

Guide to developing and monitoring a research uptake plan



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Definitions

Activity	List of actions that will be undertaken to achieve the output.
Objectives	All levels of the results hierarchy, including the impact, outcome and outputs.
Impact	The long-term change the project contributes to at district, national or sector level. This is something that cannot be directly attributed to the work of the project or that does not necessarily occur within the lifetime of the project. In Malaria Consortium, this is likely to refer to the intended health impact.
Outcome	Defines what needs to change in terms of policy and practice in order to achieve the desired impact. Outcomes are largely within the control of the project.
Output	The results achieved immediately after implementing an activity.
Indicators	A measure of what we might expect to see at each objective level if the activities are undertaken correctly.
Research uptake	The use of research evidence by researchers, policymakers, implementers or practitioners to inform policy or practice.
Stakeholder	A stakeholder is anybody who can affect or is affected by an organisation, strategy, study or project.

Introduction

As part of the initiative to strengthen research uptake, all new research studies are required to develop a research uptake plan. However, if any other projects think the Research Uptake Plan template may be useful, please feel free to use it.

What is research uptake?

Research uptake is the use of research evidence by researchers, policymakers, implementers or practitioners to inform policy or practice. Research uptake can be both internal (within Malaria Consortium) and external (e.g. Ministry of Health). Depending on the results of the research study, uptake may result in a change to policy and practice but can equally lead to maintaining the *status quo*. In order to achieve research uptake, studies should plan a series of activities, comprising advocacy, communications and knowledge management, as well as involving stakeholders on a technical perspective. Technical engagement of stakeholders throughout the research process is important to ensure stakeholders understand and are involved in the research process and research is relevant to in-country needs and priorities.

Research uptake within Malaria Consortium

Malaria Consortium is working to strengthen its ability to achieve research uptake within the organisation to ensure findings from our studies inform the work of relevant stakeholders and our own work within the organisation. The intention is to help achieve value for money for our research studies and to support the wider positioning of Malaria Consortium as a technical leader in its field. It is hoped that, by strengthening our ability to achieve research uptake, Malaria Consortium's research will have maximal impact on policy and practice within the organisation, nationally and at sector level. This is important to achieving Malaria Consortium's mission to 'improve lives through sustainable, evidence-based programmes'. As part of the initiative to strengthen research uptake, all new research studies are required to develop a research uptake plan. However, if any other projects think the Research Uptake Plan template may be useful, please feel free to use it.

What is a research uptake plan?

The research uptake plan is intended to assist the research study team¹ in thinking through the value of the research being conducted and the longer-term influence on policy and practice the study is hoping to achieve. Development of the research uptake plan in the course of broad based planning within projects and programmes will help the study team identify relevant stakeholders and consider appropriate messages and activities, along with respective budgets and timelines, to ensure these stakeholders are kept engaged and informed of progress throughout the research cycle, rather than just at the end. Although we must consider the external value of our research while developing the research uptake plan, it is equally important that we reflect on how the research we conduct will affect our own practice within Malaria Consortium. The plan should also capture this.

If you need assistance with the template or further guidance, or would like to give feedback on this guide or its tools and templates, please contact the Research Uptake Officer or consult the research uptake e-learning module.

When should you develop your research uptake plan?

It is helpful to develop the research uptake plan in the very early stages of projects with research components, ideally before submission of a bid. However, if it is not possible to develop some form of plan at this stage, its principles should be discussed to ensure key stakeholders are consulted in the preparation of the research proposal and the budget includes appropriate research uptake activities to be undertaken before, during, and after the study for pre-identified target audiences. The research uptake plan can then be fully developed before commencing the research. It is also important to review and revise your research uptake plan throughout the research study (e.g. during the annual review process) to ensure it is still relevant targeting all relevant stakeholders, as well as to record evidence of research uptake.

