Project SOAR's Approach to Research Utilization

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Project SOAR

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SOAR

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Through operations research, Project SOAR will determine how best to address challenges and gaps that remain in the delivery of HIV and AIDS care and support, treatment, and prevention services. Project SOAR will produce a large, multifaceted body of high-quality evidence to guide the planning and implementation of HIV and AIDS programs and policies. Led by the Population Council, Project SOAR is implemented in collaboration with Avenir Health, Elizabeth Glaser Pediatric AIDS Foundation, Johns Hopkins University, Palladium, and The University of North Carolina.



The Population Council confronts critical health and development issues—from stopping the spread of HIV to improving reproductive health and ensuring that young people lead full and productive lives. Through biomedical, social science and public health research in about 50 countries, the Council works with our partners to deliver solutions that lead to more effective policies, programs, and technologies to improve lives worldwide. Established in 1952 and headquartered in New York, the Council is a nongovernmental, nonprofit organization with an international board of trustees.

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Project SOAR (Supporting Operational AIDS Research) conducts operations research (OR) with the aim of producing a large, multi-faceted body of high-quality evidence that can guide the planning and implementation of programs and policies for HIV prevention, care, and treatment. OR provides the needed evidence to make sound policy and program decisions at national, sub-national, and service delivery levels by identifying practical solutions to challenges delivering program services [1–3].

Translating OR findings into action at these levels requires two-way information exchange between people who can apply research findings (henceforth called stakeholders) and researchers. Project SOAR's premise is that this exchange will bring about eventual use of findings in relevant decision-making processes through the implementation of its *research utilization*, or RU, process.

The hallmark of SOAR's RU process is bringing together key stakeholders and researchers to make the OR study more locally relevant and the findings more likely to be used. It begins with the purposeful identification and engagement of key stakeholders who provide input into priority program questions as researchers are designing the study. It continues with stakeholders engaged during the implementation of the study, the analysis of data, and the planning to translate findings into action. RU also occurs at the end of the study when stakeholders review the findings and then develop recommendations to change policy or programs [5].

This document outlines SOAR's RU process, drawing from work conducted by the Population Council [6-10] and MEASURE Evaluation [11-14]. Here, study teams will find systematic guidance to plan and implement the RU process during study implementation to ensure use of findings in the study's host country.

The seven practices outlined in this document are adaptable to study needs. Together, these practices improve the likelihood that key stakeholders will promote and use study findings and recommendations to make programmatic and policy decisions.

The companion *Research Utilization Process Toolkit* (see **Appendix**) contains tools and templates to help teams put the plan into action. We look forward to working with you in applying this innovative strategy in a way that systematically tracks and implements the RU process across a large scope of studies. The Project SOAR management team requests that all SOAR studies implement the RU process, document its implementation, and identify the tools used. This is a USAID requirement of the project.

SOAR's RU Advisor is available to aid study teams to tailor this process to the needs of each study and support implementation through Project SOAR's global budget. Each study will need to budget for its RU process activities.



OVERVIEW

Practice 1: Identify key stakeholders as early as possible to understand their priority information needs and establish the audience(s) for study findings. This will enhance the study's relevance among those implementing HIV programs and services and development partners investing in the programs, like USAID and PEPFAR.

Practice 2: Engage stakeholders during study design to ensure that the methods, intervention (if there is one), and data collection processes reflect and respond to the priorities and needs of the HIV program and services.

Practice 3: Establish a study-specific advisory panel that assigns roles and responsibilities to key stakeholders. This will help ensure that stakeholders remain engaged throughout the study process and will want to champion the use of findings once they become available.



Practice 4: Engage stakeholders during data collection to reinforce their involvement and deepen their understanding of the research process and what the study is investigating. This can also help improve fidelity to the intervention under study, if there is one. Engaging key stakeholders during data collection may motivate them to later use findings and disseminate them among a wider audience.



Practice 5: Work together with stakeholders to **interpret findings and develop recommendations**. Engaging stakeholders permits them to review preliminary analyses and offer insight into the local program context, which informs specific and realistic recommendations.



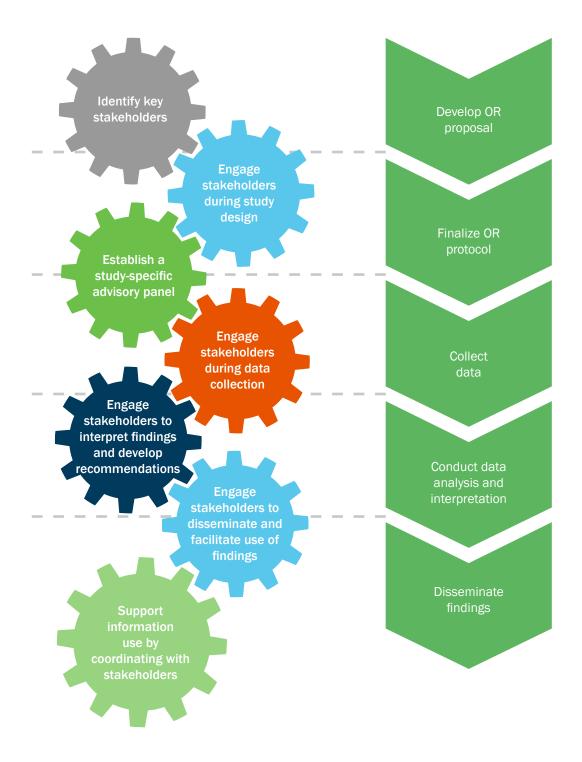
Practice 6: Produce the study report and hold the **dissemination meeting**, during which stakeholders finalize a *Plan to Use Findings and Recommendations* that guides how to support the use of findings.



