dissemination

A “thematic reference team” should be established for each of the “themes” identified in this project: Youth, Households, Family and Older Persons, Children, and Community-Based Interventions. One reason for organising research according to themes, rather than according to directorates, is to avoid the duplication of research projects by directorates and to maximise the usefulness of research projects as the research findings are often applicable to more than one directorate, policy and programme. This principle seems to enjoy the support of the directorates we consulted in this project.

While some directorates budget for research, others use programme funds to conduct research, especially monitoring and evaluative research, to assess the impact of programmes. The small research budgets of the various directorates could be pooled by the thematic reference team to provide for a more substantive research project.

A thematic reference team should comprise members who have an interest in a theme as well as knowledge of policies and programmes relating to that particular theme.

An important consideration in the use of research is that the research should meet standards of quality, reliability, objectivity, sound methodology and rigorous analysis. While this is the responsibility of the researcher, the thematic reference team should be part of the peer review process. Policymakers should be made aware of the research, and the research findings should be communicated within a political context. Achieving GRIPP requires stronger linkages between the policy research community, policymakers and donors. This could be achieved through the thematic reference teams, which should have members not only from DSD but also from the social sector.

A thematic reference team can also be tasked with ensuring an ongoing review of how research has informed policies and programmes.

4.2 Decide on Priority Research Areas within each Theme Based on an Assessment of the Needs of DSD

The process we followed in this project – that of reviewing policy and programme documents to highlight research needs and then scanning what research was already available on these topics in order to come up with research gaps – proved to be a useful approach. This process should be periodically updated for each theme in the light of new programme and policy direction and the availability of new research data. The thematic reference team would have an important role to play here.

A thematic reference team should comprise members who are in touch with the policy debates in their respective areas. Their in-depth discussions could result in the identification of new research questions not considered before in policy formulation or support.

Once the research needs have been identified, they could be submitted to universities and other research institutions to encourage external stakeholders to conduct and support research on these topics. This would be to the advantage of DSD in positioning it as proactive rather than reactive in terms of setting the research priorities around social issues in the country.

4.3 Enhance Capacity in Developing Terms of Reference and Ensure Consultation on Policy or Programme Issues

Accurate and clear terms of reference (TOR) are critical for ensuring that DSD obtains optimally useful research reports. If the TOR are ambiguous and not clearly defined, inefficiency can ensue as researchers will either produce irrelevant research or go to and fro trying to define an approach themselves. *This project identified a key capacity gap in developing TOR in many of the directorates of DSD and the social cluster.* A checklist and/or other tools to support TOR development should be compiled. The checklist would form part of a “toolkit” whose aim would be to support

policy-relevant research. The toolkit should be housed in the DSD Resource Centre as well as the Research Directorate and distributed to all stakeholders in each thematic reference team.

Ideally, TOR should be developed in close consultation with the lead directorates requesting the research since these directorates have the best understanding of the strategic issues they need evidence on. Developing TOR requires a clear definition of the problem, unambiguous articulation of the research questions and identification of the policy debate(s) and aspects of the programme that the research will support. Greater accountability for research expenditure will thus be ensured (Hanney et al., 2003). The TOR should also articulate how the study results will be used. This is a critical phase of commissioning research, and this process should not be rushed.

By acting as a peer review forum, the thematic reference team can play an key role in the development of sound TOR as described below.

After a research priority has been identified, the thematic reference team can table a discussion of the research problem, research questions, the policy and programme aspects that the research will address and how the results will be used. The lead directorate can be tasked with drafting the TOR. A second meeting could ensure that all comments of the thematic reference team have been incorporated and that the criteria for TOR acceptance have been met. If necessary, a third meeting could sanction the lead directorate to table a final draft for presentation to EXCO. Through presenting the TOR to EXCO, all directorates will be informed about the proposed research and made aware of the policy and programme implications. TOR that have a buy-in from policymakers and outputs that are clearly defined will have a better chance of converting results into policy reform. Copies of all approved TOR should be housed in the DSD Resource Centre.

