

Research Utilization Planning Tool

INSTRUCTIONS

This tool is designed to guide discussions within a research team during the development of a study or project concept. These discussions will help the team to:

- Develop and implement strategies to ensure future utilization or scale up of promising results, and
- Identify concrete research utilization milestones to be inserted into the study/project workplan.

To design a study or project with utilization and scalability in mind, these discussions should begin during the concept development phase (prior to protocol development). The tool should then ideally be revisited by the team during each phase of the study or project.

All questions are illustrative. Adapt this tool as appropriate.



Workplan Flag: This image is used to prompt staff to add any planned activities in the research project's workplan. Some examples are provided throughout the tool.

Synopsis: In each section of this document entitled "Synopsis," staff may record notes from meetings and discussions for their reference.

I. BACKGROUND

The team should review relevant background materials (workplan, description of proposed study, concept paper, if already prepared, and any relevant background literature) and then try to answer the following questions:

- What are the study objectives, and what are its expected outcomes?
- What was the impetus for designing the study? Who generated the idea?
- Is the research question answering a need in the community? What is it? Is this a priority need? What population groups would be affected within a country?
- How did you assess that need? What is the evidence for this need?
- Is there is an intervention component? If so, what would this consist of?
- Would the (potential) findings be applicable and relevant to other settings (i.e. within other partners programs, in other regions, in other countries)?



Workplan Example: If research hasn't been field driven, engage stakeholders in the proposed country to get feedback, buy in, etc.—insert activity into workplan.

Synopsis:

For research that has an intervention component which may be scaled up, proceed with Sections II, III and IV. For other research, skip to Section V. Stakeholders.

II. PROJECT DETAILS

The questions in this section correspond to the ‘CORRECT’ model,¹ which describes the attributes that make an intervention more likely to be successfully transferred to an adopting organization. The acronym stands for **C**redibility, **O**bservability, **R**elevancy, **R**elative Advantage, **E**ase of installation, **C**ompatibility, and **T**estability. The following questions are provided to guide conversations about these topics. Please note that the questions above about local needs are those one would ask for the topic of Relevancy. The topic of Credibility cannot be determined at this stage of this process (prior to research being conducted), but rather when the results are known. The integrity of the results of this study, and the credibility of stakeholders and champions who support it, will determine the credibility of an intervention.

A. OBSERVABILITY

There are many ways to communicate study results, and these can differ based on the audience. For example, MOHs may want statistical reports, whereas programmers and end users may prefer quotes from clients, or to observe the intervention personally (i.e., through a study tour).

- Is there any evidence being collected that could help to communicate the results to non-technical audiences, such as qualitative evidence of success (e.g., interviews with clients, etc. that could fold into a publication)?
- Are there activities that you can plan to make the study intervention more observable?



Workplan Example: Hire a photographer and interviewer to get quotes, design a study tour for potential adopters during the study—insert activities into workplan.

Synopsis:

B. RELATIVE ADVANTAGE

It is important to demonstrate to potential adopters that the intervention being tested has advantages over others that might exist. Of course, this also helps determine how to couch this study in the existing body of evidence and work that already exists. Additionally, there may be existing tools that can be used or improved upon, rather than designing new ones. For this reason, and to credit partners for their work, we ask about partner tools.

- Have others tested this before?
- If so, how is this research different, and/or how does it improve on what has been done before?
- Will partners’ existing tools be used for any component of this intervention?
- What’s in it for the potential adopters to invest time and resources to this?
- Aside from achieving public health targets (such as increasing CPR), are there other incentives for potential adopters? For example, will this intervention build capacity, create more efficient systems, or be more cost-effective?
- Is the proposed intervention likely to be more or less costly than current practice? (See Section IV. for more information on assessing costs of a pilot study.)

¹ Glaser EM, Abelson HH, Garrison KN. Putting knowledge to use: facilitating the diffusion of knowledge and the implementation of planned change. San Francisco, CA, Jossey-Bass Inc., 1983.



Workplan Example: Conduct a lit review, discuss relative advantage with stakeholders, examine and collect existing tools, develop a costing component to the research (see Section IV)—insert activities into workplan.

Synopsis:

C. EASE OF INSTALLATION

Interventions usually have several components. The number and complexity of those components may increase or decrease the likelihood that an intervention is taken up.