Practice 7: Coordinate the **implementation of the** *Plan to Use Findings and Recommendations*. During this practice, the RU Advisor will coordinate with the study team and local researchers, stakeholders, and host country agency representatives to implement the plan and track the uptake of SOAR results.

How each study implements these seven practices will depend on the type of study, its budget, and stakeholder input. Project SOAR designed its RU practices to fit within normal OR study implementation [6], as illustrated in the figure on the next page.

SOAR'S RU PROCESS ENHANCES SOAR'S OR PROCESS



The following section describes each practice. The text boxes provide an example of an OR study in Madagascar that implemented a similar RU process. There, Ministry of Health program managers and other civil society stakeholders wanted evidence to help decide whether shifting the provision of an injectable contraceptive (DMPA) from physicians at health facilities to community health workers was feasible, safe, and acceptable through existing structures. These stakeholders teamed with USAID and an implementing partner to develop an OR study and RU process to answer that question [4, 5].



1: IDENTIFY KEY STAKEHOLDERS

Purpose: Lay the foundation for RU by identifying stakeholders as early as possible in the OR process. Define their potential role in both the research and RU processes.

Implementation: The make-up of the group of key stakeholders will vary according to each study. Smaller studies may select between six and eight key stakeholders while larger studies that are more complex may select up to 25. Project SOAR study teams will identify and begin to engage stakeholders as soon as possible in the course of the research. Stakeholders to consider include:

Practice 1–Identify Stakeholders

The study team worked with the Ministry of Health to conduct a stakeholder analysis—identifying a list of potential stakeholders and then selecting key stakeholders from that list. By conducting this analysis, the study team discovered that the Professional Association for Doctors was extremely skeptical of and actually opposed relegating a clinical task—injection of DPMA—to community health workers in the field. Because of the analysis and identification of the association and its opposition to the intervention, the study team was able to bring them early into the process to address their professional concerns. This mitigated the association's opposition and allowed the study intervention to move forward.

- At least one USAID representative—a
 local USAID mission representative or PEPFAR coordinator.
- Managers who can use study data to plan and implement program improvements.
- Sub-national and national level policymakers.
- Program managers who oversee service delivery.
- Staff involved in delivering those services.
- Beneficiaries of the service(s) included in the study.
- Local representatives of civil society and international non-governmental organizations.
- Technical specialists, including co-investigators.
- Other United States government entities.
- The broader donor community operating in the country.
- Potential opponents of study results.

Tool #1–Stakeholder Engagement helps identify the appropriate set of stakeholders by answering these key questions [15]:

- Who needs to use the data, and what questions are they seeking to answer?
- Who has influence and resources that can aid this study and the use of its findings?
- · Who will the study findings directly or indirectly affect?
- Who will support the study? Who will oppose it? Why? How can the study team best mange this?
- What do each of these individuals contribute to the OR process?
- At what point should the study team engage different stakeholders?

This tool assists study teams to identify appropriate roles for each stakeholder. Given time and other resource constraints, study teams cannot involve every key stakeholder in every activity. The goal is to make optimal use of the study's resources and each stakeholder's potential contribution.

This tool provides a structured way to select the optimum stakeholder group by offering considerations such as [15]:

- How to define the roles and resources stakeholders might bring to the study.
- Ways to assess the interests, knowledge, positions, alliances, resources, power, and importance of various stakeholders, which will affect group dynamics.
- How to create an engagement plan of when to work with specific stakeholders during design, data collection, data analysis, recommendation development, dissemination, and use.
- How to track stakeholder engagement throughout the OR process, including following up for use of findings after the study has ended.

2: ENGAGE STAKEHOLDERS DURING STUDY DESIGN



Purpose: Engage stakeholders to identify opportunities for use of the study's data, findings, and recommendations. Enhance the protocol with stakeholders' knowledge of local context. Document key stakeholders' roles and responsibilities in the study's RU process. Strengthen their capacity to understand and manage the OR and RU processes.

Implementation: Timing is important. Project SOAR suggests engaging key stakeholders as soon as possible (and certainly before submitting the protocol for ethical approval) for several reasons. First, stakeholders can provide information about the local context to help finalize data collection tools and plans. This information can facilitate obtaining ethical and ministerial level approval. The practice also helps ensure that government and donor colleagues understand how the study findings can support the national HIV program and service delivery. Such an understanding may help maximize the probability that stakeholders will take the study findings and recommendations into consideration when making programmatic and policy level decisions.

There are four activities in **Practice 2**. Study teams should attempt to complete all four described activities.