The thematic reference team can approve each TOR on the basis of certain criteria – some examples of such criteria are presented below for illustrative purposes only.

Examples of criteria that may be considered for TOR acceptance

- Do the TOR respond to any of the research thematic gaps identified?
- Has similar research been done previously?
- Do the TOR state which policies or programmes they address and how the results will assist DSD to achieve desired outcomes?
- Can the research influence and shape the policy or programme of an immediate issue that needs resolution?
- Do the TOR respond to the social problems in society?
- Can the TOR improve service delivery (process) or improve the content of a programme or contribute to better utilisation of scarce resources?
- Do the respondents in the proposed study include key DSD target groups?
- Do the TOR name the funding sources for the research?
- Do the TOR articulate the dissemination strategy, indicate the content of the dissemination report and request research service providers to include a budget for dissemination, if this is not covered elsewhere?

Once the thematic reference team has approved the TOR, the final TOR should be presented by the lead directorate to EXCO for approval. The TOR could be submitted to external donors or to Treasury for funding.

4.4 Put in Place Mechanisms to Disseminate Research Findings Appropriately

Much of the research commissioned by DSD is underutilised because it is not accessible to important stakeholders. Research that cannot be utilised because it is not made available is a waste of resources. Because quality concerns or political imperatives sometimes delay or even halt the release of information, care should be taken to anticipate and mitigate against such risk in the design process and during research management. As a matter of principle, all publicly funded research should be in the public domain

A thematic reference team should discuss a research dissemination strategy prior to the commissioning of the research. The TOR should cover research dissemination, and, where appropriate, a budget should be set aside for this purpose. Sufficient time should be devoted to reviewing draft research findings and to preparing them in a way

that, whilst not compromising research ethics, is acceptable to the commissioning body, the DSD.

- Examples of how research can be made accessible:
- Issuing guidelines to researchers on the structure and style of a research report
- Requesting researchers to produce and deliver feedback presentations
- Publishing research briefs
- Tabling research at research dissemination sessions, conferences and seminars
- Publishing research on the departmental internet/intranet.
- Maintaining a central, accessible research database in the DSD Resource Centre

This project also revealed that a wealth of research is done outside of DSD (not commissioned by DSD) that nonetheless has a direct bearing on DSD policies and programmes. These externally commissioned projects should also be presented to DSD officials for consideration. In some cases, it may be appropriate for DSD to set aside a small budget to cover travel and other costs for leading researchers to customise presentations of their studies to address DSD key issues.

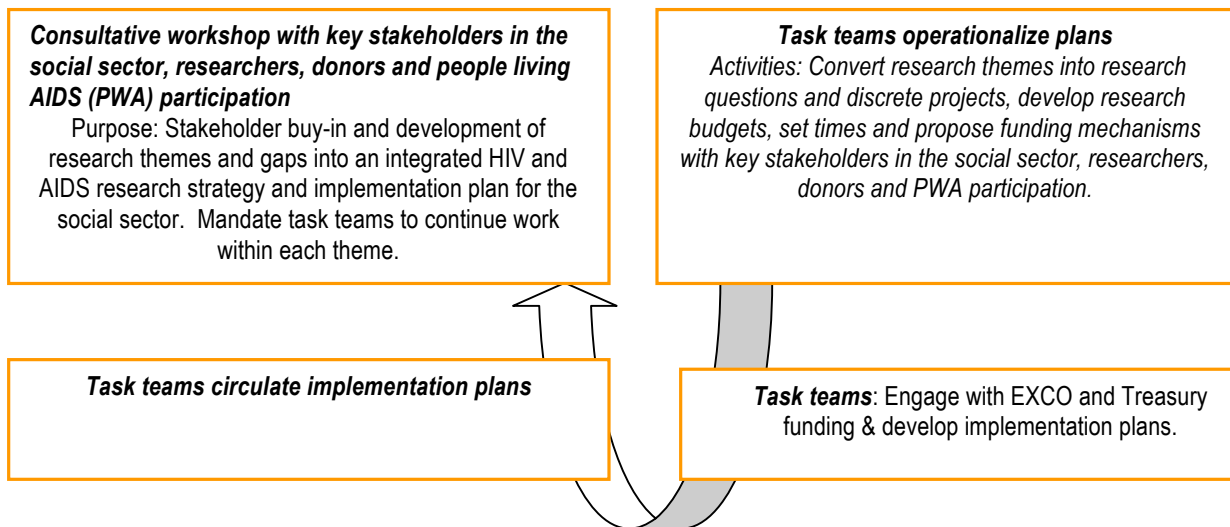
Characteristics of a useful policy brief – from von Grebmer (2004)

