

IMPLEMENTATION RESEARCH TOOLKIT



IR-Related Communications and Advocacy

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IR-RELATED COMMUNICATIONS AND ADVOCACY

IR-related communications and advocacy range from productive dialogue and engagement throughout research planning and implementation, through to translation and sharing of results through broad-based advocacy or awareness-raising materials, and ultimately to the uptake and integration of research conclusions into local, national or international policies and practices.¹ This broad scope highlights how communications and advocacy take place at all stages of an IR project and comprise many kinds of specific communication approaches, including thought leadership, data visualization, mentoring, facilitation of proposal development and social media messaging, as well as and specific information products such as research reporting guidelines, peer-reviewed papers, press releases, web sites, meeting/conference presentations and policy briefs.²



Transparency, openness and engagement – among IR team members, and with broader project stakeholders and participants – are critical. They underpin accurate recognition of the problems that impede health interventions, support the development and sharing of research questions and approaches, and promote continuous dissemination of experiences, lessons and findings. Going beyond traditional ‘one-way’ research dissemination – through ongoing ‘two-way’ dialogue, targeted advocacy and strategic communications – helps to transfer IR-related awareness, knowledge and capacities to stakeholders and participants, and allows existing barriers to research evidence uptake to be more readily identified.³



This ongoing nexus between the research process and open communication is a defining characteristic of IR. This approach is essential to promoting ownership of the research process, to facilitating the uptake of research outcomes and conclusions, and to their ultimate translation into sustainable action and health improvements.

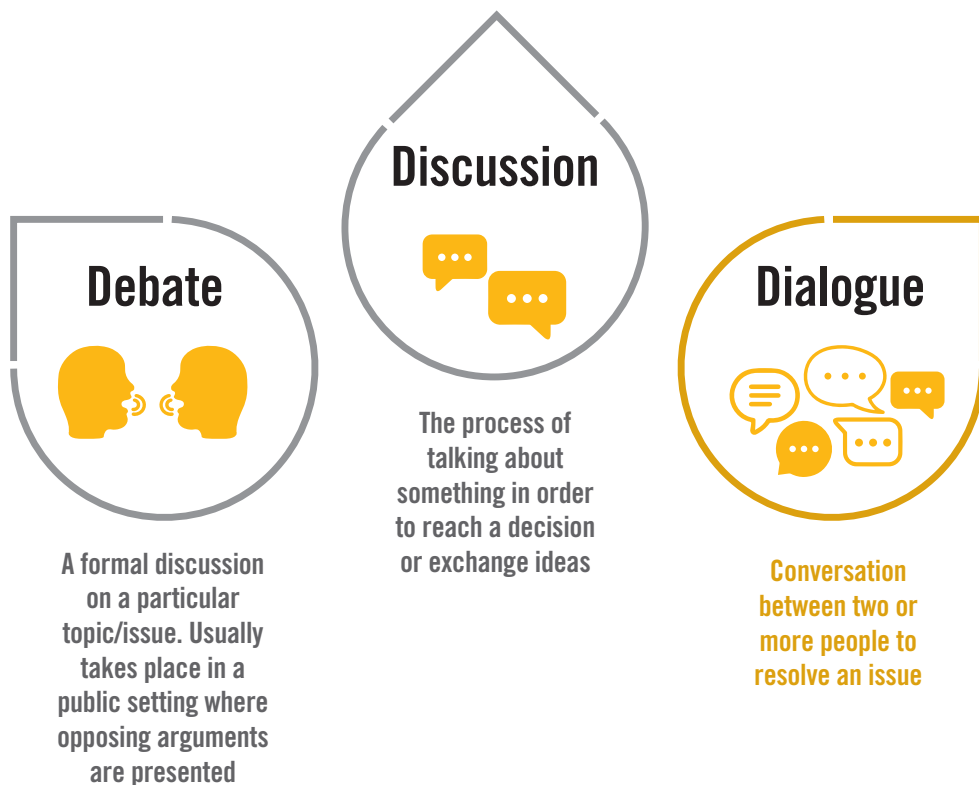
The specific goals of this module are to enable you to:

- Appreciate the importance of continuous stakeholder engagement and communication to the ultimate application and utilization of IR results.
- Recognize the value of developing a comprehensive communication strategy as an integral part of the overall IR process.
- Understand the importance of tailored advocacy and communication tools for engaging and sharing results with specific stakeholders and audiences.

Productive Dialogue

The critical quality of productive dialogue is that the IR team and key stakeholders come together to understand each other's viewpoint,⁴ in order to develop new options to address a commonly identified and owned problem. **Dialogue** is distinct from the other two 'D's – **discussion** and **debate** – in as much as it aims to promote a conversation with a centre, rather than sides.

Figure 1: The distinction between debate, discussion and dialogue





In the setting of an IR team, productive dialogue is essential for joint prioritization and evidence-based decision-making, the cornerstones of integrated knowledge translation. Genuine collaboration and dialogue can only take place when IR team members share common goals, yet acknowledge underlying differences and fragmentation in their respective approaches. Trust builds when team members recognize these challenges and are willing to jointly address them to achieve their common goals. Read more on productive dialogue in the section on Integrating IR into the health system.

Knowledge Translation

Knowledge translation (KT) techniques can help researchers become more active, context-aware, and collaborative in sharing the planning, implementation and results of research. Application of these techniques helps make research and its conclusions more relevant to stakeholders and target audiences, and ultimately more useful.⁵

There are essentially two types of KT activities: integrated knowledge translation (iKT) and ‘end-of-grant’ KT.

Integrated KT approaches (iKT) allow for greater innovation and are effective in providing timely solutions to implementation problems, including while research is being planned and/or taking place. This approach is a mixture of art and science, and illustrates some core features of IR itself. For example, it is multi-stakeholder and multidisciplinary, as well as dynamic and interactive.⁶ The integrated approach requires team members and other stakeholders to share new knowledge and data with key end-users as they are generated, and to invite their interpretation and input. Because the findings then reflect the needs of knowledge users, they have a much higher likelihood of being acknowledged, augmented and used.

iKT also includes ongoing activities such as priority setting and adjustment, development of interim information products, advocacy with policy-makers, and the development/deployment of knowledge translation platforms/rapid response services, as appropriate. Integrated approaches do not treat knowledge as something that is generated, disseminated and then applied. Rather, iKT views research knowledge – from its creation through to its application – as a collective, co-productive undertaking.⁷ It respects the two-way dynamic and broader environment in which research evidence is created, shaped and ultimately used by many different stakeholders, participants and programme implementers.