- 1. Identify opportunities for use: Link the study to existing in-country data needs. Teams should
- identify the primary local audience for study data, findings, and recommendations to ground the study in the local context (program, organizational, and policy realities). Teams also should work with key stakeholders to identify ways they can maximize opportunities for data use.
- 2. Capture stakeholder perspectives of the protocol: Each identified key stakeholder should have the opportunity to review the protocol and comment on aspects of the study that may be affected by local issues and cultural norms that would make the study more or less difficult

Practice 2–Engaging Stakeholders to Enhance the Protocol

The study team engaged the Ministry of Health, civil society, and other key stakeholders in Madagascar during protocol development. The study team identified and included stakeholders who were and were not supportive of task shifting. In addition, inclusion of the stakeholders provided critical information on data flow to enhance the protocol. In order to produce the necessary data for non-facility based DMPA provision, stakeholders agreed to minor adjustments in data forms to accommodate record keeping that would produce the necessary data to answer the study question.

to implement. (See **Box: Practice 2—Engaging Stakeholders to Enhance the Protocol** for an example.)

- 3. Finalize the RU Plan: Having identified opportunities for data use and captured local context to enhance the protocol, the study team can now finalize its RU plan. First, finalize the list of key stakeholders. Next, have them define how and when they will engage with the study. Clearly documenting the roles of stakeholders in the study's RU process—and how it leads to better-informed decisions—will lay the groundwork for continued engagement throughout study implementation. Continually engaging key stakeholders will enhance dialogue and planning for data use during the dissemination meeting (**Practice 6**).
- 4. Capacity strengthening for OR and RU: As part of identifying key stakeholders (**Practice 1**), study teams will also want to identify opportunities for capacity strengthening. Capacity strengthening for OR and RU can address:
 - The RU process.
 - Basic OR knowledge and skills.
 - How to understand and use research findings.
 - How to link intended study findings and key country-level decisions.
 - How to draft an OR protocol.

Ideally, study teams will implement an **inception meeting**. During this two-to-three-day workshop, study teams can accomplish all four activities in this practice. In addition, a meeting will enable the team to arrive at consensus about study-related opportunities and challenges. The last session of an Inception Meeting could also launch the Advisory Panel (discussed in **Practice 3**).

If an inception meeting is not possible, the team can hold a series of one-on-one meetings. This approach allows the study team to engage key stakeholders, but it offers limited chance for dialogue among the stakeholders and less opportunity to build consensus.

In addition to support from the RU Advisor, **Tool #2–Linking Data with Questions and Decisions** can help implement this step. This tool is based on the *Framework for Linking Data with Action*, [9, 11] which assists program managers, policymakers, and data collectors to link study questions to anticipated decision-making process.

3: ESTABLISH A STUDY-SPECIFIC ADVISORY PANEL



Purpose: Select a key group of stakeholders from those identified in **Practice 1**. These key stakeholders will have defined roles and responsibilities to ensure the implementation of the RU process.

Implementation: Per USAID guidance, at a minimum the Advisory Panel should include one representative from USAID, one local technical expert representative relevant to the study, and one representative from a relevant host country agency with program decision-making authority. Dialogue with stakeholders during **Practice 1** should help identify the optimal

Practice 3–Establish an Advisory Panel

In Madagascar, an advisory committee (one option for an Advisory Panel) selected people to become members from among those who also had the mandate and authority to change clinical polices that would guide the implementation and scale-up of the intervention.

existing structure to house the panel, which may be an *ad hoc* structure through which the panel operates, such as routine conference calls or working lunches. Other studies may nest the panel in an existing sub-committee.

The role of the Advisory Panel will respond to the unique needs of each study. As these panels devise their own optimum way of working, we envision best practices will emerge that will become useful tools for future studies. There is a checklist to help develop a meaningful terms of reference (ToR) for the Advisory Panel (See **Tool #3: Advisory Panel ToR Checklist**).

The RU Advisor and/or study team will support key stakeholders to develop a ToR for the panel, which will guide its operations. These ToR should include when and why stakeholders will interact with the OR process and the expected outputs of those interactions. Interaction should occur at key points throughout the study: protocol development, ethical approval, data collection, data analysis, data interpretation, report development, dissemination, and use. The ToR also should outline how stakeholders' knowledge will help:

- Identify local need(s) for study data.
- Ensure the study findings reflect the local context.
- Champion the study during implementation.
- Select, tailor, and implement activities that promote use of study findings.



4: ENGAGE STAKEHOLDERS IN DATA COLLECTION PROCESSES

Purpose: Encourage key stakeholders and other potential end-users of the study's data, findings,

and recommendations to see the program and/or intervention in action. There are several reasons to do this. It will:

- Deepen their understanding of what the study is testing.
- Strengthen their research capacity by exposing them to the research process (*learning-by-doing*).
- Address data collection and data quality challenges and improve fidelity to the intervention under study.
- Empower them to champion the study and expand the audience for the study's findings.

Practice 4–Engage Stakeholders in Data Collection

In the Madagascar study, key stakeholders were actively involved in the data collection process as observers and participants. Some of these stakeholders were also program managers. Their engagement in the data collection process helped increase their trust in the intervention being tested by personally observing the safety procedures in place for providing injections. The stakeholders also discovered that community health workers found the forms difficult to complete and that minor revisions could improve data collection, especially if service-level data providers were the ones capturing data.

