INTRODUCTION AND BASIC ORIENTATION
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<thead>
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<th>Definition</th>
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<tbody>
<tr>
<td>ACT</td>
<td>artemisinin-combination therapies</td>
</tr>
<tr>
<td>ANC</td>
<td>antenatal care</td>
</tr>
<tr>
<td>ART</td>
<td>antiretroviral therapy</td>
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<tr>
<td>BCC</td>
<td>behavior change communication</td>
</tr>
<tr>
<td>BMI</td>
<td>body mass index</td>
</tr>
<tr>
<td>CAS</td>
<td>complex adaptive system</td>
</tr>
<tr>
<td>CHW</td>
<td>community health worker</td>
</tr>
<tr>
<td>CMS</td>
<td>Cooperative Medical Scheme</td>
</tr>
<tr>
<td>COS</td>
<td>Community of Science</td>
</tr>
<tr>
<td>DOT</td>
<td>directly-observed therapy</td>
</tr>
<tr>
<td>ERC</td>
<td>ethics review committee</td>
</tr>
<tr>
<td>FGD</td>
<td>focus group discussion</td>
</tr>
<tr>
<td>HDI</td>
<td>Human Development Index</td>
</tr>
<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
</tr>
<tr>
<td>HRP</td>
<td>Special Programme of Research, Development and Research Training in Human Reproduction</td>
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<tr>
<td>IC</td>
<td>informed consent</td>
</tr>
<tr>
<td>ICF</td>
<td>intensified case finding</td>
</tr>
<tr>
<td>IDRC</td>
<td>International Development Research Centre</td>
</tr>
<tr>
<td>IEC</td>
<td>information, education and communication</td>
</tr>
<tr>
<td>iKT</td>
<td>integrated knowledge translation</td>
</tr>
<tr>
<td>IR</td>
<td>implementation research</td>
</tr>
<tr>
<td>IRB</td>
<td>institutional review board</td>
</tr>
<tr>
<td>IRP</td>
<td>Implementation Research Platform</td>
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<tr>
<td>KT</td>
<td>knowledge translation</td>
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<tr>
<td>KZN</td>
<td>KwaZulu-Natal</td>
</tr>
<tr>
<td>LLIN</td>
<td>long-lasting insecticide-treated net</td>
</tr>
<tr>
<td>LOI</td>
<td>letter of intent</td>
</tr>
<tr>
<td>LSHTM</td>
<td>London School of Hygiene and Tropical Medicine</td>
</tr>
<tr>
<td>LTFU</td>
<td>loss to follow-up</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>monitoring and evaluation</td>
</tr>
<tr>
<td>MDR-TB</td>
<td>multidrug-resistant tuberculosis</td>
</tr>
<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
</tr>
<tr>
<td>NSF</td>
<td>National Science Foundation</td>
</tr>
<tr>
<td>NTBCP</td>
<td>national TB control programme</td>
</tr>
<tr>
<td>OER</td>
<td>Office of Extramural Research</td>
</tr>
<tr>
<td>PI</td>
<td>principal investigator</td>
</tr>
<tr>
<td>PLHIV</td>
<td>person/people living with the human immunodeficiency virus</td>
</tr>
<tr>
<td>PMTCT</td>
<td>prevention of mother-to-child transmission</td>
</tr>
<tr>
<td>QDA</td>
<td>qualitative data analysis</td>
</tr>
<tr>
<td>RFP</td>
<td>request for proposals</td>
</tr>
<tr>
<td>SAGE</td>
<td>Strategic Advisory Group of Experts</td>
</tr>
<tr>
<td>SARS</td>
<td>severe acute respiratory syndrome</td>
</tr>
<tr>
<td>SMART</td>
<td>specific, measurable, achievable, realistic and timebound</td>
</tr>
<tr>
<td>SOP</td>
<td>standard operating procedure</td>
</tr>
<tr>
<td>SWOT</td>
<td>strengths, weaknesses, opportunities and threats</td>
</tr>
<tr>
<td>TB</td>
<td>tuberculosis</td>
</tr>
<tr>
<td>TDR</td>
<td>Special Programme for Research and Training in Tropical Diseases</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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LEARNING OBJECTIVES

This introductory module serves as a baseline introduction and a quick reference guide. You will receive an introduction to basic terms and principles, along with an orientation to subsequent toolkit modules and their rationale. By the end of the introduction, you will have a good overall understanding of the following key concepts and their application:

1. What is implementation research (IR)?
2. Key characteristics of IR and the IR cycle.

The module is typically combined with an introduction/formal opening ceremony and comprises a half-day workshop/tutorial, slides and materials for further reading. It also includes a self-assessment questionnaire gauging your current IR-related knowledge and understanding.