Purpose of this guide

This guide will take you through the steps required to fill out the research uptake plan template for your research study (see accompanying Excel document entitled '[Research Uptake Plan Template](#)'). The stages of the research uptake plan include:

- 1— Providing a brief summary of the project and, if different, the research study (Section A of the Research Uptake Plan)
- 2— Defining the objectives of your research uptake plan and how these will be monitored (as well as recording evidence of research uptake at outcome level) (Section B of the Research Uptake Plan)
- 3— Conducting a stakeholder analysis (Section C of the Research Uptake Plan and Tool 3.1)
- 4— Developing messages and research uptake activities for key stakeholders (Section D of the Research Uptake Plan)
- 5— Planning and monitoring your research uptake activities (Section E of the Research Uptake Plan)²
- 6— Saving your research uptake plan on the intranet

The research uptake plan has been developed according to current practice and experience within Malaria Consortium, in particular the tools developed by COMDIS-HSD, as well as what was thought most appropriate for our research studies based on discussions with key staff from across the organisation. If you need assistance with the template or further guidance, or would like to give feedback on this guide or its tools and templates, please contact the Research Uptake Officer or consult the research uptake e-learning module.

1. Where research is one element of a wider project, the 'research study team' includes all staff who are involved in designing the research and/or in collecting and analysing data.

2. Section D of the Research Uptake Plan represents best practice. This should ideally form part of the research uptake plan to ensure your research uptake activities are targeted to your key stakeholders and the messages delivered are strategic and appropriate to the audience. However, this section is optional. If you choose not to complete Section D please still refer to the guidance for this section, as this will still be useful for listing your activities in Section E.

1 Project and research study details

Section A of the Research Uptake Plan Template (Project and research study details) should provide a brief summary of the project and the research study, if different. This is a helpful reference for when the research uptake plan is shared more widely within the organisation, for example with the Research Uptake Officer or External Relations.

Example for Section A

(Please note that all examples within this guide are fictional. If you would like to access the full example used in this guide, it can be found [here](#)).

A. Project and research study details

Project title	The Xample Project
Project summary	The Xample Project is a two-year research study in Country-Y, supported by the Zed Foundation. The project aims to identify and seek solutions to the main barriers to intermittent preventive treatment in pregnancy (IPTp) uptake.
Summary of research study (If different from above)	N/A

2 Research uptake objectives

These describe the chain in which the research uptake plan will affect its 'theory of change'.

Objectives are all levels of the results hierarchy, including from top to bottom: impact, outcome and outputs. These describe the chain in which the research uptake plan will affect its 'theory of change' from outputs up to impact. The first step in developing a research uptake plan is to identify the desired outcome of the research study on policy or practice.³

For example, is it a change to district, national or international level policy or practice? Brainstorm with your team what you think the desired research uptake outcome of the study should be. Remember to consider the longer-term desired health impact of the project and how your research study could inform the work to achieve this health impact. Once you have determined the research uptake outcome for your study, record this in Section B (Research uptake objectives) of the Research Uptake Plan template.

The research uptake outputs are those that are achieved immediately after implementing an activity listed in the research uptake plan. The outputs will provide the conditions necessary to achieve the outcome, and should feature at least one regarding how the research study will inform the work of Malaria Consortium (see Output 3 in the example for Section B).

In Section B it is also best practice to determine the assumptions that have been made between each objective level, and to list the risks at each stage to make it possible to mitigate them during the research uptake planning process. Discuss among your team the assumptions you have made for each objective level and how you could best manage the risks identified.⁴

Finally, you will need to identify how you will verify if these objectives have been achieved by choosing objectively verifiable indicators and a means of verification. The indicators should be specific and measurable, and the means of verification should be the places where you will find the information for your indicators – for example meeting reports or emails. During the mid-term evaluation or towards the end of the research study, Section B of the template can then be used to summarise any evidence that illustrates how the outcome or outputs have been achieved.

3. In order to align terminology within the organisation, there is no impact objective within the research uptake plan. Rather, the impact should align with the desired impact for the project, which describes the intended longer-term change to health at district, national or sector level.

4. The risks identified during the research uptake planning process should also feed into the project or programme risk register.

Example for Section B

B. Research uptake objectives

*Should be completed during mid-term evaluation or towards end of project. Documentary evidence needs to be saved in a folder on the intranet; list the link to the folder where indicated. Clearly label the documents in the intranet folder and list the exact document title with link with a brief summary of the result here.