Implementation: Based on the needs of the study, available resources, and capacity of stakeholders, the study team will determine exactly how to involve stakeholders in data collection. There are four main options:

- Engage stakeholders (or staff from their organizations) as data collectors.
- Invite national level program managers to observe the data collection and advise on solutions to any challenges encountered.
- Invite national level program managers and other stakeholders to observe the intervention, if there is one.
- Facilitate a data collection update meeting that highlights the implementation of the intervention or the program in the context of the study.

The RU Advisor will support the study team to continue stakeholder engagement, communicate study progress, and co-facilitate the data collection update meeting, if requested.

Each study team will engage stakeholders during data collection according to their specific needs. Over time, best practices may emerge that can become useful tools to future studies.



5: INTERPRET FINDINGS AND DEVELOP RECOMMENDATIONS

Purpose: Engage stakeholders to interpret study findings, develop recommendations, draft a plan to advocate and implement them, and contribute to the country level report. This will improve their understanding of study results, increase their stake in the study, and produce locally relevant recommendations. It also will improve the likelihood that stakeholders use study findings and recommendations in decision-making.

Implementation: Key stakeholders will learn about the study and intervention (if there is one) through a facilitated process in which the study team will review study findings in detail and discuss any limitations.

The study team will need to implement this practice in a way that encourages dialogue among stakeholders to reach

Practice 5–Interpret Findings and Develop Recommendations

In Madagascar, key stakeholders provided input to contextualize findings and clarify confusion and questions about the data, thereby building ownership of the results. Key stakeholders then led the process to develop recommendations.

consensus about the findings and recommendations. Importantly, key stakeholders will also begin to plan how to use them and advocate for change. The study team and key stakeholders should agree on how best to implement this practice based on the nature of the study and available resources. Three examples illustrate the range of options:

- An interpretation workshop with all key stakeholders.
- A series of mini-workshops with groups of key stakeholders.
- Face-to-face meetings with individual stakeholders.

The **Communicating Health Information for Decision-making Tool (#4)** can assist the study team and program managers to identify useful applications of study data by identifying [11]:

- Key findings from the analysis.
- Additional findings in collaboration with appropriate stakeholders.
- How study findings may influence decisions.
- Specific stakeholders who can make decisions or take action.
- How and what to communicate to decision-makers and stakeholders.

During this practice, key stakeholders will produce a *Plan to Use Findings and Recommendations* that informs the study report by:

- Reviewing study findings and providing context necessary to fully understand them.
- Suggesting additional analyses to benefit the program(s).
- Drafting recommendations.

The **Plan to Use Findings and Recommendations Template (Tool #5)** helps guide stakeholders to develop an advocacy strategy for uptake of recommendations by programs and policymakers. This plan will:

- Guide all dissemination activities.
- Define how stakeholders and data users intend to use the findings and/or data.
- Guide how to engage study champions in the RU process.
- Identify how Project SOAR will support use of the findings.
- Describe how Project SOAR will monitor the use of findings and data for its own evaluation purposes.

The information necessary to draft this plan will come from the series of discussions about findings, additional analyses (if any), and recommendations. Key stakeholders will prepare to share this plan during the dissemination meeting (**Practice 6**).

Finally, the study team and Advisory Panel will identify a stakeholder to present these recommendations during the dissemination meeting (see **Practice 6**).

6: ENGAGE STAKEHOLDERS TO DISSEMINATE STUDY RESULTS



Purpose: Initiate dissemination and use of study findings through a dissemination workshop that includes an expanded set of potential decision-makers. During this workshop, participants will discuss the implications of study findings and prepare for their use. The dissemination

workshop results in a finalized *Plan to Use Findings and Recommendations* to influence individuals and organizations to use study recommendations and data in making decisions about programs and policies.

Implementation: In preparation for the workshop, the study team and Advisory Panel should consider producing an OR Study Brief (See Tool #6: OR Study Brief Template). This template provides an

Practice 6–Disseminate results

The Madagascar team first developed a communication plan during protocol review. They finalized that plan and formulated a dissemination plan during the dissemination meeting. This allowed the Madagascar study team to target specific findings and recommendations to different audiences in formats that were appropriate, relevant, and accessible for each.

outline for a two-page summary of findings and recommendations that includes data visualization techniques and infographics.

The Advisory Panel will lead the dissemination workshop. A USAID representative should present on the organization's role in the study. A representative from the national AIDS coordinating authority, ministry of health (or other line ministry), and/or civil society should present the evidence-based recommendations. Finally, study teams should ensure that at least one local technical expert relevant to the study is present.

The RU Advisor and/or the study team will use a portion of the workshop to update the *Plan to Use Findings and Recommendations.*

In addition to the **Tool #6**, study teams can reuse two tools from **Practice 5–Tools #4** and **#5**—to help organize and facilitate the workshop.

7: SUPPORT INFORMATION USE



Purpose: Support implementation of the Plan to Use Findings and Recommendations among

stakeholders and other decisionmakers. Routine follow-up with identified stakeholders, champions, and decisionmakers will assist advocacy efforts and the use of study findings in decisionmaking. Continued dissemination of study findings will help ensure that they remain available to a wide variety of potential data users and decisionmakers.