This approach largely reverses the typical default ‘authority’ of researchers: IR teams do not possess exclusive control of research evidence, but operate in a much more transparent and accountable way. In order to make research evidence and conclusions more relevant and responsive, iKT approaches involve practitioners, planners and programme managers (among others) in the process of identifying, designing and conducting research. This uniquely positions IR as a tailored, context-sensitive process that is responsive to stakeholder/participant needs and demands.

SEE

INTEGRATING
IR INTO HEALTH
SYSTEM MODULE

End-of-grant KT activities are more typical to various mainstream types of biomedical research, and are often built into funding proposals.⁸ As the name suggests, such activities are typically conducted at the end of the research, or ‘knowledge creation’ process. They are focussed on translating knowledge into more conventional information products and disseminating those to generally broader audiences, and over a longer time period. These include peer-reviewed papers, guidelines, conference presentations, press releases, radio spots, and so on. These activities essentially present completed findings, appropriately summarized for a given audience. Although end-of-grant KT activities can be conducted as part of IR, it is generally a limited activity⁹ as it tends to lag behind the conclusion of research, and findings may not be applied in time to address the implementation challenge in question.

Research Evidence: Barriers and Facilitators to Uptake

There are various barriers and facilitators to the uptake of research evidence. Many users of research evidence (e.g. programme managers and implementers) operate in an environment with unique pressures and imperatives. Their timelines for action can be very short, they operate within challenging and dynamic environments driven by multiple in-country and external factors and stakeholders, and their expertise in applying or balancing different inputs to solve problems may be limited.

Barriers that have been identified range from access barriers to data and research; lack of enabling institutional systems and support mechanisms for research and individual barriers as described below.

- Perception about research evidence among practitioners: How do practitioners balance evidence with other competing influences?¹⁰ This can include practitioners lacking a clear idea of where to access relevant, tailored information to suit their needs, how to distinguish quality of evidence sources, and how to ultimately use it.¹¹ After all, “evidence speaks with many voices,” and any one piece of evidence might have multiple different (and even contradictory) interpretations and implications.¹² Findings may also be ambiguous and lack precise estimates of intended effects.¹³
- Organizational culture: How does an organization make decisions? How does information flow within an organization? What are its abilities to interact with research evidence?^{14,15} ‘Groupthink’ or an attitude of “how we do things around here” can also slow or distort the use of research evidence. The prevailing administrative context may also shield programme managers, implementers or technical officers from researchers’ advocacy, and they may feel no accountability to the broader community.
- The low skills (especially research or evidence appraisal skills) among practitioners, either to assess research evidence or to balance it against competing sources of influence.



- The perceived cost and timeliness of research. Given the short time horizons that many practitioners have to make decisions, research could be considered too expensive, too time-consuming or too much of a luxury to have real practical value.
- Information overload. Practitioners, programme managers and implementers may become overwhelmed by the sheer number of information sources; or become persuaded by other influences (e.g. lobbyists or other interest groups who have financial resources, abilities, and/or insider knowledge on advancing a particular agenda).
- Separation of specific fields into ‘silos’. Across health and development sectors/silos, institutional competition and rivalry is often rife. Not only are organisations forced by donors to compete for funding, some institutions may be required to compete for credibility and/or mandates in a given area. Different topic-based silos, sectors and institutions also frequently lack a common culture or language that are essential to collaborate more effectively. This may provoke hesitation or reluctance by some institutions for inter-sectoral collaboration, for fear of exposure to informed peers or valid criticism.

Facilitators leading to wider adoption of the research evidence may include:

- National necessity is frequently observed to be the critical driver for the uptake and application of research evidence. When a national or provincial health system undergoes a specific change of policy or experiences new/emerging health needs, the exigencies of the situation frequently lead to an active search for relevant research evidence to guide implementation in new areas.
- Researchers may also ‘reframe’ current practice issues to align with the existing evidence base or emerging national priorities. Framing an implementation problem is often an essential step in KT activities (e.g. a policy brief) and can bring together many different types of evidence to respond to a particular practice or implementation need.
- Strengthening the capacity of practitioners to: demand research evidence that responds to and supports their needs; and to access, assess, adapt and apply research evidence in their daily work.¹⁶
- Researchers collaborating with practitioners to generate essential information, to encourage active sharing, and identify pressing priorities.
- Creating targeted messaging (e.g. policy briefs, press releases) emphasizing the role that research evidence can play in contributing to better programmes or improved interventions.¹⁷ Research evidence can be communicated more effectively by turning them into compelling stories. For example, by contrasting ‘the costs of action versus those of inaction’ the likelihood of evidence influencing decision-making may be much higher.
- Researchers pursuing personal contact with practitioners and developing trust. Trust built from personal relationships can be a vital ingredient connecting the worlds of research and practice.

Policy Advocacy and Strategic Communications

Advocacy

Although there are many possible interpretations, we focus here on advocacy approaches adopted by IR teams to modify (or maintain) implementation approaches or programmes. This specific goal is frequently referred to as ‘policy advocacy’ and comprises the process of awareness-raising and sensitization through which opinion leaders and decision-makers take ownership of research evidence and conclusions, and ultimately act upon them.¹⁸ Policy advocacy can be characterized as:

- A strategy to affect policy (or implementation) change or action — designed specifically to start and direct, or prevent, a specific change in implementation policy.
- A process to influence those who hold decision-making power, and/or those who inform them.
- A deliberate process of persuasive communication — intended to help the primary audience(s) to understand, be convinced by, and take ownership of the evidence presented. Trying to make a change in public policy can be a relatively slow process as changing attitudes and positions may require ongoing engagement, dialogue and negotiation.

In essence, advocacy in the context of IR is focused on building ownership of new research evidence, core ideas and implementation recommendations.

Strategic communications

The traditional basis for research and scientific communication is to share research results accurately and objectively, as a means to facilitate its rational and detailed scrutiny by peers – the peer review process. While peer review remains a valid component of IR (as described above as part of end-of-grant KT activities), strategic communications involves the sharing of information and ideas with a distinct goal or intention in mind.

As already mentioned, the goal may be raising awareness or policy advocacy, for example, and the specific strategic communication approach adopted will be determined according to how best that goal can be achieved. It goes beyond the simple ‘delivery’ of research evidence, to bring together the optimal approach to selecting, designing and promoting specific types or areas of information in order to make the achievement of the desired goal more probable.

Strategic communication may be regarded as the antithesis of traditional forms of scientific reporting and the rigours of peer review, and may therefore not be the first instinct of researchers. For this reason, it is important to include communications professionals in the IR team from the outset, as appropriate.