Objectives	Objectively verifiable indicators	Means of verification	Assumptions	Risks	Evidence*	Summary of evidence*
Research uptake outcome						
To achieve evidence-based change to IPTp policy and practice to reflect the latest WHO guidance, in order to increase national IPTp uptake.	No. of changes to IPTp policy and/or amount of funding committed to change practice relating to the barriers or interventions identified by the Xample Project	National IPTp policies and committed funding	That increasing knowledge and learning among key stakeholders will generate debate about IPTp policy and that by changing national policy or practice to address the barriers to IPTp uptake more pregnant women will take IPTp	Changes to policy and practice happen incrementally over time, it is difficult to attribute change to a specific organisation or action, change is heavily influenced by external factors - both nationally and internationally	Meeting Minutes: NMCP IPTp Guideline Revised National IPTp Policy Guidelines 2016 MoH Budget Announcement for 2016-2017	IPTp policy for Country-Y was changed to incorporate intervention M, which was identified by the Xample Project as a means to overcome barriers to IPTp uptake
Output 1						
To inform key stakeholders of the Xample Project	No. of learning exchanges with key stakeholders	Meeting minutes, presentation	Presentations are clear and well conducted and key stakeholders understand the presentation content	Project is not presented within the broader malaria in pregnancy context within Country-Y, making it difficult for key stakeholders to objectively interpret the information presented, stakeholders lack capacity to understand results, the presentation is of poor quality, there is a lack of a timely/appropriate platform to present	See section E for Evidence	The Xample Project presented findings at 1 international conference, 1 national and 1 district dissemination meeting, 15 one-to-one meetings, 2 RHD technical working group meetings, 2 technical advisory group meetings and quarterly updates and 1 national and 1 district sensitisation meetings
Output 2						
To expand the evidence base on IPTp	No. of open access project documents detailing evidence and learning from the project	Journal publications, learning paper and project report	Journal publications will be read and understood by key stakeholders, key stakeholders access learning paper and reports on the Malaria Consortium website	Manuscripts are not accepted for journal publication or in adequate data quality prevents journal publication, the journal may also not be accessed beyond academic audiences, key stakeholders are not aware of where to access project learning paper and report	See section E for Evidence	Two manuscripts for the Xample Project were accepted in the Malaria Journal and the final drafts of the manuscripts made available on the Malaria Consortium website, one learning paper and one project report available on the Malaria Consortium website
Output 3						
To inform key Malaria Consortium staff of the Xample Project	No. of learning exchanges with key Malaria Consortium staff	Meeting minutes, presentations	Increased awareness of the Xample Project among Malaria Consortium staff will increase likelihood that the project is mentioned in all relevant fora internally and externally	High staff turnover and no existing mechanism to inform staff globally about projects prevent increased awareness about the Xample Project in Malaria Consortium	See section E for Evidence	Two presentations during the lifetime of the Xample Project were made to the Tech Team in UK and 1 presentation to the Operational Research Cluster

Stakeholder analysis

✓ Helpful tip

Consider placing each name on one post-it note so you can rearrange actors easily during Step 2.

A stakeholder is anybody who can affect or is affected by an organisation, strategy, project or study. Consequently, a stakeholder analysis will help you identify individuals, organisations or groups that may have an interest in your research study. There are a number of different tools available to conduct a stakeholder analysis; this guide will use the Alignment, Influence and Interest Matrix (AIIM) tool developed by the Research and Policy in Development (RAPID) programme at the Overseas Development Institute (ODI).⁵

The AIIM tool assists in prioritising stakeholders according to their level of interest, alignment, accessibility and influence, ensuring efforts to achieve the desired research uptake outcome of your study are strategic and efficient. The steps to undertake a stakeholder analysis are outlined below; this exercise is best done in a group to encourage discussion and reflection.