Practice 7–Support information use

As was the original intent of the research utilization process, national policymakers used the results as evidence to recommend task shifting of DMPA from health facilities to community health workers in Madagascar. The implementing partner then worked with national policymakers to task shift to community health workers after the study was completed and disseminated.

Implementation: This practice involves

follow-up with stakeholders and decision-makers at regular intervals until the end of Proejct SOAR following the dissemination meeting (**Practice 6**).

There are three processes in this practice. First, the RU Advisor and stakeholders systematically support efforts to use findings and implement recommendations based on the *Plan to Use Findings and Recommendations*. As part of implementing this plan, the RU advisor will regularly follow up with stakeholders, champions, and decision-makers listed in the plan. Finally, the RU Advisor will use the plan to gather information and document any use of findings, what practices helped foster the use of study findings, and any lessons learned about the research utilization process.



CHECKLIST-SEVEN KEY RESEARCH UTILIZATION PRACTICES AND ASSOCIATED TOOLS

Practices

Associated tools



Identify key stakeholders who deliver services, plan service delivery, and/or fund it. **Tool #1—Stakeholder Engagement** provides a structured way to select the optimum stakeholder group based on internal on-the-ground knowledge, a scoping mission, or an initial key informant meeting(s).

Engage stakeholders during study design:

• Link the study to existing, in-country data needs.



- Enhance the protocol with stakeholders' local knowledge of the HIV program and service delivery.
- Define how key stakeholders will engage with the study.
- Orient stakeholders to the operations research and research utilization processes.

Tool #2—Linking Data with Questions and Decisions Matrix documents how the study findings can benefit specific policies and programs, helping to engage the right decision makers early in the study.

Establish a study-specific Advisory Panel:

- Develop terms of reference for the Advisory Committee that outlines the roles and responsibilities of key stakeholders, how the Panel will function, and how it will interact with the study team.
- Ensure that there is one representative from USAID, one local technical expert representative relevant to the study, and one representative from a relevant host country agency on the Panel.

Tool #3—Advisory Panel ToR Checklist will help the Advisory Panel plan for when and why stakeholders will interact during study implementation and the expected outputs of those interactions.

Engage stakeholders during data collection:



- Update stakeholders on the status of the study.
- Expose stakeholders to the research process to influence what they consider in any future decision-making.
- Engage staff in data collection-from observing it to actively participating in it.

Practices

Interpret findings and develop recommendations:

- Engage stakeholders to provide local context to interpret analyses.
- Facilitate stakeholders to draft actionoriented recommendations.
- Using the recommendations, draft an *Plan to Use Findings and Recommendations* that will help facilitate use of the study findings.

Associated tools

Tool #4—Communicating Study Findings for Decision Making guides the Advisory Panel and/ or study team to develop a plan to communicate about study implementation and to prepare audiences for study findings.

Tool #5—Plan to Use Findings and Recommendations Template identifies research questions, findings, and recommendations for decision makers who can enact changes in policies and programs. This plan will guide all follow-up advocacy activities for use of study findings.

Engage stakeholders to disseminate study findings:



- Connect stakeholders with other potential decision-makers to prepare to facilitate use of study findings.
- Update the *Plan to Use Findings and Recommendations* to define how the HIV program and the services it delivers can use the findings and/or data.
- Identify champions who will advocate for the implementation of recommendations.

Tool #6—OR Study Brief Template

can help the Advisory Panel and/or study team graphically present key data, findings, and recommendations for a variety of specific national level audiences.

Support information use:

- Implement the Plan to Use Findings and Recommendations.
- Conduct routine follow-up to continue disseminating study evidence so that it remains relevant and available.
- Describe Project SOAR's research utilization process, success stories, and lessons learned.

Tool #5—Plan to Use Findings and Recommendations Template

identifies research questions, findings, and recommendations for decision makers who can enact changes in policies and programs. This plan will guide all follow-up advocacy activities for use of study findings.





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Appendix: Research Utilization Toolkit

TOOL #1: STAKEHOLDER ENGAGEMENT



This tool¹ helps identify the appropriate set of stakeholders and their roles during study implementation to support the use of study findings. This tool provides a structured way to select the optimum stakeholder group by organizing them into a matrix (See **Stakeholder Matrix Template**, pg 17) to identify priority individuals to select as key stakeholders. The matrix contains eight columns, or variables. Categories sub-divide the rows by type of stakeholder: government, civil society, local research institutions, international development partners/donors, service providers, and beneficiaries.

The **Stakeholder Matrix Definition Table** (page 16) lists the information to enter under each column heading in the matrix. Use this table to guide the completion of the matrix. Completing the matrix is a group process. The study team can complete the matrix in different ways. Illustratively, the study team could facilitate its own internal group discussion based on their on-the-ground knowledge to fill in the matrix. Alternatively, the study team may conduct a *scoping mission* to meet with key individuals in relevant ministries, civil society, and other donors who can provide the necessary information.

To complete the matrix, first list all identified potential stakeholders. Then, for each identified stakeholder (column 1), move left-to-right across the matrix to fill in the columns. By identifying potential stakeholders from each group and then inputting information for each variable, the study teams can review all identified stakeholders to select a subset (6 for a small study and no more than 25 for larger studies) that the study team will engage episodically during the course of the research.

