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HOW CAN RESEARCH ENGAGE WITH POLICYMAKERS FOR IMPROVING HEALTH CARE FOR VULNERABLE POPULATIONS? LESSONS FROM THE KNOWLEDGE INTERVENTION PROJECT IN THE SUNDARBANS, WEST BENGALLalitha Vadrevu,¹ Upasana Ghosh,² Shibaji Bose,² Barun Kanjilal¹.¹IIHMR – Institute of Health Management Research, Jaipur (Rajasthan), India;²IIHMR – Institute of Health Management Research, Kolkata (West Bengal), India

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Background Lack of credible evidence on health challenges of vulnerable populations is a fundamental barrier to reach equitable health outcomes. There is need for mobilising various stakeholders using evidence through effective research/policy linkages. This process is seldom linear and needs to account for stakeholder needs, wider socio-political context, policy development process, changing priorities of stakeholders and differences in their knowledge and ability to use evidence. In this paper, we analyse the development of a knowledge intervention project conducted in one disadvantaged region, the Sundarbans, West Bengal, within a project that aims to engage and mobilise stakeholders for promoting collaborative action for child health.

Methods We used a longitudinal multi-method longitudinal approach. Data were collected from project-related one-to-one and group meetings with stakeholders, plans, dissemination and engagement events, monitoring reports, capacity-building activities, stakeholder analysis, theory-of-change diagrams and publications. Our study started in 2012–2013 and is still on-going.

Findings At the start of the project we conducted a stakeholder analysis to understand roles, perceptions on use of evidence for decision-making and power to influence change of the actors involved. We found that the academic community, nonprofit non-governmental organisations (NGOs), media, donor agencies and informal healthcare providers were interested in health issues of the region. They wielded moderate to low influence on health matters. Government emerges as both a major in health

service provision and a major driver to change. All stakeholders felt a need for generating evidence and for improving collaboration with researchers for knowledge sharing. Need was also felt to mobilise NGOs through capacity development and engagement. Though media scan revealed that journalists were interested in the health sector, their sparse knowledge on health systems prevented them from observing and comprehensively reporting the health demands of the community.

Inputs from our stakeholder analysis allowed the development of a knowledge intervention project and a theory of change. The project was designed with three elements: (1) knowledge generation; (2) engagement with and mobilisation of stakeholders using knowledge; and (3) capacity building. The project used multiple dissemination modes including one-to-one meetings, group discussions and evidence dissemination events to engage and mobilise stakeholders.

Over time, the project underwent important changes that informed the policy engagement strategy. There was a shift in focus from deliverables to sustained engagement with health system actors. Two years after its introduction, the project again revised its theory of change to focus more on improving research/policy linkages for influencing change. Despite a robust dissemination strategy, the need for policy-driven research became prominent. Discussions with various state and local stakeholders revealed the need for evidence on contextual issues, specifically on how climate and migration impact health in the region. These discussions also prompted a bottom-up approach to disseminating evidence and engaging stakeholders. This resulted in capacity-building workshops for NGOs, to develop project proposals on child health, to engage with local media, and to use innovative action-research techniques like photo voice. The latter enabled bringing together local government (*Panchayat*) and health functionaries face-to-face with the community, deliberating the community's health demands.

Discussion The importance of dynamic, policy-driven and credible research in affecting collaborative actions has been widely documented in literature. Our experience in the present study adds to the understanding of how heterogeneous stakeholder groups can be approached. Generating evidence for priority policy issues and engaging with the community helped in bridging the gaps between research and policy. In this context involving grassroots NGOs and media was a critical step. Our experience shows that knowledge translation strategies need to move from static dissemination outputs to multi-method, responsive and dynamic modes of engagement with multiple stakeholders, including non-health actors. For this shift to positively impact collaborative action, capacity building is a prerequisite.

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