How to do it

- 1— Once you have identified the desired research uptake outcome for your study, as a group identify and list all the actors that may affect the policy or practice change, both positively and negatively. Focus your attention on the most relevant or well-known actors, such as policymakers (e.g. government departments or government officials), implementers (e.g. non-governmental organisations), practitioners (e.g. doctors, nurses), researchers or individuals. Remember to think about both internal and external actors, as well as those at global, regional, national and district levels, as appropriate.
- 2— Plot these actors onto the matrix in Tool 3.1, according to their level of alignment and interest. This should be based on evidence about their current behaviours. To assist you, think about the following:
 - Alignment:** Do they agree with our approach? Do they agree with our assumptions? Do they want to do the same things we think need to be done? Are they thinking what we are thinking?
 - Interest:** Are they committing time and money to this issue? Do they want something to happen (whether it is for or against what we propose)? Are they going to events on the subject? Are they publicly speaking about this?

✓ Helpful tip

If using post-it notes, you can draw the two axes on a flip chart showing interest and alignment, writing low and high at each end of each axis. Then place each post-it note on the axes according to where you feel their interest and alignment lie.

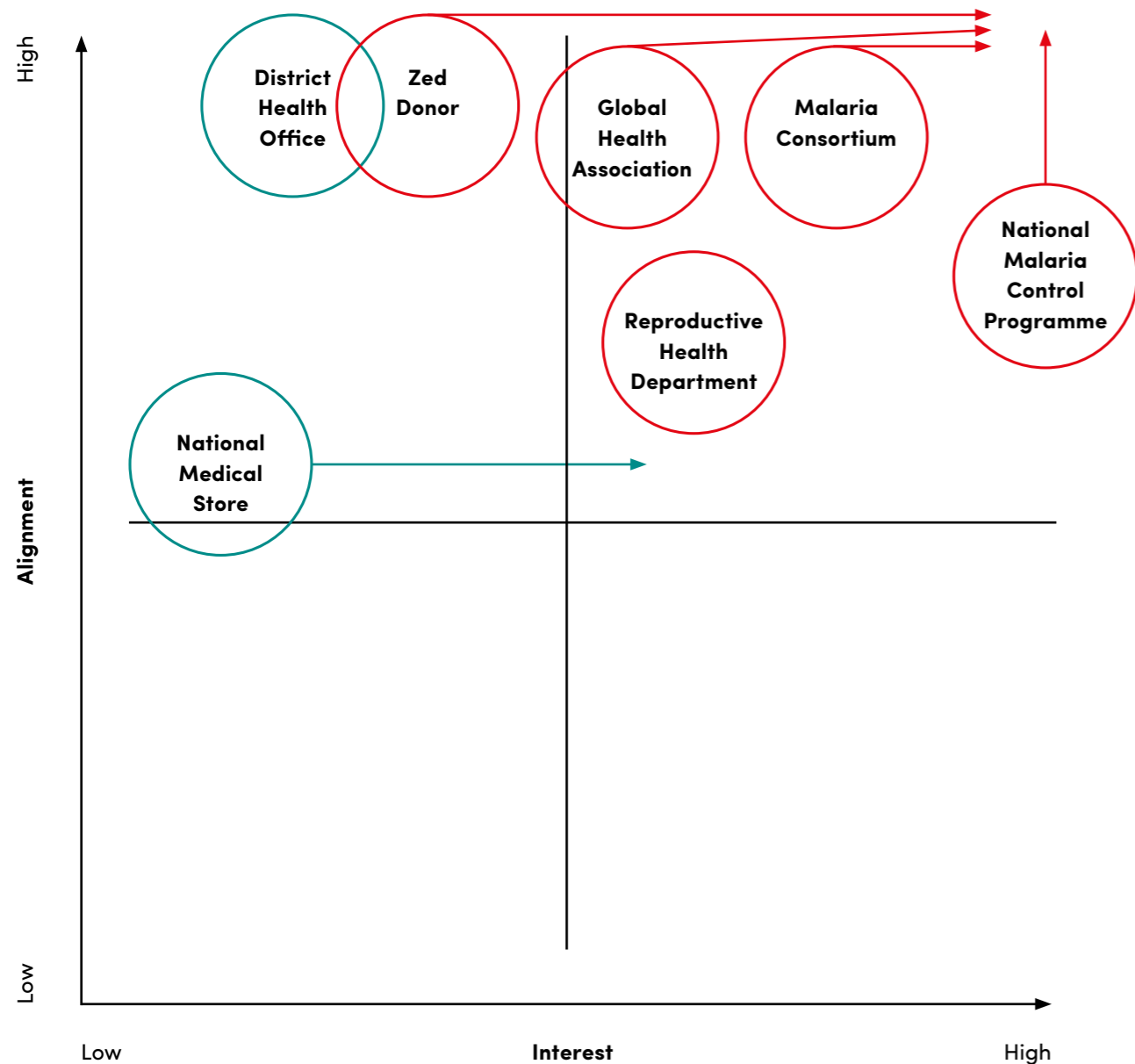
- 3— Prioritise the actors you have identified. Consider the influence/power of each and their accessibility. Mark the actors you would like to prioritise with a red circle, as shown in the figure overleaf. Ideally, the actors you prioritise should be both influential and accessible, but it may also be appropriate to focus on non-influential but highly accessible actors.
- 4— Develop a pathway of change for your target audiences, suggesting a trajectory (represented by the arrows) that you expect or hope each actor will follow. For example, do you want some actors to increase their interest, alignment or both?
- 5— Once you have completed this exercise, note the results in Section C of the Research Uptake Plan (Stakeholder analysis). You can adapt the table to separate your stakeholders into district, national, regional and international levels, if appropriate. If you would like to fully record your AIIM stakeholder analysis, there is a blank AIIM tool template available (Word document: [Research Uptake Plan Tool 3.1: AIIM tool](#)).