- Contains a brief statement on the magnitude and dynamics of the problem
- Explains the causes of the problem
- Recognises the political context
- Outlines the basic actions that can be taken and indicates the outcome

4.5 Continue to Work towards an Umbrella HIV and AIDS Research Strategy across the Social Sector

Since HIV and AIDS issues cut across departments within the social sector, they call for a consultative process in building a research strategy. The benefits of a social sector research strategy would be similar to the benefits of the proposed thematic reference teams, though on a higher level.

The mechanisms for the implementation of an umbrella research programme would in all likelihood include periodic consultative workshops led by the social cluster secretariat and involve the social cluster government departments as well as selected key stakeholders. The consultative workshops would agree on key research themes and interdepartmental/intersectoral priorities and identify a lead department to undertake the funding and management of such research. The lead department could house a social sector task team that would play a role similar to that of the abovementioned thematic reference teams. Research commissioned through this process would be reported to the social cluster through the EXCO of the lead department.



5 Overall Recommendations

While specific recommendations were discussed in the preceding section, some of the overall recommendations are brought together below.

1. *Address key capacity gaps that are obstacles to greater use of research within the DSD.* User-friendly tools to address the most important of these gaps could be developed fairly rapidly, for example:
 - a. Checklist and tools to assist officials to develop TOR for research
 - b. Stipulated steps for assessing research proposals
 - c. Tools for managing consultants
 - d. Guidelines on how to translate research findings into policy and programme.
 - e. Checklists of processes to be followed before considering commissioning new research – when is research required, and when is it not required?
 - f. Guidelines for DSD Resources on research, for example promoting the role and scope of key DSD structures such as the Resource Centre, the intranet (including the database of research developed for this project), and the Research Directorate of DSD.

2. *DSD needs to mandate the Resource Centre to make research easily accessible to DSD officials and stakeholders and prevent wastage of research resources.* The Resource Centre could, for example:
 - a. House copies of all completed research reports
 - b. Maintain a searchable directory of issued TOR
 - c. Maintain and update the searchable database compiled in the course of this project
 - d. Store copies of all power-point presentations of research results to EXCO

3. *Establish thematic reference teams within each of the four themes identified in this project.* The proposed roles of these teams were discussed in the preceding section. In summary, the work of these teams could involve:
 - a. Assisting the directorates with TOR development
 - b. Co-ordinating research management and the technical review of research proposals and project execution[◇]
 - c. Ensuring or commissioning synthesis results of previous research

[◇] These structures are needed to support the greater use of research in DSD. Possible linkages between various stakeholders in the research process are shown diagrammatically in Annexe A below.

- d. Assisting the directorates in translating research results into policy and programme actions prior to EXCO presentation
 - e. Monitoring the use of research to support policies and programmes relating to the theme
4. *Continue with the process of developing a research strategy to ensure overall co-ordination and direction.* The recommendation from EXCO (27 June 2006) was that the chief directors should meet under the leadership of the DDG to approve the recommendations of the report. The meeting chaired by the DDG on 12 December 2006 approved the recommendations of the report. The Heads of Social Development (HSD) meeting held on the 26 February confirmed that the Chief Director: Population and Development and the Chief Director: HIV and AIDS should lead a national co-ordinating team with two to three provincial heads or their representatives in developing the research strategy.