- What are all of the intervention’s components/inputs?
 - Are there hard technical components (e.g., new drug, device, medical technique)?
Describe:
 - What are the soft technical components (e.g., training, outreach, IEC, sensitization, PR, targeted advocacy)?
Describe:
 - Is there a component to strengthen systems (managerial/structural/organizational)?
Describe:
 - Is there a component to build infrastructure (logistical, equipment or facilities)?
Describe:
- Given the above, how complex is the intervention? Will it require a large degree of change for the end users? If it is complex, can anything be simplified or eliminated without jeopardizing the expected outcome(s)?
- Does the implementing organization have the necessary capacity to introduce the intervention? If not, is there anything that can be changed in its design that addresses this issue?
- Will the intervention involve externally provided special inputs (i.e., those not currently a part of the routine setting or environment)? If so, how difficult will it be to sustain those special inputs once the project is completed?



Workplan Example: Look for economies of scale within the pilot context, consider ways of simplifying the intervention, reducing special inputs, or substituting inputs that are available within the system for ones that are not—insert activities into workplan.

Synopsis:

D. COMPATIBILITY

The ultimate goal of international public health studies is to have national programs scale up interventions that work. That goal is best achieved if the study is designed with the end users in mind. If you are partnering with a specific implementer for the study, you must understand their capacity, how it might differ from other end users’ capacity and how to address these differences if they exist.

Discussing issues related to capacity—whether the pilot is implemented by the end user or by another organization—is extremely important. If scaling up interventions within the national program is the goal, but the plan is to implement the study in another organization, for example an NGO, then focus on why the study is not undertaken in a subunit of the national program. There may be good reasons such as the government requested to phase in the testing process, beginning

in an NGO and then if it works, testing it in government sites. In general, discuss the reasons for testing something in an NGO, or other site unlike public sector sites, if and when the intent is to scale up the intervention within the public sector.

- Which organization(s) is designing and implementing the pilot? What skills, resources and capacities does this organization have?
- What is your understanding of the capacity that exists on the ground to support the study—both for implementation and to sustain the intervention after the study? Will you need trainers, specialist providers (i.e. lab technicians), data collection help, etc.?
- Is the organization that will pilot the intervention the same as the organization that is expected to adopt it on a large scale if successful? If not, why not?
- Will pilot testing take place in the routine type of setting where the intervention is expected to be implemented as it goes to scale? For example, if the pilot takes place in the national health system, were sites with average capacity chosen or sites which are special in terms of location, motivation of personnel, facilities and other resources?
- What are the capabilities of the national system or other partners that will potentially scale this up? Are they on par with the pilot implementer?
- How easily will the proposed intervention fit in with the values and norms of the organization implementing the pilot and the organization expected to adopt it on a large scale? How will you ensure that this intervention is compatible with the existing system or can be easily adapted into similar systems?

Based on the answers to the above questions—one might want to redesign the approach, change plans for who should implement the pilot or where it should be tested; or under some circumstances even abandon it.



Workplan Example: Hold meeting with stakeholders—including potential adopters—before designing intervention to get their inputs, conduct site visits to assess capacity of implementing organization and compare to group intended for scale up such as the public sector—insert activities into workplan.

Synopsis:

E. TESTABILITY

Potential adopters, including the implementing organization during a study, may prefer to implement a pilot if they feel they do not have to change their entire organizational approach or systems prior to having successful results. For those who are hesitant to commit to full-scale adoption, small scale or phased implementation may be ideal. While pilot projects are often small scale, it can be helpful to assess the proposed intervention through this lens when considering future scale-up; specifically, future adopters may want to implement the intervention in phases. Doing so during the pilot may provide useful guidance.

- Can the implementing organization try the intervention in a limited scope (i.e. geographical setting or for a limited period of time)?
- Can the intervention be implemented in phases?



Workplan Example: Analyze the intervention and identify logical phases/components; if applicable, insert activities into workplan.

Synopsis:

III. DOCUMENTATION

A crucial step in terms of preparing for potential scale up of an intervention is having written documentation of the intervention process that led to the results. Frequently this type of detailed information is missing from the formal literature (i.e. journal articles), leaving those who intend to replicate or scale-up the intervention without the necessary guidance. This is also important in having a better understanding of results if they are negative and for determining over time what the essential components of an intervention are.

- What are the plans to document the processes that are necessary for implementation, and not just the results of the study?
- Are we collecting both qualitative as well as quantitative data that will provide information about the factors facilitating as well as hindering successful implementation of the intervention?