KEY CONCEPTS

What is implementation research?

The importance of research in identifying solutions and options for overcoming implementation obstacles in health systems and programmes is widely recognized. This form of research addresses implementation bottlenecks, identifies optimal approaches for a particular setting, and promotes the uptake of research findings: ultimately, it leads to improved health care and its delivery.

While IR has been defined in various ways by different institutions, common interpretations focus on the systematic approach to understanding and addressing barriers to effective and quality implementation of health interventions, strategies and policies. IR is demand-driven and the research questions are framed based on needs identified together with relevant stakeholders/implementers in the health system. Key characteristics of IR are summarized in Table 1.

The need to address implementation bottlenecks is often greatest in settings where health systems are the weakest or non-existent. Unfortunately, local institutions often have limited knowledge of IR and lack essential capacities to frame relevant research questions, and conduct, manage and interpret research results for programme planning and policy implementation. Academic public health curricula tend not to focus on such research. As a result, most training does not adequately prepare researchers, practitioners, providers or decision-makers for essential partnership and interdisciplinary approaches.

This current toolkit comprises seven modules, each providing a participant manual, workshop session slides, and links to relevant further reading and references. The purpose of the toolkit is to help strengthen participant skills in six areas:

- Contextualizing implementation research issues.
- Developing an implementation research proposal.
- Planning to execute implementation research.
- Analysing implementation research data.
- Communicating the findings and feeding them back into the health system.
- Monitoring and evaluating the project.
Table 1: Key characteristics of implementation research

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Summary/description</th>
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<tbody>
<tr>
<td>Systematic</td>
<td>The systematic study of how evidence-based public health interventions are integrated and provided in specific settings, and how resulting health outcomes vary across communities. Balances relevance to real life situations with rigor, strictly adhering to norms of scientific inquiry.</td>
</tr>
<tr>
<td>Multidisciplinary</td>
<td>Analysis of biological, social, economic, political, system and environmental factors that impact implementation of specific health interventions. Interdisciplinary collaborations between behavioural and social scientists, clinicians, epidemiologists, statisticians, engineers, business analysts, policy makers, and key stakeholders.</td>
</tr>
<tr>
<td>Contextual</td>
<td>Demand driven. Framing of research questions is based on needs identified by implementers in the health system. Research is relevant to local specifics and needs, and aims to improve health care delivery in a given context. Generates generalizable knowledge and insights that can be applied across various settings. Mindful of cultural and community-based influences.</td>
</tr>
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</table>

This set of skills is an important element of IR capacity in both individuals and institutions, particularly in low- and middle-income countries, where the greatest need for expanding IR capacity exists. Throughout the capacity-building process there are feedback loops for monitoring, adaptation and improvements, as well as suggestions for ensuring integrated knowledge translation and uptake of results.

Implementation research is not a single activity, but a stepwise, cyclical process (Figure 1). The initial step is a clear identification of the intervention problem(s), working with key stakeholders to generate relevant research questions. In this manner, an interdisciplinary team can bring together the relevant skills and backgrounds to develop a detailed proposal, plan, mobilize resources and execute the study. Ultimately it can present the findings in an appropriate format for uptake and use by planners and decision-makers within the health system.
While conducting IR, there must be active and continuous monitoring of activities and regular feedback for necessary changes and amendments. Dissemination of findings in IR should occur continually throughout the cycle as well as after the completion of the research project. The findings must be presented appropriately for each partner and stakeholder, so that the most relevant results are available in a timely manner to influence practice.