Bibliography

Economic Reforms and Food Security in South Asia: The Role of Trade and Technology. The Haworth Press, Binghamton, NY. Forthcoming.

Gonzalez-Block, M.A., 2003. Health Research Policy and Systems Research Agendas in Developing Countries. *Health Research Policy and Systems* 2004, 2:6 doi:10.1186/1478-4505-2-6.

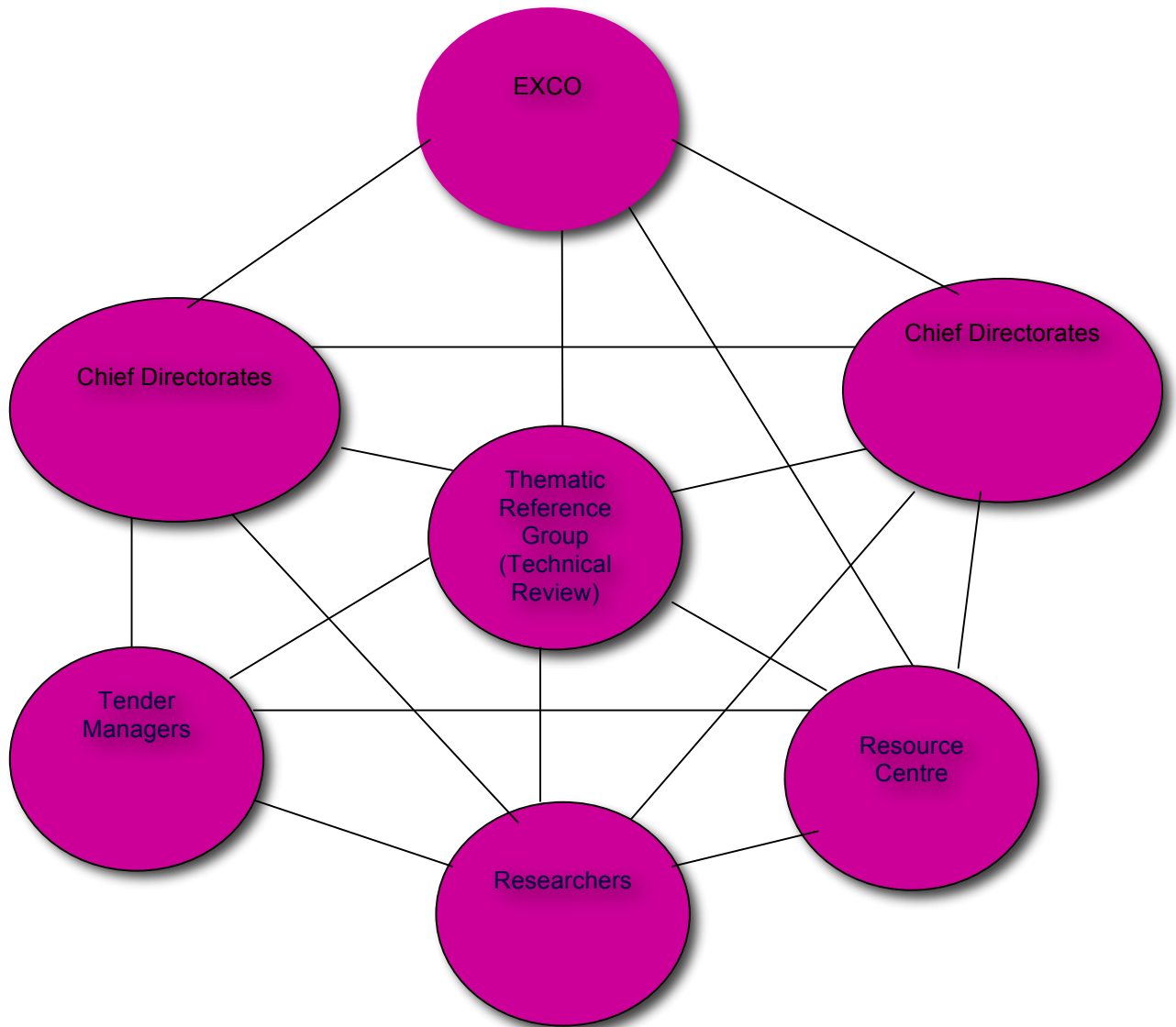
Hanney, S.R., Gonzalez-Block, M.A., Buxton, M.J., and Kogan, M., 2003. The utilisation of health research in policy-making: concepts, examples and methods of assessment. Biomed Central Ltd. Available from <http://www.health-policy-systems.com/content/1/1/2>.