¹Adapted from MEASURE Evaluation (2011). Tools for data demand and use in the health sector: Stakeholder engagement tool. http://www.cpc.unc.edu/measure/publications/ms-11-46-e

Stakeholder Matrix Definitions

Column heading	Required information
Stakeholder	Surname, First name.
	Name of stakeholder's organization.
	 Stakeholder's current job title in the organization.
	Mobile telephone number and e-mail.
Stakeholder's	• Describe the mandate, why the organization does what it does.
organization	• The key information this <i>organization</i> has access to and how can it be put to use by the study.
	 Describe services provided directly by the organization.
	 Describe services coordinated by the organization.
Stakeholder description	 Mandated responsibilities that are relevant to study.
	 The key information this <i>individual stakeholder</i> has access to and how can it be put to use by the study.
Stakeholder's level of knowledge of research	 Responsible for topic area but has limited knowledge/ understanding.
topic	Can readily discuss/present.
	Can substantively contribute.
	 Has worked in topic area and has good foundational knowledge.
	Expert on this research topic.
Stakeholder's specific area of expertise	 Describe the most relevant area of expertise that relates to the study.
Level of influence	 Level of influence to support study implementation: Limited influence. Influence within his/her own team. Convene different groups. Decision-maker. Champion.
	• Level of influence to use results within or outside of own group.
	 Supports or opposes the study? If opposes: To what extent? Why? Can this be changed? Is it worth the investment? Can the study team manage this stakeholder's influence?
Level of resources	Availability of staff and other resources to support data collection.
	 Availability of staff and other resources that could support implementing recommendations (will need to consider when drafting recommendations during Practice 5).
Constraints	What the stakeholder and their organization need in order to participate substantively but does not have access to.

Stakeholde												
Constraints												
Level of resources												
Level of influence												
Specific area of expertise					-						ic improvements	
Stakeholder's knowledge of research topic					-						Beneficiaries (Those receiving services and will benefit from programmatic improvements)	
Stakeholder description			c)								ces and will ber	
Stakeholder organization description			Civil society (NGOs, CBOs, FBOs, etc)		institutions		ntners/donors		Ş		hose receiving servi	
Stakeholder	Government		Civil society (NG		Local research institutions		Development partners/donors		Service providers		Beneficiaries (T	

Stakeholder Matrix Template



TOOL #2: LINKING DATA WITH QUESTIONS AND DECISIONS

This tool² assists key stakeholders on the study's Advisory Panel to work with other program managers, policymakers, and data collectors to link study findings and decision-making processes. This tool helps link research questions with the appropriate decision-makers who can act on anticipated recommendations. This tool helps begin the process of engaging the right decision-makers early in the study so that they understand study findings and apply them.

The primary use of this tool is to document how the study findings can benefit specific policies and programs. The Advisory Panel and study team should use this tool to prioritize engagement with higher level decision-makers as soon as it is complete. The Advisory Panel and study team can revisit this tool when interpreting study findings (**Practice 5**) and developing the **Plan to Use Findings and Recommendations (Tool #5)**.

To identify key decisions, the Advisory Panel can review the stakeholder engagement tool and rely on their personal knowledge of policies and programs, including relevant strategic and operational plans. Enter one study research question, specific variable, group of variables, and/or indicator per row. Work left-to-right across the matrix to complete each row.

The Linking Data with Questions and Decisions Matrix Definitions Table lists the information to enter under each column heading in the matrix. Use this table to guide the completion of the matrix. Completing the matrix is a group process—one individual on the Advisory Panel and/ or study team does not have the knowledge and experience of policy and programs that the combined group possesses.

Column heading	Required information
Research question/ variable/Group of variables/Indicator	 The information that the study intends to produce that may influence programmatic and/or policy decisions. Describe the primary and secondary study research questions, specific variables, groups of variables, and/or indicators.
Decisions	 The decision that study findings can influence. Challenges and/or the current situation that could benefit from study findings. Outline the information that is required to make the decision.
Decision-makers and other stakeholders	 Individual and/or group that can make and/or implement the decision that the findings support (be as precise as possible). Based on a refined list of stakeholders identified using Tool #1.

Linking Data with Questions and Decisions Matrix Definitions

²Adapted from MEASURE Evaluation (2011). Tools for data demand and use in the health sector: Framework for linking data with action. http://www.cpc.unc.edu/measure/tools/data-demand-use/framework-for-linking-data-with-action.pdf

			r	_	· · · ·				 			 _	
Decision-makers	and other stakeholders												
	Decisions												
natrix	Indicator												
Select one or more of these columns to include in the matrix	Group of variables												
e or more of these colu	Variable												
Select on	Research question												

Linking Data with Questions and Decisions Matrix Template



TOOL #3: ADVISORY PANEL TOR CHECKLIST

The RU Advisor and/or study team will support key stakeholders to develop a ToR for the Advisory Panel to guide its operations. The Advisory Panel has three functions:

- Provide stakeholder input to improve the study, and the likelihood of using the results.
- Communicate study updates to a wider list of stakeholders, listed in the stakeholder analysis matrix.
- Help SOAR meet its USAID requirement to engage local stakeholders through capacity strengthening and RU.