! Things to think about

- ▶ If when plotting a particular actor you find it difficult to place them, it may be because they are too big; try breaking it down into departments or individuals.
- ▶ If you do not have enough evidence about a particular actor's current behaviour do not forget about it; plot it outside of the matrix to remind yourself and others that you may need to find out about them.
- ▶ Don't forget the actors who may be against policy change – they can be as important in the process as those you collaborate with.
- ▶ Remember to consider both internal and external stakeholders, as well as national and global stakeholders where appropriate.

5. If you would like further information on the AIIM tool, please consult ODI's guidance at www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/6509.pdf.

Example for Tool 3.1: AIIM tool



Example for Section C

C. Stakeholder analysis

List of stakeholders (list generated during stakeholder analysis; see guidance for further information. You can adapt the table to separate your stakeholders into district, national, regional and international levels, if appropriate.)

National Malaria Control Programme	The Ministry of Health (MoH) established the National Malaria Control Programme (NMCP) to direct and guide the day-to-day implementation of the National Malaria Control Strategy. It provides technical support with regard to malaria in pregnancy to the MoH's Reproductive Health Department, including training and supervision of health workers on IPTp, promoting the use of directly observed treatment for the provision of IPTp and conducting monitoring and evaluation and operational research. Its central role in IPTp provision and the long history of working in partnership with Malaria Consortium make NMCP a key stakeholder for the study. As a key national stakeholder, it would be useful to engage with it from a technical perspective throughout the project, for example through the project's technical advisory group.
Reproductive Health Department	As the focal point for IPTp implementation in Country-Y, the Reproductive Health Department (RHD) is a key stakeholder for this study. Malaria Consortium's links have been stronger with NMCP than with RHD and one of the key objectives of the research uptake strategy for this study is to establish a closer working relationship with RHD and to raise the profile of IPTp within the department.
Global Health Association	The Global Health Association provides technical assistance to MoH mainly for monitoring and evaluation and supports in-country malaria control efforts. Given its natural interest in translating its guidelines with regard to IPTp into national policies, it is an important stakeholder for this study. However, it has a wide portfolio of health responsibilities within Country-Y, and IPTp could be a higher priority.
National Medical Store	MoH has delegated the drug supply function to the National Medical Store (NMS) and tasked it with ensuring the continuous distribution of pharmaceutical products in a financially viable and sustainable manner, including safe and efficient storage, administration, distribution and supply of goods in accordance with the National Drug Policy. If stock-outs of Sulfadoxine-Pyrimethamine are found to be a persisting problem, NMS could become a relevant partner in designing interventions aimed at strengthening supply chain management.
Malaria Consortium	Key contacts within Malaria Consortium are the external communications teams in head office and in Country-Y, which will help share and raise awareness of the research findings among national and international malaria in pregnancy stakeholders. It will also be important to consult members of the technical team with expertise in malaria in pregnancy and IPTp to advise on the development of a potential pilot tool or intervention and to discuss the implications for Malaria Consortium's interventions globally, as well as opportunities for further operational research. Technical staff may also be able to raise the project in any relevant fora if they are aware of the project, such as in one-to-one meetings with MoH.
Zed Donor	Zed Donor is the main contributor to malaria control in Country-Y, providing comprehensive malaria services in 20 high-burden districts. Its current Operational Plan recognises a need to further examine the reasons behind low IPTp uptake in Country-Y. Zed Donor has been addressing the challenges to increasing IPTp uptake through sustained media campaigns and providing cups and water purification tablets to health facilities. Malaria Consortium has very close links with Zed Donor through another project and could use meetings with it to present and discuss the study and its findings.
District Health Office	The District Health Offices are responsible for implementation of all health programmes at district level in Country-Y, including the delivery of IPTp. Malaria Consortium has a working relationship with three out of the six districts in Country-Y, as we have previously conducted two projects in these areas. The District Health Offices have limited influence within Country-Y's RHD and NMCP, but is an important stakeholder for supporting implementation of the research study. Preliminary consultations have shown they are very supportive of increasing IPTp coverage.