Savedoff, W.D., Levine, R., and Birdsall, N., 2006. When will we ever learn? Improving lives through Impact Evaluation. Washington DC: Centre for Global Development.

The Role of Communication and the Media. In S.C. Babu and A. Gulati, editors.

von Grebmer, K., 2004. Converting Policy Research into Policy Decisions:

Annexe A: Proposed Linkages of Key Stakeholders in the Research Process



Annexe B: List of Individuals Interviewed

Directorate	Interviewed
1. HIV and AIDS	Dr Connie Kganakga; Johanna de Beer; Khetiwe Mngadi
2. Children	Mr MJ Radebe; Dr Tshotsho; S Moss and J Groenewald; Ms MV Ngcobo-Mbere
3. Development, Implementation Support	Ms Sadi Luca; Ms Mpotseng Kumeke Mr Mapena Bok; Mr Mbulaheni Mulaudzi; Ms Nokwazi Ngonyama
4. Grant Systems and Administration	Mr Joe Molefi and Ruth Mojalefa; Ms Rehana Ally
5. Welfare Transformation	Ms RB Hlagala; Mr EMA Mokoko; Ms NC Jafta Ms IM Sekawana
6. Human Resources	Ms Dipuo
7. Population Unit	Poppy Nkau; Innocent Somali; Gerda Erasmus; Niel le Roux; Andre Louw Ina Mentz; Whynie Adams; Bruce Hibbert; Cornelius Ellis; Christa Kruger; Linda van Staaden, Jacques van Zuydam
8. Resource Centre	Carol Lombard; Tlou Nkoe; Alicia Corneelsen
9. Department of Health	Ms Betty Seattie (Care and Support)
10. The Presidency	Ms Mastoera Sedan
11. Department of Education	Ms Pam Dube; Ms Xoli Bikitsha; Mr Vusi Hadebe; Ms Cynthia Mgima
12. Department of Agriculture	Ms Maria Sekgobela (via email)

NB: Several individuals were approached but unavailable

Annexe C: Workplace

The key issues for workplace relate to an understanding of the demand and supply chain impacts of HIV and AIDS as well as the improvement of the HIV and AIDS policy and interventions of the Department of Social Development and its partners.

**Overall HIV and AIDS workplace research objective:
To undertake research that supports an improvement in existing HIV and AIDS programmes in the workplace.**

Users of the research within DSD: Human Resources in particular.

Table 5: Thematic Areas – Workplace

Research Gaps	Lead Chief Directorate/ Department	Potential Areas for Policy & Programme Support
Ascertain HIV and AIDS impact on DSD employees and quantify the direct and indirect costs of the impact for DSD	Human Resources	HIV and AIDS workplace policy and programmes
Ascertain needs of employees as infected and affected individuals	Human Resources	HIV and AIDS workplace policy and programmes
Is the DSD workplace a supportive working environment for those infected and affected, and how can the DSD support funded organisations in this respect?	Human Resources	HIV and AIDS workplace policy and programmes
Conceptualise a Monitoring & Evaluation framework for the DSD workplace policy and programme including an impact assessment	Human Resources	HIV and AIDS workplace policy and programmes