**Interacting IR domains**

It is instructive to think of IR in terms of the five main interacting ‘domains’ that it encompasses (Figure 2). You will encounter more detailed descriptions of these domains throughout subsequent modules, in addition to the general descriptions outlined here.

*The intervention.* The characteristics of the intervention determine whether it will be adopted or ‘fit’ for the local health system. Here the term ‘intervention’ includes the core components and those elements that may be adapted to suit local needs and/or conditions. The characteristics of core components, such as complexity, cost and evidence strength, play a crucial role.

*Outer setting.* This includes the economic, political and social contexts in which an intervention is carried out and that are external to the implementing organization/institution. It is influenced by external policies and incentives – such as global funding streams – as well as by interactions and peer pressure among organizations.

*Inner setting.* This refers to the context within the implementing organization/institution. It includes the structure of the organization, its culture (internal climate) and networks, as well as readiness for change.

*Individuals involved.* These are people who have a direct role in the implementation process. This includes health care providers, managers in various parts of the organization/institution, policy-makers and many other stakeholders and beneficiaries. In addition to the usual concerns regarding the capacity to implement, their perceptions and attitudes towards the intervention have an important influence on their commitment to its success and impact.
**Process for implementation.** This incorporates all of the methods and approaches used in facilitating adoption of the intervention at all levels of the organization, including the planning of strategies and activities. Processes include both those explicitly planned and unforeseen ones that emerge during implementation.

**Self-assessment exercise**

The team you bring together to tackle a specific IR challenge should be multidisciplinary: members of the team have varied roles, work in diverse sectors, and likely have very different backgrounds. Members may also have diverging ideas about how the elements of IR fit together and what they mean and varying degrees of competence in each area. An IR-focused self-assessment within each team allows you to identify some of those differences in opinion, individual strengths and the distribution of competences within the team. It also allows you to walk at your own pace through the content and focus on the six skill sets the toolkit helps to strengthen, setting your team’s broad learning targets.

Using the matrix shown in Figure 3, select your team’s current level of:

- awareness
- understanding
- knowledge
- skills
- competence

in each of the steps in the IR cycle. You can also refer to the more detailed matrix provided in Appendix 1 if there are individual steps you/your team are not clear about at this stage.

Each team member should keep a copy of the completed self-assessment matrix, and refer to it during the remainder of the workshop.
Summary of toolkit modules

A brief summary of individual modules and their rationales is presented below.

Module 1: Defining and contextualizing implementation research

Implementation research is conducted within routine systems and real life settings, removed from the controlled settings associated with other types of scientific research. The prevailing physical, socioeconomic, cultural, health systems, stakeholder and institutional culture are all key aspects of the environment where the research is conducted. Together they contribute to and affect the planning, implementation, monitoring and outcomes of interventions. This module facilitates consideration of the context and engagement of stakeholders in order to help identify bottlenecks and formulate appropriate research questions. The overall objectives of the module are to:

- Facilitate engagement between researchers and implementers.
- Identify implementation bottlenecks or inefficiencies.
- Frame appropriate research questions to address the issues identified.
- Highlight the different methodological approaches to generating information.
- Consider ethical issues in context.
- Facilitate mentorship to ensure sustained IR capacity at all levels.
Over the past decade and a half, many efficacious disease control tools, (e.g. bednets and artemisinin-based combination therapy for malaria, praziquantel for schistosomiasis, ivermectin for lymphatic filariasis and onchocerciasis) became available.

Studies have demonstrated that these tools can be delivered at the community level. Nevertheless, many have had only limited impact because of inadequate implementation. Once integrated into the health system and/or community, an intervention can lose effectiveness or impact due to several factors including, for example, poor uptake of clinical guidelines into practice despite supporting evidence or financial costs to the target population limiting access.

Figure 4 highlights that in order for a proven and efficacious tool to be effective, it must be accessible to the target group, health care providers must comply with the relevant policies and patients must adhere to the information on use of the tool. However, there are several challenges including inequities that affect the ability of various stakeholders to use the tool as expected eventually rendering the tool ineffective.

In order for IR to be successful, the researcher must have an active link with and rapidly respond to the needs of disease control. There must be partnerships and links with other health related ministries or departments and agencies so that relevant findings during the entire process can be taken up and utilized for action as and when it becomes necessary.