Data Presentation and Visualization

IR frequently generates large volumes of data that require organization, summarizing and visualization so they can be used for various kinds of communication and advocacy, and for different purposes and/or audiences. To help people understand and interpret the significance of specific data it is frequently transformed from raw numbers, to be presented in various visual formats. This often makes previously subtle or invisible patterns, trends or correlations within the data more readily perceived. Like any form of visual presentation, the method you choose to visualize data can emphasize specific characteristics of a given data set, and so care must be taken to choose an objective approach that meets your goal and the needs of a specific audience, and does not affect the integrity of the data itself or present a biased perspective.

A series of examples are provided to illustrate varying data visualization approaches, and the influence this has on how a relatively simple data set is interpreted. Tables 1a to 1b and 2c to 2e present and disaggregate a single set of quantitative data in various ways. Figures 2a to 2c are examples of how the same data can be visualized.

Table 1a: Client educational levels expressed as frequency table

Level of education of private providers	Frequency
Illiterate	106
Basic literacy	74
Primary school certificate	57
Secondary school certificate	11
Higher level qualification	2
Total	250

Figure 2a: Client educational levels expressed as a histogram/bar chart

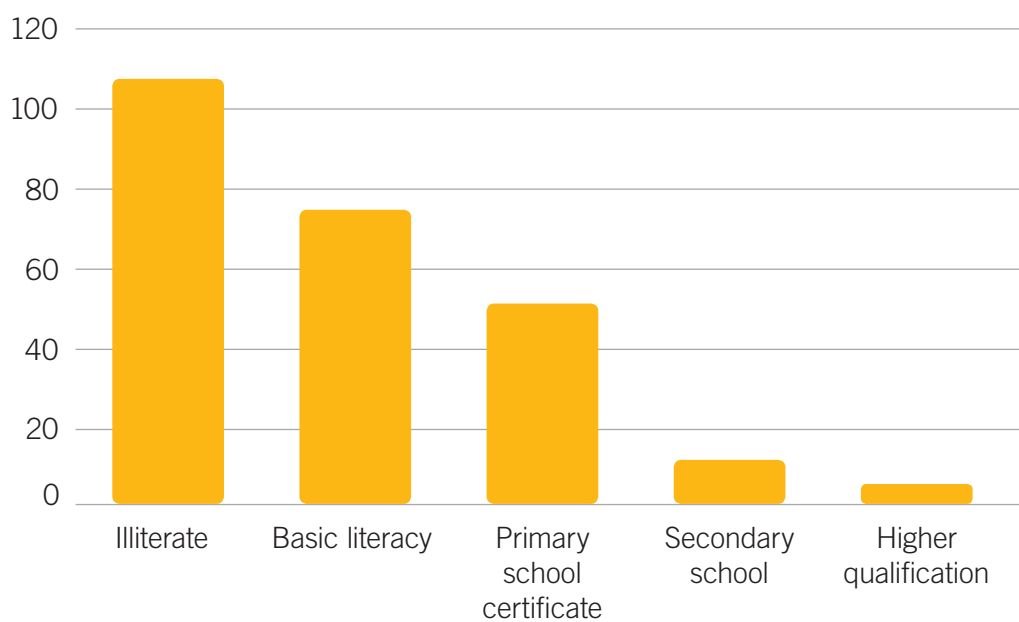


Table 1b: Client educational levels expressed as proportion, percentage and cumulative percentage

Level of education	Proportion	Percentage	Cumulative percentage
Illiterate	0.424	42.4%	42.4%
Basic literacy	0.296	29.6%	72%
Primary school	0.228	22.8%	94.8%
Secondary school certificate	0.044	4.4%	99.2%
Higher level	0.008	0.8%	100.0%
Total	1.00	100.0%	



Figure 2b: Client educational levels expressed as a pie chart

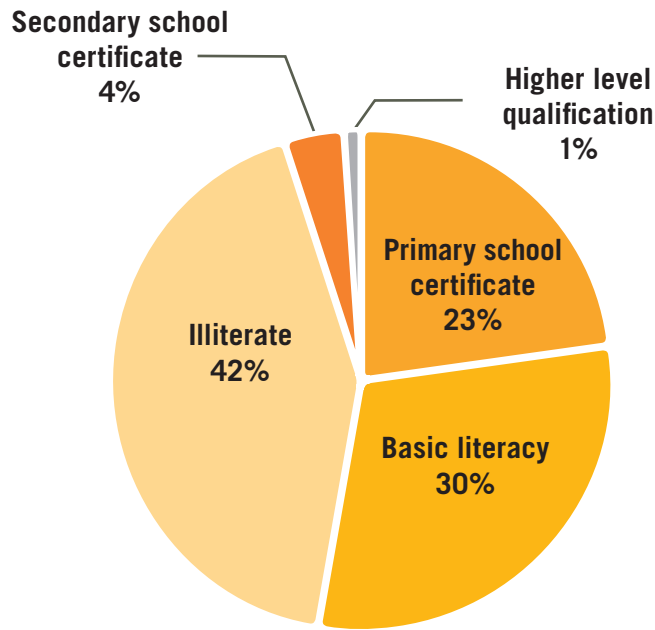


Table 2c: Client educational levels expressed as frequency distributions for two or more variables

Highest level	Men	Women	All
Illiterate	42	64	106
Basic literacy	45	29	74
Primary school certificate	32	25	57
Secondary school certificate	8	3	11
Higher level qualification	1	1	2
Total	128	122	250

