IMPLEMENTATION RESEARCH

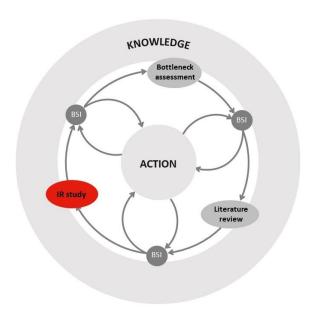
OBJECTIVES

- Understand the many purposes and methods of implementation research (IR)
- Understand the many phases and activities in planning and conducting IR
- Cautions regarding IR



The purpose of IR is to generate knowledge and inform decisions related to the implementation of a policy, program or intervention. For instance, there may be a need to understand stakeholder

perceptions, bottlenecks at community, clinic or household levels, or the feasibility and acceptability of certain solutions or to monitor, guide or evaluate various solutions.



Methods of IR

IR is an umbrella term for a wide range of methods, the choice of which depends upon the specific purpose, in a given situation. Common forms of IR are formative research, opinion leader research, stakeholder analysis, rapid assessment, operation research, process evaluation, analysis of national survey data or other large-scale surveys to assess coverage of services or interventions, among others. Some forms of research, such as randomized, controlled trials, cohort studies and impact evaluations would not be designed specifically as part of IR, but the data from such studies might well be useful in secondary analyses to answer specific implementation questions. For instance, data from an impact evaluation might be used to understand impact pathways, identify barriers or enablers for accessing services or assess factors related to service quality.

Phases and activities in IR

The planning and implementation of IR studies can be very resource intensive and, as such, should be undertaken only when there is a clear need (agreed-upon by implementers) that cannot be addressed in other ways. The precise tasks may vary depending on the purpose and methods chosen, but Table 2 provides a checklist to help in the process.

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Table 2: Checklist for carrying out IR

PHASE AND ACTIVITIES	In process	Done
Development of the IR proposal		
Engage members of the core team representing different areas (researchers, policymakers and implementers) to become the research team - in a collaborative process		
Formulate the research questions in an iterative manner with the team		
Review selected literatures to explore the knowledge around the bottlenecks identified and prioritized		
Select the appropriate research design		
Plan capacity-building training on the methods for the research team, as needed		
Share research protocol with relevant actors and groups to gather comments		
IR submission and approval		
Select the ethics committee to submit the proposal, allowing for several months before beginning the study		
Submit research protocol to Institutional Review Board (IRB)		
Address comments and resubmit whenever needed		
Once approved, submit the research protocol to the national instance whenever needed		
Data collection preparation		
Determine where and with whom the data collection will take place (e.g. identification of specific health facilities or mapping of pregnant mothers, plan for recruitment)		
Training data collectors		
Pilot-test the data collection tools		
Consider booster training or mechanisms to ensure collecting quality data (e.g. role-playing exercise)		
Develop a data collection plan		
Data collection and analysis		
Plan for a baseline data collection, and additional time period as needed according to the research design		
Discuss data analysis with the research team early on		
Provide supervision and onsite mentorship of the research assistants to ensure quality data collection		
Oversee the data cleaning process		
After the first data collection phase, draw lessons to be applied to future data collection		
Produce a comprehensive report to present the analysis		
Dissemination of findings and implications		
Articulate practical implications of research findings		
Disseminate findings and implications to diverse audiences		
Package findings for relevant audiences to ensure findings are used		
Consider using different communication mediums		

Conclusion

IR is one of three forms of knowledge that can help identify, understand and address implementation bottlenecks. It is especially time and resource-intensive and, as such, should be using methods that are timely, practical and appropriate to meet the needs of implementers.

Case study: IR

During ISI, the work carried out for IR has taken place in several phases. In both countries, the bottlenecks identified and prioritized guided the development of the research questions. Considering that the initial IR studies proposed focused on the service delivery system and on the supply chain system, both countries decided to add an additional study, using the FES approach, that could cover the user system to have a better picture of the whole situation around IFAS. In total, the development of the proposal and approval process took about 9 months in Uganda and 12 months in Kenya. The work continued with several activities to prepare the data collection: identification of the specific health facilities, training of data collectors, pilot-testing of data collection tools, and the development of a data collection plan.

In both countries, the COVID-19 pandemic put the process of data collection on hold for some time. While it resumed after a few months in Uganda, unfortunately the Kenya team could not proceed to the data collection and the IR studies were not completed. In Uganda, the data collection was initiated mid-2019 for the baseline and, after analysis, additional data collection took place in October 2019. The end line data were collected in August 2020, after restrictions due to the COVID-19 pandemic had been lifted. Comprehensive reports were produced to present the analysis in February 2020 and October 2020, and several presentations have been organized to share the findings with various stakeholders.