An *Intervention Tracking Tool* is available as part of the RU Toolkit. It is designed to facilitate the study's intervention documentation.



Workplan Example: Review the *Intervention Tracking Tool* and determine how often it will be updated and who is responsible—insert activities into workplan.

Synopsis:

IV. DOCUMENTING COSTS

Information about the cost of a pilot study and projected costs related to scale-up can be very important to decisions regarding replication and scale-up. The question of whether cost data should be collected should be discussed among key stakeholders and the research team during study conceptualization.

- What are the plans to assess the economics and financing of the intervention? Have you discussed collecting costing data with an economist?
- What, if any, share of costs can be financed through sources internal to the model, such as user fees and other forms of cost recovery?
- Are there ways of reducing costs?
- What cost estimates can be done (e.g., cost per client treated, deaths avoided, or some other relevant denominator)?
- Are there any concerns about the cost of the intervention among stakeholders? If so, how can they be addressed?

NB: Additional resources will need to be allocated for cost data collection and analysis.



Workplan Example: Activities related to the study/intervention's costing component, including meeting with an economist; design of cost data collection, etc.—insert activities into workplan.

Synopsis:

V. STAKEHOLDERS

Who has a stake in the findings? Who are the end users of the research results (service-delivery organizations; advocacy organizations; funders, ministries)? Check all those that apply.

- | | |
|---|--|
| <input type="checkbox"/> USAID | <input type="checkbox"/> Advocacy groups/organizations |
| <input type="checkbox"/> Other Donors | <input type="checkbox"/> Training organizations |
| <input type="checkbox"/> Ministries of Health | <input type="checkbox"/> Professional associations |
| <input type="checkbox"/> MoU Partners/other CAs | <input type="checkbox"/> General public |
| <input type="checkbox"/> Research organizations | <input type="checkbox"/> Private sector |
| <input type="checkbox"/> Service delivery organizations | <input type="checkbox"/> Other: _____ |

- Among the above, are there specific partners or other NGOs that you think might be interested in promoting the results or in scaling up this intervention? If specific audiences are known (local, regional, or international); list them.
- Are there programs or even other countries, outside of the study context and not listed above, that would be in a good position to implement the findings and why?
- Be sure to consider stakeholders who may fall outside of the specific domain in which you are working but who may have a stake in the findings or have the ability to affect scale-up. For example, in a study involving the integration of FP into immunization services, it would be important to involve stakeholders from the immunization side (providers, MCH programmers and policymakers) as well as the FP side. Similarly, for an FP-focused mHealth intervention it would be important to reach out to mHealth and ICT stakeholders in addition to tradition FP stakeholders.
- Name the 5-10 relevant individual stakeholders you will collaborate with or involve in the development, implementation, and RU phases of this study (e.g. MOH or other government staff, implementing partners, local research staff, etc.). You may want to group some stakeholders into a 'resource team' or 'core team.' They will be the experts in the research utilization or scale up phase because they will have the best understanding of how the pilot was successful and what the processes were.
- Begin discussing expectations for scale-up with stakeholders early on, including priority areas for geographical expansion, as well as the desired pace for scale-up, and resource mobilization to support scale-up.
- How will you engage and regularly communicate with your stakeholder team(s)? It is important that they understand their roles and what your expectations are for the, and vice-versa.

NB: A Stakeholder Analysis Tool is available to help think through how to involve particular stakeholders. Guidance on forming a resource team is also available.



Workplan Example: Schedule regular resource team/core team meetings, and larger stakeholder meetings, conduct meetings to create commitment with potential future “user organizations” to scale up the intervention—insert activities into workplan.

Synopsis:

VI. ENVIRONMENT

Often there are factors in the local environment—unknown to those outside of the local context—that may influence the ability of the study to produce useful results. For example, a study to support community-based access to injectable contraceptives could be seriously hampered by local rumors that DMPA vials have been contaminated with HIV. Discussing these factors with stakeholders is essential.