This tool helps ensure that ToRs include information about when and why stakeholders will interact during study implementation and the expected outputs of those interactions. The unique needs of each study will determine the specific role(s)—and frequency of contact—of its Advisory Panel. As it devises its own best way of working, these ToRs may need updating.

Checklist: Developing an Advisory Panel Terms of Reference Checklist

Included	Essential content
	Name of the Advisory Panel.
	Membership-confined to identified, key stakeholders (see Tool #1: Stakeholder Engagement).
	Roles and responsibilities of each member to ensure the functioning of the Advisory Panel.
	List required attendance of key stakeholders for each Advisory Panel meeting (required attendance will vary according to topic).
	Description of how the Advisory Panel will document meetings (e.g., attendance lists, minutes that include meeting objectives, discussion, outputs, and agreed next steps).
	How the Advisory Panel will develop and use Tool #2: Linking Data with Questions and Decisions.
	Describe how to implement data collection check-in, including its objectives (see Practice 4 in the RU guidance document).
	How the Advisory Panel and its individual members will champion the study during its implementation by communicating the study rationale, its purpose, progress, and potential uses.
	Describe how to implement the interpretation meeting, including its objectives (see Practice 5 in the RU guidance document).
	How the Advisory Panel will develop and use Tool #5: Communicating Study Findings for Decisionmaking.
	How the Advisory Panel will develop and use Tool #6: Plan to Use Findings and Recommendations.
	Describe how to implement the dissemination meeting, including its objectives (see Practice 6 in the RU guidance document).

TOOL #4: COMMUNICATING STUDY FINDINGS FOR DECISIONMAKING



The purpose of this tool³ is to guide the Advisory Panel and/or study team to develop a plan to communicate about study implementation and to prepare audiences to receive communication about study findings. The goal of this communication plan is to promote the study and influence stakeholders in the study's host country to use the information produced by it.

Although there are many different approaches to achieve this, we have included five steps to develop a study-specific communication plan. Use the checklist below when developing this plan.

	cisionmaking	
St	ер	Description
1.	Identify communication objectives.	Stakeholders are diverse and make different types of decisions. They have a variety of information needs and decisions to make. The Advisory Panel and/or study team will need to operationalize the stated communication goal through several objectives. To develop these objectives, link study findings to target audiences by reviewing research questions and identifying how different audiences may put specific findings to use.
2.	Identify the audience and decide how to communicate to them.	To communicate effectively to different audiences requires multiple communication methods and formats to convey findings once they are available. The stakeholder analysis (Tool #1) will produce a list of target audiences. If a stakeholder analysis was not completed, study teams and/or the Advisory Panel can identify audiences based on their knowledge of local stakeholders. Illustrative examples of audiences and relevant communication methods include:
		 Government officials—face-to-face meetings to present executive summaries.
		 Policymakers—policy forums to discuss a policy brief.
		 National program managers—Small meeting to show and discuss a video clip of key messages.
		Civil society—Face-to-face meeting to discuss a fact sheet.

Checklist: Developing a Plan to Communicate Intended Study Findings for Potential Decisionmaking

³Project SOAR adapted this tool from two sources: 1) MEASURE Evaluation (2009). Making research findings actionable: a quick reference to communicating health information for decisionmaking. Available at http://www.cpc.unc.edu/measure/publications/ms-09-39; and 2) UNAIDS, ESI, The Global Fund, The International HIV/AIDS Alliance, JICA, SADC, The World Bank, and USAID (2010). HIV Monitoring, Evaluation and Strategic Information Curriculum for Countries with Generalised and Hyper-Endemic HIV Epidemics: Module 6–Advocacy, Communication, and Culture.

Step	Description
3. Develop messages and materials.	Once the Advisory Panel and study team have identified their key messages, they may choose to work with a communications expert to develop advocacy messages and brainstorm ideas for communication materials. Communications experts will need sufficient time to develop, test, and work with the study team to finalize these materials. Once finalized, the Advisory Panel and/or study team will need to work with the appropriate host country agency (-ies) to vet them.
4. Consider resources.	Advisory Panels and/or study teams will need to budget for the necessary resources (staff and volunteer time, skills, and money) needed to implement this communication plan. Part of the budgeting process should include identifying resources that key stakeholders can access. Once the budget is drafted, determine any shortfalls and decide if there are additional resources to engage or if the plan needs revision.
5. Assess the communication plan's implementation.	 In order to keep track of communication activities and their results, each communication plan should consider how to assess its usefulness. Three options worth considering are: An <i>information use log</i> to keep track of feedback from stakeholders, news stories reported, articles written, and any instances in which the research was cited in the academic literature. An <i>informal survey</i> conducted with a sample of stakeholders from the target audiences to provide feedback on communication activities and messages. A series of <i>key informant interviews</i> with stakeholders at various levels of the health system to identify research use.