4

Developing messages and activities to target key stakeholders

If you choose not to complete Section D please still refer to the guidance outlined below, as this will still be useful for listing your activities in Section E.

Section D of the Research Uptake Plan (Messages and activities) represents best practice. This should ideally form part of the research uptake plan to ensure your research uptake activities are targeted to your key stakeholders and the messages delivered are strategic and appropriate to the audience. However, this section is optional. If you choose not to complete Section D please still refer to the guidance outlined below, as this will still be useful for listing your activities in Section E.

Section D will allow you to plan the research uptake activities and the messages that will be delivered during these activities. Research uptake activities are a targeted means to engage key stakeholders, including Malaria Consortium staff, in the research study and inform them of the study's progress. The key stakeholders will be those you identified during the stakeholder analysis in Step 3.

Research uptake activities will differ according to what the research study is trying to achieve in terms of informing policy and practice, the stakeholders involved and the opportunities available. You should outline the specific messages (or arguments) the study intends to communicate to each of these stakeholders and the activities where these messages will be shared. The messages and activities should contribute to your research uptake objectives for the study. They will change as the project progresses, thus may need to be reviewed as new evidence and analysis can be incorporated.

If you need communications materials to support your research uptake activities, please consult External Relations.

When planning your research uptake activities, it is important to brainstorm any upcoming opportunities you may want to align with, such as upcoming general elections, district or national budget-setting, national policy development processes and international policy development processes, as you may want to take advantage of these when planning your activities. If you need communications materials to support your research uptake activities, please consult External Relations on the range of communications materials available.

! Things to think about

- ▶ Have you planned activities to engage key stakeholders from the start of the research study? For example, invite a key stakeholder to be a co-investigator on the research study, conduct a sensitisation workshop or launch event.
- ▶ Do you have a means to engage and update key stakeholders throughout the research study? For example through regular one-to-one meetings, technical working groups, steering committees, newsletters, etc.
- ▶ Remember to think about how you will keep relevant staff within the organisation informed about your research study in order to help inform Malaria Consortium's wider work. For example, make a presentation to the Operational Research Cluster.

Example for Section D

D. Messages and research uptake activities

(optional but represents best practise)