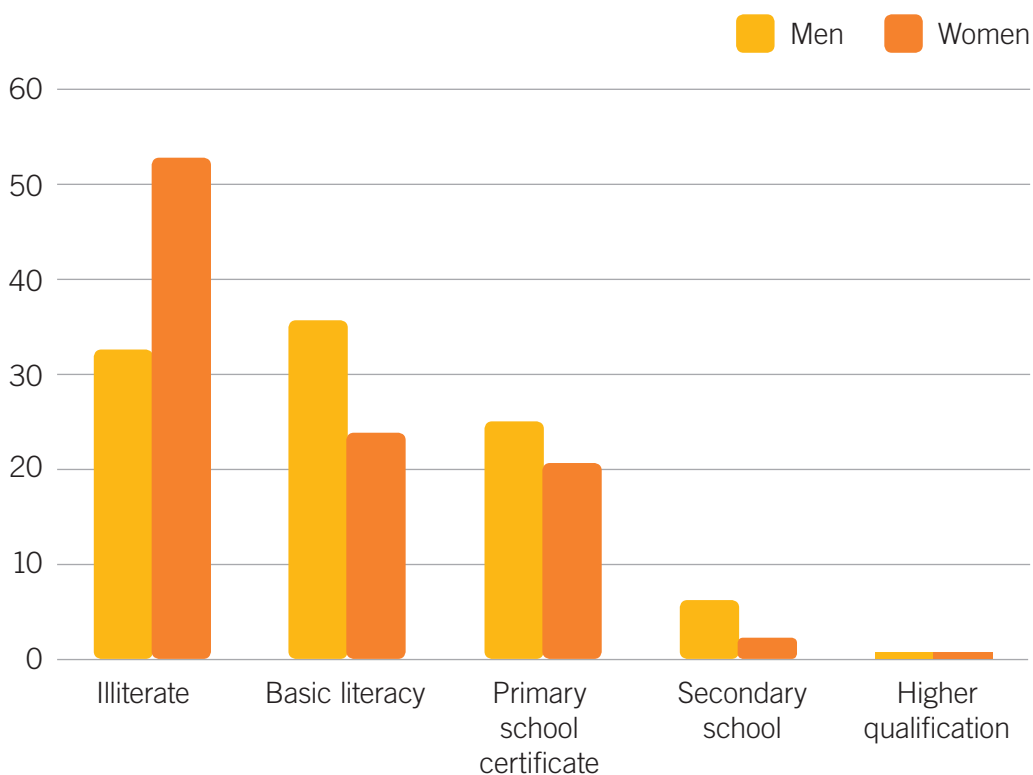
Table 2d: Client educational levels expressed as row percentages

Highest level	Men	Women	All
Illiterate	39.6%	60.4%	100.0%
Basic literacy	60.8%	39.2%	100.0%
Primary school certificate	56.1%	43.9%	100.0%
Secondary school certificate	72.7%	27.3%	100.0%
Higher level qualification	50.0%	50.0%	100.0%
Total	51.2%	48.8%	100.0%

Table 2e: Client educational levels expressed as column percentages

Highest level	Men	Women	All
Illiterate	32.8%	52.5%	42.4%
Basic literacy	35.2%	23.8%	29.6%
Primary school certificate	25.0%	20.5%	22.8%
Secondary school certificate	6.3%	2.5%	4.4%
Higher level qualification	0.8%	0.8%	0.8%
Total	100.0%	100.0%	100.0%

Figure 2c: Client educational levels expressed as a histogram depicting two variables





Case study 1 Dissemination of research findings to different audiences

Background: Implementation research (IR) frequently generates large volumes of data that require organization, summarizing and visualization in order that they can be used for various kinds of communication and advocacy for different purposes and/or audiences. To help people understand and interpret the significance of specific data, it is frequently transformed from raw numbers and presented in various visual formats. The method you choose to visualize data can emphasize specific characteristics of a given data set, and so care must be taken to choose an objective approach that meets your goal and the needs of a specific audience, and which does not compromise the integrity of the data itself or present a biased perspective. The choice of how to present the data should depend on simplicity and interpretability because stakeholders need to understand the information provided and to be able to interpret it correctly.

The following example illustrates how the target audience dictates the data visualization approach. The same data from a survey to assess community drug distributors' (CDD) performance in the provision of integrated community case management, using malaria rapid diagnostic test kits, is presented in different formats for the various priority audiences. Performance data was stratified by sex, age and education level. The table format is appropriate for a scientific audience; the bar graph for lay literate audiences (e.g. policy-makers and project implementers), while the diagram may be used for illiterate audiences at community level.

Conclusion: Large volumes of data can be organized and summarized as figures, tables or diagrams/graphics and used as varied communication tools.

Lessons: The presentation of findings should be carefully considered to avoid potential misinterpretations that could lead to inappropriate conclusions and/or responses. The choice of format should be simple, clear and appealing to the target audience.

Table. CDD characteristics and adherence to malaria treatment guidance

CDD sex	Male number (%)	Female number (%)	Total
Correct case management	130 (89.0)	486 (97.6)	616
Incorrect case management	16 (11.0)	12 (2.4)	28
Total	146	498	644
(Fisher's exact test two-sided P value <0.0001)			
CDD Age	< 36 years number (%)	>36 years number (%)	
Correct case management	294 (92.7)	322 (98.4)	616
Incorrect case management	23 (7.3)	5 (1.6)	28
Total	317	327	644
(Fisher's exact test two-sided P value = 0.0004)			
CDD education	Primary number (%)	Secondary + above number (%)	
Correct case management	83 (92.2)	533 (96.2)	616
Incorrect case management	7 (7.8)	21 (3.8)	28
Total	90	544	6434
(Fisher's exact test two-sided P value = 0.0947)			