- Is there anything in the social, cultural, political environment that may have an effect on the study's results (e.g., local beliefs about certain FP methods, political resistance to FP, religion, culture, gender relationships, levels of poverty and/or literacy, transportation, social capital, access to services, health sector reform, donor support, upcoming elections, etc.)? If so, how will these be addressed?
- Have you checked with in-country contacts about how they see the environment?
- Are there opportunities for collaboration with other projects?
- What aspects of the health system are likely to provide opportunities or constraints? How does the proposed study correspond to existing national health policies, plans, strategies and priorities?
- How supportive are donors of the proposed study? Is there willingness to provide financial support for the scaling-up process?
- Does this study need an issues management plan (planning for potential controversy)?

Be sure to document findings of the environmental scan and make changes to the intervention, if necessary, to mitigate environmental barriers.



Workplan Example: Check with in-country contacts about how they see the environment—insert activities into workplan.

Synopsis:

VII. POLICY/PROGRAMMATIC IMPLICATIONS

- In what practical ways might these findings be used to change policy or programs?
- Who are the relevant people to involve in policy/procedural change discussions (including policymakers, advocacy organizations, etc.)?
- What advocacy activities might help influence key players?
- Can necessary advocacy efforts start during implementation of the pilot?
- Are time and resources for such advocacy available?
- If the study includes an intervention, what, if any, policy changes need to occur on a local, national, or regional level to facilitate uptake of the intervention? (e.g. legalization of CBD agents to provide DMPA) How difficult/easy will it be to achieve such policy change? What is the expected timeframe?
- If the study includes an intervention that is expected to be scaled up: what changes in terms of norms, budgetary processes, MIS or other institutional procedures (as opposed to policy change) need to take place?

NB: Answers to the above could suggest needed changes to how the study is conceptualized. Also consider how to involve stakeholders who can help address some of these issues—see Section V.



Workplan Example: Conduct policy review at all levels (national policies may be supportive, but others may be barriers, e.g. logistics policies)—insert relevant activities into workplan.

Synopsis:

VIII. PUBLICATIONS OR OTHER PRINTED MATERIALS

How will you involve stakeholders in the development and review of study/project reports and other publications?

What publications or printed materials do you anticipate will be produced? Check all that apply:

- Final report
- Publication in peer-reviewed journal(s), local journals, or other publication outlets
- Summary document (research/program brief)
- Implementation guide (to facilitate replication/scale up of successful intervention-based studies)
- Postings on web sites, and listservs
- Communication materials or job aids tailored for key audiences (e.g., posters, brochures, advocacy briefs, checklists)
- Other: _____



Workplan Example: Development and review of study/project reports, publications, or other materials—insert relevant activities.

Synopsis:

IX. DISSEMINATION AND POST-STUDY ACTIVITIES

What dissemination and utilization activities will be conducted? These activities should be planned from the beginning in as much detail as possible and scheduled into the research timeline.

- At which national or international conference/workshop would you like to disseminate your findings?
- Have you communicated with your local team about in-country dissemination opportunities?
- After the study, will an advocacy strategy be needed? This strategy might include the following: targeted advocacy, engaging ‘champions’ to promote findings, communication with the news media (e.g., press releases, articles, and interviews)
- Do you need assistance with issues management (planning for potential controversy)?
- Will you or someone else provide technical assistance and/or capacity building to stakeholders for follow-on activities such as creating job aids, updating policy/guidelines/curricula, enhancing program design based on the results, facilitating scale-up planning workshops, etc.?



Workplan Example: Develop a dissemination/utilization plan, identify potential follow-on RU activities with stakeholders—to be revisited closer to end of study.

Synopsis:

X. ANTICIPATED BARRIERS TO UPTAKE AND PLANS FOR OVERCOMING THEM

- Do you know of any other barriers that would hinder acceptance and uptake of these findings? These could be related to the complexity of the change required, the costs, the lack of benefit to certain stakeholders, religious or cultural issues, etc.
- Would advocacy or sensitization—during and/or after the study—help overcome these barriers?



Workplan Example: Insert plans for sensitization or other advocacy activities.

Synopsis:

XI. ADDITIONAL COMMENTS

Share any additional thoughts, questions or concerns.

XII. SYNOPSIS AND ACTION ITEMS/FOLLOW-UP

Describe the specific next steps to be taken by staff.

Acknowledgements: This tool was informed by discussion with WHO/ExpandNet and by the following documents:

- Nine Steps for Developing a Scaling-Up Strategy; 2007.
- Practical Guidance for Scaling Up Health Service Innovations; 2007.
- Scaling Up Health Service Delivery: From Pilot Innovations to Policies and Programs; 2006.