Because implementation research takes place in real, non-experimental settings and within complex dynamic systems (1), understanding the specific context of the implementation is important. The physical, socioeconomic, cultural and health system, stakeholders, as well as the institutional contexts within which the intervention is taking place affect the planning, design and conduct of the research. Therefore for IR to be relevant, researchers with appropriate stakeholders should interrogate these contexts through situation and institutional analyses. This entails face-to-face interactions, discussions and sharing of documents to ensure that the appropriate questions are asked, addressed in context and have the commitment of all concerned to facilitate uptake of results during and at the end of the research.
Module 2: Developing an implementation research proposal

This module assumes the participants understand the contextual nature of IR, have engaged the right stakeholders, have articulated the problem/barrier to be addressed and have assembled an appropriate and multi-disciplinary team. The underlying principles are presented in the introductory module and module 1. It takes you step-by-step through the process of formulating appropriate research question(s), choosing the appropriate study design to answer the question(s) and preparing an outline of the project activity plan. It covers the following key concepts with examples:

- Identifying barriers to implementation and formulating the research question.
- Making your case for funding (introduction, rationale and objectives).
- Study design and appropriate methodologies.
- Planning the project (budget, personnel, timelines, monitoring and evaluation).

Regardless of the subject area or study approach, research proposals generally follow a similar outline (Box 1).

Box 1

Typical outline of a proposal for implementation research

1. **Title**
   This should be a brief statement explaining what the proposal is about.

2. **Executive Summary**
   A brief summary of the entire proposal (usually no more than 1 page).

3. **Introduction and background**
   An explanation of the issue(s) being examined.

4. **Literature review**
   A description of what is already known in the subject area articulating why the background studies are not sufficient.

5. **Rationale**
   An explanation of why it is necessary and relevant to conduct the study.

6. **Objectives**
   Statement of what will be achieved through the study and when it will be achieved.

7. **Methodology/study design**
   A description of how the study would be conducted, what procedures and standards will be followed, the type of data to be collected and the responsible team member.

8. **Ethical issues**
   Issues about the autonomy, protection and confidentiality of the subjects and how these will be addressed.

9. **Budget/resources**
   An outline of the financial costs involved in implementing the proposed study and any other essential resources.

10. **References**
    Acknowledgment of the literature (e.g. research articles, policy papers and documents) used as references for the information provided in the proposal.

The difference between an IR proposal and other types of research proposals is the process of identifying the research problem and the involvement of the end users in the research process (2). An IR research project (be it an intervention or analysis of routine data) should achieve the following.
• Better inform health care delivery.
• Facilitate the uptake of research results.
• The process through which the results were achieved should be generalizable so they can be applied across settings and contexts.
• Involve and engage partners across multiple disciplines to address the identified problem.
• Lead to the development of policy recommendations for practical solutions (3).

Module 3: Planning to conduct the research

This section of the toolkit addresses the steps that you will take once resources to support an IR proposal have been secured. It provides information to facilitate planning to conduct the research project, including preparation of the study protocol for an ethical review process. Module 3 covers the following key concepts with examples.
• Preparing for ethical review.
• Project implementation process.
• Good practices in IR.

For the successful execution of any project the importance of a good project plan cannot be over-emphasized. The project needs a team where each member has a specific role that is clearly defined and linked to specific outputs. The aims are to: (a) ensure the project has a common goal and (b) provide a clear vision of the project including what needs to be done and at what quality standards, who will do it, when it is to be done, cost of the project, source of funding, milestones and reporting timelines.

Planning for IR involves:
• defining the scope (consulting stakeholders, agreeing on roles and responsibilities, defining deliverables);
• articulating an implementation plan (methods and inputs required);
• timelines (Gantt chart);
• reporting activities;
• estimating resources needs (human and other).

Module 4: Data analysis and presentation

This module has been designed to help the research team (implementers and researchers):
• understand appropriate data analysis procedures for qualitative and quantitative data;
• use of statistics in quantitative research;
• and describe and document the data analysis processes in a qualitative study.