Case study 1 Dissemination of research findings to different audiences

Figure CDD characteristics and adherence to malaria treatment guidance

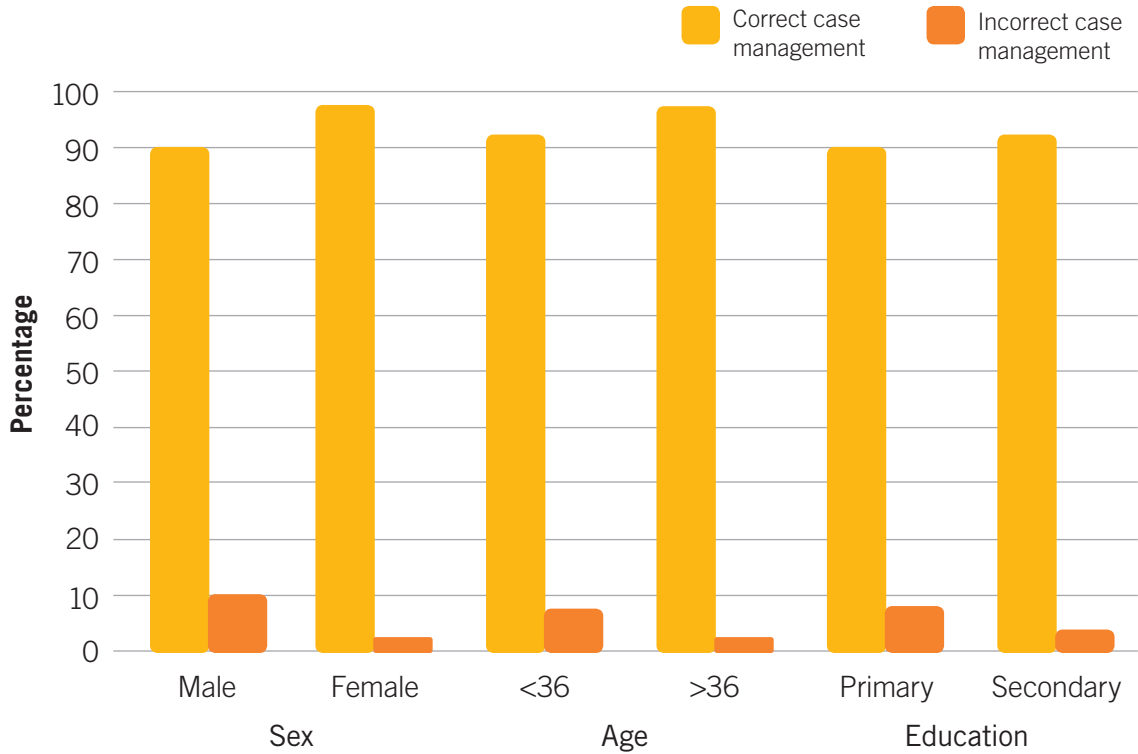
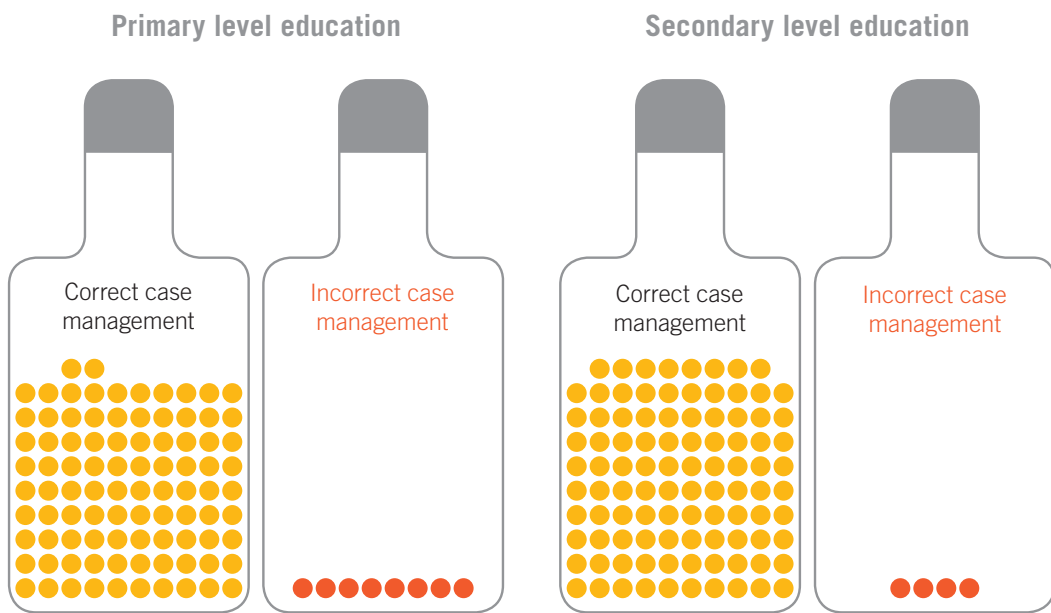


Diagram Percentage of CDDs who adhered to treatment guidance by education level



Source: Orji BC, et al. Community health workers provide integrated community case management using malaria rapid diagnostic test kits. *Research in Social and Administrative Pharmacy*. (2016); 13(4):875–879.

**REFLECTION ACTIVITY**

Using the case study outlined below, consider what were the main barriers and facilitators to uptake of the evidence that zinc was an effective treatment for diarrhoea in children. It will help if you identify the essential stakeholders who were involved in the productive dialogue leading to policy change, and why they might resist/accept such a new body of evidence.

An example of implementation research supporting KT from Bangladesh

The scale up of zinc use for childhood diarrhoea in Bangladesh illustrates the use of KT strategies in encouraging the uptake of implementation research by policy-makers. Systematic reviews of the research literature and on a joint UNICEF/WHO recommendation established that zinc provides a very effective treatment for diarrhoea among children under the age of five, by reducing the severity and duration of diarrhoea as well as the likelihood of future episodes of diarrhoea and the need for hospitalization. It was estimated that zinc treatment could save the lives of 30,000 to 75,000 children per year in Bangladesh alone.

As a first step towards implementing this promising intervention two committees were established: A National Advisory Committee, headed by the Health Secretary, and a Planning and Implementation Committee, headed by the Joint Secretary, Public Health and WHO. These committees acted as platforms for collaboration between policy-makers and researchers, facilitating the sharing of tacit knowledge and policy positions and the setting of common priorities and goals.

Based on available evidence, the National Advisory Committee approved the policy on using zinc in addition to oral rehydration solution (ORS) for under-five children suffering from diarrhoea and incorporated zinc into a revised National Diarrhoea Treatment Guideline. Research also guided the development of the product, a dispersible zinc tablet, as well as its pricing, leading to the following national evidence-based policy changes being approved:

- Zinc tablet formulation by the Bangladesh Drugs Administration.
- Branding the product as 'Baby Zinc'.
- Over-the-counter sales waiver.
- Mass media promotion of Baby Zinc.

Developing a Communication Strategy

The communication process must be an ongoing and continuous component of the overall IR project process from pre-implementation, throughout implementation and in the final evaluation stage. Involving stakeholders in the development process early will enhance ownership of the process and the ultimate uptake of the research findings and conclusions. Specific steps are recommended for research teams as they discuss and identify their communication strategy and related stakeholder needs. This is intended as generic guidance that can be adapted and customized for specific projects. The end result should be a context-sensitive strategy designed to intentionally engage and communicate with specific stakeholders and disseminate information products to pre-determined target audiences.

There are no short-cuts to facilitating and promoting advocacy and communications around an IR project. The research team could be tempted, for example, to focus on the creation of specific information products and simply disseminate those. However, single one-way products do not constitute a communication strategy.

Strong communication strategies help promote and facilitate:

- productive dialogue within the IR team and with key stakeholders and partners;
- active two-way exchange of experience and learning (not just from researchers/ key stakeholders to given audiences, but also actively inviting feedback and engagement by specific audiences, including IR participants and end users);
- precisely tailored and targeted messages and information products that are appropriate to particular audiences; and
- mechanisms to evaluate relevant indicators and outcomes, so that the strategy and its products can be revised and improved.



Steps in Developing a Communication Strategy

The ten separate steps research teams should consider in developing a communication strategy are summarized in Figure 3. In the sections below, the ten steps are described in more detail.