TOOL #5: PLAN TO USE FINDINGS AND RECOMMENDATIONS TEMPLATE

This tool⁴ identifies research questions, findings, and recommendations for decision-makers who can enact changes in policies and programs. **Tool #5** articulates study findings and recommendations that will address decision-making needs identified by **Tool #2**. Stakeholders will finalize this tool during a dissemination meeting and will use it as their dissemination strategy to use study findings to improve program implementation and policies.

The plan organizes information into a matrix. The study's research questions sub-divide the rows into categories. The table below lists the information to enter under each column heading in the matrix. Use this table to guide the completion of the matrix. Completing the matrix is a facilitated group process that will begin when stakeholders first interpret findings (**Practice 5**) and end during the dissemination meeting (**Practice 6**) when a larger body of stakeholders review the plan and prioritize activities based on findings and recommendations. Once the study has ended, the completed matrix will guide all follow-up advocacy activities for use of study findings. This tool is entirely adaptable in many ways to the needs of the study and Advisory Panel.

Column heading	Required information
Finding	 Main results of data analysis by research question with identified programmatic relevance.
	 Must have a corresponding recommendation (one finding may have several recommendations and one recommendation may link to several findings).
Recommendation	 All recommendations must: Have a stated intended effect. Identify necessary and available resources to implement it. Support the overall goal and objectives of the program. Demonstrate political and cultural acceptability. Have a realistic timeframe.

Plan to Use Findings and Recommendations Matrix Definitions



⁴Adapted from MEASURE Evaluation (2011). Tools for data demand and use in the health sector: Framework for linking data with action. http://www.cpc.unc.edu/measure/tools/data-demand-use/framework-for-linking-data-with-action.pdf.

Column heading	Required information
Decision-maker	 Individuals and groups that make and/or implement a decision that aligns with the recommendation, such as: Prime Minister. Principal secretaries at relevant line ministries. Directors of various departments in relevant line ministries. National AIDS coordinating authority managers. Provincial, regional, and/or district health management teams. Service providers, including facility managers. Professional associations. Beneficiaries—recipients of program services.
	 Requires a high degree of specificity to ensure that champions are targeting the right decision-makers with relevant information that they can put to use.
Activities	• Describe how to convey messages (Tool #4) about the study findings that address policy and programmatic questions, resolve a data gap, and/or integrate study data into a decision-making process.
	 Rely on stakeholders to identify the best way to engage with decision-makers—obvious examples include: Half-day forum with high level decision-makers. Lectures. Brown bag lunches. Face-to-face meetings. E-mail. Sharing links to study website or webpages.
Materials	 Illustrative examples include: Policy briefs. Elevator speeches. Brochures. Study briefs. PowerPoints. Study report.
Champion	 Individual or group of people committed to promoting use of study findings over time by: Communicating a compelling case for the recommendation. Showing the recommendation is consistent with programmatic values and priorities. Explaining how to implement the recommendation without seriously disrupting other important programmatic activities, when relevant.
Timeline	 Suggested to schedule activities around the same intervals as the follow-up to support use (Practice 7). Driven by activites; stakeholders may produce a Gantt chart as needed.

Finding	Recommendation	Decision-maker	Activities	Materials	Champion	Timeline
Research question 1:						
Research question 2:						
Research question 3:						
Research question 4:						

Plan to Use Findings and Recommendations Matrix



TOOL #6: OR STUDY BRIEF TEMPLATE

In addition to a final report, SOAR considers a good practice to have short study brief(s). SOAR would like these made available during the dissemination meetings (**Practice 6**). Study teams and the SOAR management team will need to determine if these are feasible for each study and to ensure that any study brief is properly reviewed by USAID prior to its dissemination. One study could have multiple study briefs if there are compelling findings for multiple research questions.

When a study team decides to develop one or more study briefs, we recommend that it is limited to one page (double-sided), most of the brief is devoted to graphic displays of data and/or findings, and each brief conveys one compelling finding, its associated recommendation(s), and the data to back it up. The Advisory Panel and study team may choose to revisit the audiences identified using **Tool #4** to further refine and tailor study briefs for specific audiences after the dissemination meeting. The RU Advisor, Technical Writer, and Communications Specialist can offer additional support.

There are six recommended sections in a Project SOAR study brief:

Section	Contents
Title Suggested word count ≤ 20	 Provide a headline-style title for the study brief that succinctly captures the key point of the brief. Use it to make audiences interested in learning more about the study and the key finding presented.
Study overview Suggested word count ≤ 50	 List the country(-ies), region(s), province(s), city(-ies) where data collection took place. Give the start and end dates for data collection.
Key research question/Objective Suggested word count ≤ 50	 Highlight one of the study's research questions.
Context Suggested word count ≤ 100	 Describe what makes asking this question meaningful, given the programmatic and national context. Provide external data to display overarching challenges the study addressed. Make a meaningful comparison between what is happening at the national levels of the study's host country and other countries in the region that are hosting SOAR studies, if applicable.
Study design Suggested word count ≤ 50	 Briefly describe how the study answered the research question given the context for its implementation: Type of study. Sample. Data collection methods. Intervention, if there is one. Analysis relevant to the study question, as appropriate for identified audiences.
Key finding and recommendation(s) Suggested word count ≤ 150	 Describe key study finding(s) and the relevant recommendations. If the study was an intervention or pilot, note the changes that resulted from its implementation.

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