It also employs examples to illustrate the applications of the underlying concepts.

In IR, data management and analysis is an ongoing process throughout the project. At all stages (the situation analysis stage prior to, during and following the intervention) data must be collected, managed, analysed and presented in a way that will useful to end users. The type of research problem identified and question asked will determine the type s of analysis to be conducted. Examples of analysis include:
• Stakeholder analysis (the process of identifying individuals or groups that are likely to affect or be affected by a proposed action, and sorting them according to their impact on the action and the impact the action will have on them).
• SWOT analysis (framework for organizing and using data and information gained from the study of organizations and in monitoring and evaluation of organizations and activities). Institutional analysis (systematic study of the behaviour of organizations).
• Other types of analysis include the continuous monitoring and evaluation of the main intervention.

At each stage of the process, data collected is either qualitative or quantitative and the standard procedures for analysing such data must be employed. It is critical that the researchers do not do this in isolation, but involve all stakeholders in the data management and analysis process to provide the relevant stakeholders the opportunity to use the results as they are generated.

Module 5: Dissemination of research findings

This module has been designed to assist the research team to:
• appreciate the concept of knowledge transfer in the uptake and use of research results;
• describe the barriers and facilitators of knowledge transfer in relation to a research project;
• understand the value of disseminating information throughout the project cycle;
• appreciate the value of developing of a comprehensive dissemination strategy in a research project;
• appreciate the importance of tailored dissemination tools for the different target audiences.

It illustrates the key concepts of knowledge translation with examples and provides structured guidance on preparation of research reports, peer reviewed papers, press releases, conference presentations and policy briefs.

Dissemination in IR is not a one-step process. Implementers, working with researchers, take up and use research results as they are generated. The key issue as it relates to IR is that dissemination cannot be deferred until the research is ‘completed’. Dissemination of research findings must be packaged appropriately for each category of stakeholders and key decision-makers.

Policy-makers often highlight the failure of researchers to make research results available, while researchers often express frustration that policy-makers do not use research results provided. Brownson et al (6) have used the phrase “travellers in parallel universes” to describe researchers and policy-makers. This disconnect can be avoided by adopting a more comprehensive approach to dissemination. Too often, researchers become aware of the following questions only after the study is completed:
• Which stakeholders will benefit from the information to be generated?
• What particular questions are these stakeholders seeking to answer?
• How do we involve stakeholders in defining and asking the ‘right’ questions?
• Who should be targeted in order to get the intervention or finding into action?
• How do stakeholders actually absorb research evidence?
• Who will be directly or indirectly affected by the outcome of this research?
• Is there a plan for operationalizing the findings, who will support or oppose it? How might we respond to any opposition? Or take advantage of support?
• How can we best leverage critical stakeholder insights or allay their objections?

These questions should be an integral part of the project planning. If IR is conducted appropriately researchers, implementers and policy-makers should communicate and collaborate throughout the entire journey of the IR cycle. Conventional publication of research findings in peer reviewed
journals, written policy briefs and research reports are also essential aspects of dissemination in IR and have their roles.

Module 6: Monitoring and evaluation

The final module has been designed to help you and the research team track progress in accordance with set plans, check compliance with established standards, identify trends and patterns, adapt strategies and inform decisions for project management. It also helps build skills to determine the relevance and fulfilment of objectives, developmental efficiency, effectiveness, impact and sustainability. On completion of this module, your team will be able to appreciate the process involved in the development of a monitoring as well as evaluation plan and describe the overall implementation process of an IR project.

The audience

IR involves teamwork. It requires people with different and complementary skills, experiences and backgrounds to come together in order to address an implementation problem and answer questions posed by health care providers, programme managers, implementers and/or other service providers in the execution of their duties. An IR project can therefore include researchers and other stakeholders such as health care providers, programme managers, policy-makers, students, civil society organizations, nongovernmental organizations and any other groups or individuals interested in the IR process and results.

Although it is important for everyone involved in an IR project to have an understanding of the entire IR cycle and their role in the project, the modules in this toolkit specifically target health care providers, researchers, policy-makers/managers and administrators.