Figure 3. Steps in developing a dissemination strategy



Step 1: Reviewing past communication efforts

When developing a communication strategy, it is prudent to begin by looking at what has been done in the past. How did the research team share information in the past? What products were created? Which ones worked? How did particular audiences respond? This can be done as an internal brainstorming exercise, review of relevant documents, or as a survey (formal or informal) with stakeholders who received the team's communications in the past. Alternatively, a formal audit of previous communication efforts (often conducted by a third party) can assess performance and, more importantly, gauge perceptions among key stakeholders about the team's research, and of the context surrounding the research, including current or forthcoming opportunities. This type of information can significantly influence the selection of future tools and communication channels.

Step 2: Devising communication priorities and objectives

The research team should brainstorm around what it hopes to achieve by sharing IR results and engaging with key stakeholders and decision-makers. Why does the team wish to communicate specific processes or findings to particular audiences? Is the purpose of the communication to increase awareness, understanding, action, or to support local stakeholder involvement? These may be separated into short- and medium-term priorities.

Step 3: Identifying key audiences

Determining the appropriate primary and secondary audiences is a critical aspect of the communication strategy. The research team must understand who the audiences are, how they prefer to absorb information (including, but not exclusively, research evidence), their typical timelines, needs, etc. This will greatly increase the likelihood that the communication strategy will achieve its objectives.

Every IR project has multiple audiences with unique abilities and needs. Communication approaches and messages must be appropriately tailored to take these into consideration.

One tested way to ensure your team addresses the needs of all stakeholders in the communication process is to classify them into primary and secondary audiences. Primary audiences are those who need to ultimately make an implementation/policy decision or a related change. Secondary audiences are those in a position to influence the decisions or actions of the primary audience. The level of audience (primary or secondary) determines the communication objectives, and each of these audiences is distinct from IR team members, but may include key stakeholders.

Step 4: Developing messages

Messages are at the heart of any communication strategy. Messages should be direct, simple and explain the problem the research sets out to address. In addition, the research approach as well as the solution the research may have generated, the particular implications of the research findings, and/or what might



be expected of different audiences as a consequence of those findings should be captured in the messages. IR projects often result in multiple key messages. While of course this does not represent the research in its totality, these messages can convey the essence of the research and its implications in agreed, concise words and phrases.

Messages should be audience oriented and written exclusively for one audience, bearing in mind the audience's needs, literacy capacities with respect to the research and the evidence it generates.

Step 5: Deciding on communication approaches

One way of choosing communication approaches is by initiating several stages or layers of 'conversation' with each specific audience. The 'graded-entry' approach¹⁴ offers one such option. As an initial outcome of this approach, the research team develops a short document (i.e. one page or less) for a major audience. The document should focus exclusively on the most important aspects of the research problem and/or findings for that specific audience, and their major implications. Assuming the audience's positive reaction, a more detailed three-page document could then follow, providing more detail about the research project itself, and positioning the implications against the context and other scientific evidence, etc. This could then be followed by a 25-page document (and/or a peer-reviewed paper) that explains technical matters such as the methodology. This approach can be adapted to achieve a blend of printed and online approaches, social media or face-to-face presentation approaches, depending on the nature of each audience and foreseeable opportunities or strategic moments.

Step 6: Assessing and managing communication-related risks

However detailed and considered your communications planning, there are likely to be unanticipated questions, responses or criticisms of the project, and these can detract from – or even undermine – the goals of your communication strategy. It is worth investing some time identifying and analysing what those potential threats might be.

Carry out some discussion/analysis within the IR team to identify any potential risks in targeting specific audiences with certain messages. For example, is there any potential for messages to be misinterpreted as criticisms of decision-makers or current approaches? Could discussion of a current problem or challenge be taken as openly critical of the local or national authorities? Are there opportunities that may have been overlooked to explicitly praise current/past achievements that might be helpful in fostering a constructive relationship with primary audiences? Also think about barriers to success, difficult timescales and other stakeholders' activities that may make actions on your priority difficult at a given time or change it entirely.

Reconsider these potential threats each time you embark on a new aspect of your communication strategy. Each time you do so, examine the likelihood of a possible threat occurring and the impact that it might have on your communication activities and eventual success.

Step 7: Identifying opportunities and/or strategic moments to deliver messages

Based on what you know of the key audiences you are aiming to reach, it may also be possible to identify/predict strategic opportunities for key messages to be positioned or delivered. This might include forthcoming national planning processes or events, high-profile meeting or gatherings of key audience members, or strategic dates on which specific issues are likely to be highlighted and/or discussed.

Bear in mind that while these are most likely to include national or sub-national events or other opportunities, access to decision-makers may be easier during meetings taking place in the capital city or even in another country, when key stakeholders are away from the day-to-day pressures of work, and where local or provincial priorities are considered in a national, regional or international context.

The benefits of having a clear timeline for developing and sharing information products may be obvious, but is worth reiterating. The use of the existing channels/structures may highlight specific strategic opportunities and may reduce costs and workload. For instance, an upcoming event may be an opportunity to achieve several communication objectives and/or arrange face-to-face interactions.

Overall, the IR team must pay attention to issues of communication timing. This involves being aware of shifts within an audience (suggesting greater receptivity to your team's work, for example), strategic opportunities that might emerge suddenly and to which the team must respond quickly. Also, the activities of like-minded researchers and institutions may help in advancing your team's agenda.

Step 8: Determining communication channels

No matter how well messages or information products have been developed and refined, their impact will be compromised if they are not disseminated via the most relevant and effective channels. For example, a well-written paper is unlikely to be read by a high-level decision-maker unless it is succinct and to the point, and unless an adviser has already read and been impressed by it. A beautifully produced video that captures the detail and magnitude of a research project's impact will not be viewed if members of the intended audience do not have DVD players or unless a suitable viewing opportunity is identified, such as including it on a specific meeting agenda.

Dissemination of messages and information products must be specific, intentional and active, so that the IR team knows, with a good degree of certainty, how and when they will be delivered and presented. In the current context of information overload, relying on any channel as a means of passive dissemination – and simply putting information products 'out there' for audiences to see them – will not achieve the desired outcome and engagement.

Similarly, relying solely on single language and/or on-line distribution may incorrectly assume the access and/or connectivity status of specific stakeholders, and may exclude certain audiences.



The consideration of appropriate channels is an essential step as it helps to narrow down, in very realistic ways, the platforms and communications tools that are practical, reach the right audiences and within the available budgets. Above any other consideration, the choice of channel(s) dictates who receives (and therefore who might act upon) messages. Please note, you may need to adopt multiple channels and approaches to suit the needs of even your main target audiences. Furthermore, varying the platform/approach is likely to increase your chances of success.