Figure 5 suggests the engagement requirements for the various participants in an IR team. The levels may vary, however, depending on the context and the nature of the project. The IR toolkit is meant for all categories of people listed and other interested parties.

<table>
<thead>
<tr>
<th>Audience</th>
<th>Health service providers</th>
<th>Programme staff</th>
<th>Researchers</th>
<th>Decision-makers</th>
<th>Finance and administration</th>
<th>Media</th>
<th>Ethics committees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to IR</td>
<td>++</td>
<td>++</td>
<td>++</td>
<td>++</td>
<td>++</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td>1. Contextualizing IR</td>
<td>++</td>
<td>++</td>
<td>++</td>
<td>?</td>
<td>+</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2. Proposal development</td>
<td>++</td>
<td>++</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3. Planning and executing the research</td>
<td>++</td>
<td>++</td>
<td>-</td>
<td>++</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>4. Data analysis and presentation</td>
<td>++</td>
<td>++</td>
<td>++</td>
<td>-</td>
<td>?</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5. Dissemination and research findings</td>
<td>++</td>
<td>++</td>
<td>++</td>
<td>?</td>
<td>++</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>6. Monitoring and evaluation</td>
<td>++</td>
<td>++</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Mentoring and continuous engagement

- Mandatory ++
- Optional ?
- Desirable +
- Not required -

Figure 5: Suggested participants/audiences and respective critical engagement needs in the various stages of the IR process
REFERENCES


Additional reading

# Appendix 1: Self-assessment framework for IR cycle steps

<table>
<thead>
<tr>
<th>Skill sets</th>
<th>1 Some awareness</th>
<th>2 Understanding</th>
<th>3 Knowledge</th>
<th>4 Skills</th>
<th>5 Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defining and contextualizing IR issues</td>
<td>We rely on our subjective views of context</td>
<td>We are aware of the distinctive context of IR and its range/scope</td>
<td>We share a partial view of the real IR context and are filling gaps in what we know about the fuller context</td>
<td>We have a full factual understanding of context and are developing adaptation skills</td>
<td>We integrate contextual factors into all steps in the IR process/cycle to identify solutions and adapt IR approaches</td>
</tr>
<tr>
<td>Developing an IR proposal</td>
<td>We are familiar with research proposal components</td>
<td>We can distinguish specific requirements of IR proposals and projects</td>
<td>We have completed our IR proposal and have identified funding</td>
<td>We are learning more about proposal development as we implement our project and ongoing M&amp;E</td>
<td>We are able to guide other project teams to use good practices in proposal development</td>
</tr>
<tr>
<td>Planning to execute IR</td>
<td>We have never planned IR research, so learning as we go</td>
<td>We understand the required planning principles, but yet to apply them directly to our project</td>
<td>Able to apply planning principles to our own project</td>
<td>We are conducting our research according to good planning principles and practices</td>
<td>We are working with considerable planning and are able to mentor others</td>
</tr>
<tr>
<td>Analysing IR data</td>
<td>We are new to research and/or data management</td>
<td>We are aware of different data collection methods and distinguish quantitative and qualitative approaches</td>
<td>We apply appropriate research and data methods in our work</td>
<td>We possess specific data analysis skills</td>
<td>We are able to readily translate IR data into action and policy recommendations</td>
</tr>
<tr>
<td>Communicating IR findings and feeding them back into the health system</td>
<td>We regularly publish research results in specialized journals</td>
<td>We are familiar with and competent in end-of-project results dissemination</td>
<td>We consider dissemination and communication issues in the first meetings with key stakeholders</td>
<td>We integrate our dissemination and communications strategies throughout the IR cycle</td>
<td>We harness multiple opportunities for dissemination synergy and cooperation among project stakeholders and team</td>
</tr>
<tr>
<td>Monitoring and evaluating the project</td>
<td>We are new to M&amp;E of IR</td>
<td>We are aware of the benefits and requirements of effective M&amp;E</td>
<td>We understand what needs to be monitored and evaluated at the different stages of our project</td>
<td>We use M&amp;E data from the project to conduct periodic reviews</td>
<td>We build M&amp;E into all stages of proposal development, project execution and adaptation</td>
</tr>
</tbody>
</table>