Step 9: Reviewing available resources and capacities

It is important to consider the resources and capacities available to the IR team for communication activities. What materials are available for this work? Who can do it and what kinds of skills do they have? How much funding is available to create and implement this strategy? Will any of these variables change as we implement the strategy?

One reason why research teams tend not to be adept at sharing their findings is because dissemination can be expensive to carry out. Some communication approaches require significant resources, including time, as well as a high level of capacity. Communication products can also carry hidden costs, such as translation of materials into multiple languages, or costs for specialized skills such as graphic design, etc. The more realistic and precise the team can be about all of these costs at the strategy planning stage, the more realistic the expectations for this work will be. This is best achieved by drawing up detailed budgets for each part of the strategy from the outset.

Step 10: Taking stock, evaluating progress/impact and identifying gaps

As with all aspects of the IR process, communication about health service implementation bottlenecks, research priorities, results and their implications requires careful evaluation and feedback. Communication should be carefully planned so that the intended audiences are specifically reached. During implementation of the communications strategy, adjustments will be needed to ensure a maximum return on investment and stakeholder interest and attention. One question that can usefully guide the entire communication approach is: What will change if communications are completely successful? You don't just want to get your findings into the public domain, you want specific audiences, and possibly even given individuals, to receive them and act upon them. What kind of action then, among key audiences, equates with success?

Assessing budgetary implications is also important. Recognizing the effort that goes into successful communication, you need to be clear that you have used the right messages, struck the right balance across available platforms/channels, and received sufficient end-user feedback. This can be collected via some formal surveying and key informant interviews, and be invaluable for planning future communications approaches. An 'impact log' can be another way to accumulate feedback on your communications strategies. Usually done informally, an impact log documents stakeholder reactions, media references, peer review references,

etc. The research team can then synthesize all of this information into a ‘lessons learned’ summary or best-practice document. In some cases, the feedback may immediately shift or alter some of the products to ensure they reach the right audiences with the right messages.

It is important that the resulting communications and advocacy plan is regarded as an integral part of the research process itself. Embedding communications and advocacy activities in this way is described in the Planning and conducting an implementation research project module of this Toolkit.

**IR-PLANNING
AND
CONDUCTING
IR**

SEE

Case study 2

A dissemination strategy for an IR Project: A case of the NIGRAAN project, Pakistan

Background: Dissemination of research findings is crucial to facilitate uptake of research findings and for translating them into action. If the dissemination is to be effective, the tools should be appropriate for the target audience, and the message should be clear and succinct. Furthermore, the message must be timely. Moreover, if the health improvements are to be observed, the dissemination should go beyond just communicating by aiming to transfer new knowledge and understanding to the target audience, so that they are empowered to take the necessary actions.

Methods: NIGRAAN, a community-based implementation research (IR) project in rural Pakistan, was conducted by the Department of Community Health Sciences at the Aga Khan University (AKU) in Karachi, in collaboration with the Sindh Provincial Department of Health. Nigraan is an Urdu word meaning ‘supervisor’. This two-year IR project aimed to identify ways to strengthen structured supportive supervision of lady health workers (LHWs) by lady health supervisors (LHSs), in order to improve community case management of pneumonia and diarrhoea in children under the age of five in the Badin district of Sindh Province. Effective dissemination and knowledge translation enhances the execution process of a given IR project, as well as the use of the findings. A dissemination strategy should be developed during the planning phase of the project and should involve the relevant stakeholders. The research findings should be shared with stakeholders on a continuous basis throughout the project cycle using appropriate dissemination tools. The dissemination strategy for the NIGRAAN project was developed based on the TDR/WHO IR Toolkit dissemination framework. The relevant target audiences (community members, LHWS, LHSs, programme managers and implementers and the scientific community) were engaged at the appropriate timelines of the project lifespan.

Conclusion: A dissemination strategy was developed during the project planning phase and relevant stakeholders were actively involved. Furthermore, the dissemination tools were specific to the dissemination objectives and target audience.

Lessons: In creating a dissemination plan, researchers should consider the project goal, target audience, medium and execution plan. Developing an explicit dissemination strategy in advance guides the process of knowledge translation. Secondly, to enhance the use of the research findings, dissemination must not be an end-of-project activity but must adopt a continuous and integrated knowledge translation approach. Additionally, the multidisciplinary and collective approach used to disseminate results on an on-going basis builds the trust of stakeholders.



Case study 2

A dissemination strategy for an IR Project: A case of the NIGRAAN project, Pakistan

Table. NIGRAAN project dissemination strategy

Dissemination Objective	Content	Dissemination Tool	Target audience	Timeline
Creating awareness about the project among the community	<ul style="list-style-type: none"> Value of project Potential benefits for the community 	<ul style="list-style-type: none"> Community meetings Electronic media (newspapers, radio) 	Community members	From outset of the project
Creating awareness among policy-makers about the project	<ul style="list-style-type: none"> General and technical overview of the project Integration into existing systems/ structures 	<ul style="list-style-type: none"> Executive Project Management Team Meeting (EPMT) Project brochure Policy briefs 	Policy Makers at district and provincial level	At the launch of the project
Sensitization of the community about the progress of the project	<ul style="list-style-type: none"> What's happening? Community response to the project Field challenges and support requirements from the community 	<ul style="list-style-type: none"> Local electronic media (newspapers radio) LHSs' appraisal meetings 	<ul style="list-style-type: none"> Community Community-based organizations 	Ongoing
Sensitizing the Lady Health Supervisors (LHSs) and Lady Health Workers (LHWs) about the project	<ul style="list-style-type: none"> Overview of project and intervention What to expect? Roles and responsibilities Expectations from stakeholders 	<ul style="list-style-type: none"> Training workshop Formal dissemination seminars for LHSs at AKU 	<ul style="list-style-type: none"> Lady Health Supervisors Lady Health Workers 	Intermittent
Updating policy-makers and community leaders on the progress of the project	<ul style="list-style-type: none"> Field updates (what's happening? /progress) Any issues arising from within the system and/or community affecting the technical structure of the project Support requirements 	<ul style="list-style-type: none"> Project Support Team meetings District Project Management Team meetings 	Policy makers, community representatives other stakeholders with an active interest in the project	Intermittent periods
Updating the funding agency about the progress of the project	<ul style="list-style-type: none"> Progress of project activities Any technical issues arising finances 	<ul style="list-style-type: none"> Progress reports Emails, telephone calls 	World Health Organization	Yearly and end of project
Add to existing scientific knowledge	<ul style="list-style-type: none"> Process of the research Research findings 	<ul style="list-style-type: none"> Published articles 	Scientific community	Ongoing basis
Inform the AKU staff on the progress	Activities, successes, challenges and recommendations	<ul style="list-style-type: none"> Faculty meetings Departmental presentations 	AKU staff	Intermittent
Contribute to LHW-P curriculum	Trainer's manual to improve community case management of pneumonia and diarrhoea in children under five years	<ul style="list-style-type: none"> Trainers manual 	Lady health supervisors	After the formative phase

Source: Rabbani F et al. Improving community case management of diarrhoea and pneumonia in district Badin, Pakistan through a cluster randomised study--the NIGRAAN trial protocol. *Implement Science*. 2014; 9:186.



Case study 3

Innovative participatory health education: promoting reproductive health in post-conflict settings in Sudan

Background: Despite efforts to improve maternal health, South Sudan has one of the highest maternal mortality ratios worldwide. The decades of war, poor infrastructure, shortage of health workers and scarcity of resources, has negatively impacted the health system in general and reproductive health specifically, as also reflected in generally poor health care-seeking behaviour. A two-year Global Health Through Education, Training and Services-funded project was conducted in the Upper Nile State, Renk County in South Sudan. Previous participatory ethnographic studies on reproductive and child health provided a better understanding of contextual issues surrounding the problem, perceptions towards maternal health and interacting dynamics influencing patient decisions. An intervention (health education) was designed targeting the entire community by addressing maternal health issues within the post-conflict context. The intervention integrated the *Women Health Learning Package* (WHLP) in a participatory approach involving local women, non-governmental organizations and theatrical band members.

Results: Context-friendly materials were jointly developed and disseminated in the form of songs, drama and pictograms to promote the communities' knowledge about maternal health issues among various audiences. All materials/outputs were developed in local dialects.

Conclusion: The effective engagement of the community in the project – right from the initial problem identification and message development – enhanced the local sense of ownership. It also culminated in the development of context-friendly educational materials to promote women's health in a post-conflict setting.

Lessons: For a communication to be effective, innovative dissemination approaches should be adopted, community engagement is vital and the message and dissemination tools must be adapted to the local context.

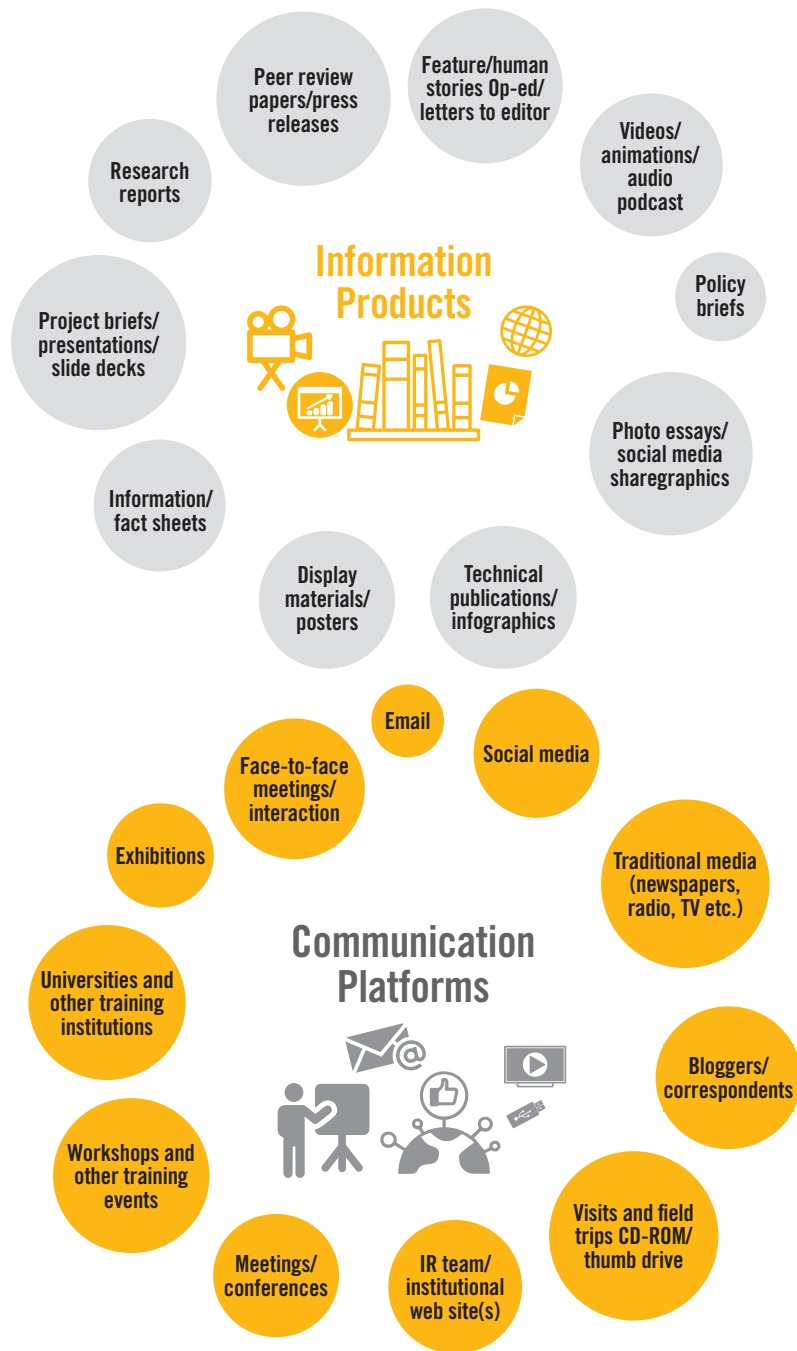
Source: Elmusharaf K. et al. Innovative Participatory Health Education (video). Available at: https://www.webmedcentral.com/View_video/225.

Information Products and Communication Platforms

Numerous products and platforms are available to research teams pursuing the uptake of research-related information and findings. These should be considered in light of priority audiences and messaging, and less as individual pieces than as parts of a whole approach. Each product and platform has different strengths and weaknesses in reaching audiences and therefore by using more than one, they can complement one another to produce a strong communication 'footprint'. In many cases, the work that goes into the development of one product, or for a given platform, can be readily replicated or modified for alternative platforms etc. Increasing the number of ways that research findings reach key audiences increases the chances of uptake and action.



Figure 4. Various complementary options for information products and dissemination channels



REFLECTION ACTIVITY



Follow the ten steps outlined in this module to develop a communication and advocacy plan for your research project.

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