Output	Research uptake activities	Targeted key stakeholder(s)	Message(s)
1	Host introductory meetings during initial formative research proposal development	<ul style="list-style-type: none"> ● Malaria Consortium (Business Development and Operational Research Cluster) ● National Malaria Control Programme ● Global Health Association 	<ul style="list-style-type: none"> ● Public health impact of malaria in pregnancy ● Importance of IPTp ● Importance of identifying and addressing barriers to IPTp ● Formative research proposal
	Host district and national sensitisation meetings/workshops	<ul style="list-style-type: none"> ● All key stakeholders 	<ul style="list-style-type: none"> ● Public health impact of malaria in pregnancy ● Importance of IPTp ● Importance of identifying and addressing barriers to IPTp ● Formative research study
	Produce written project brief, newsletter updates, research brief	<ul style="list-style-type: none"> ● All key stakeholders 	<ul style="list-style-type: none"> ● Public health impact of malaria in pregnancy ● Importance of IPTp ● Importance of identifying and addressing barriers to IPTp ● Results of the formative research study
	Host technical advisory group meetings and send quarterly email updates to members	<ul style="list-style-type: none"> ● Technical advisory group members 	<ul style="list-style-type: none"> ● Update on project progress and seek guidance
	Present project to Reproductive Health Department's technical working group	<ul style="list-style-type: none"> ● Reproductive Health Department ● Zed Donor ● NGO members of TWG 	<ul style="list-style-type: none"> ● Public health impact of malaria in pregnancy ● Importance of IPTp ● Importance of identifying and addressing barriers to IPTp ● Results of the formative research study
	Symposium at ASTMH to present research findings	<ul style="list-style-type: none"> ● Global Health Association ● Zed Donor ● Wider malaria research community 	<ul style="list-style-type: none"> ● Public health impact of malaria in pregnancy ● Importance of IPTp ● Importance of identifying and addressing barriers to IPTp ● Results of the research study
	Host district and national dissemination meetings	<ul style="list-style-type: none"> ● All key stakeholders 	<ul style="list-style-type: none"> ● Public health impact of malaria in pregnancy ● Importance of IPTp ● Importance of identifying and addressing barriers to IPTp ● Results of the research study
2	Write manuscript on the barriers to IPTp uptake and results of the pilot study on potential solutions, with the aim of publishing in the Malaria Journal (open access)	<ul style="list-style-type: none"> ● Global Health Association ● National Malaria Control Programme ● Zed Donor ● Wider malaria research community 	<ul style="list-style-type: none"> ● Public health impact of malaria in pregnancy ● Importance of IPTp ● Importance of identifying and addressing barriers to IPTp ● Results of the research study and pilot
	Write learning paper and share via Malaria Consortium website, project newsletter and quarterly email update to technical advisory group members	<ul style="list-style-type: none"> ● All key stakeholders 	<ul style="list-style-type: none"> ● Lessons learnt from conducting the formative research and pilot study
	Write end of project report and share via Malaria Consortium website, project newsletter and quarterly email update to technical advisory group members	<ul style="list-style-type: none"> ● Malaria Consortium 	<ul style="list-style-type: none"> ● Results of the research study and pilot
3	Present Xample Project at technical team meetings	<ul style="list-style-type: none"> ● Local Malaria Consortium technical staff 	<ul style="list-style-type: none"> ● Results of the research study and pilot ● Update on project progress and seek guidance
	Share Xample Project findings with the Operational Research Cluster	<ul style="list-style-type: none"> ● Operational Research Cluster 	<ul style="list-style-type: none"> ● Update on project progress and seek guidance ● Results of the research study and pilot

5

Planning and monitoring your research uptake activities

It is important to allocate a budget for your research uptake activities.

Planning

Having decided in Section D on the activities you plan to undertake, you will need to ensure sufficient funds will be available. Therefore, it is important to allocate a budget for your research uptake activities when preparing the study proposal, before submission of the bid. You can list your research uptake activities, with their accompanying budget lines, in Section E of the Research Uptake Plan (Activities planning and monitoring). To assist teams to better cost communication, advocacy and research uptake activities, External Relations has developed a budgeting tool that can help support budgeting of research uptake activities during proposal development. However, a rule of thumb is to allocate a minimum of 10% of the research budget to research uptake activities.

There are also additional columns in Section E to help research teams identify who will be responsible for conducting each of the research uptake activities, a Gantt chart to plan when each will be carried out and a column that enables teams to indicate whether an activity may require support from External Relations (Communications), such as in designing a project brief.

Once you have completed the research uptake plan template, please send a copy to the Research Uptake Officer and Senior Communications Officer. This helps us better understand what is going on in the organisation in terms of research uptake and identify where additional support may be required.

Important to review and revise your research uptake plan throughout the research study.

Monitoring

Once you have developed your research uptake plan, it is important to keep a record of all your research uptake activities and their results, so you can report on how you have tried to achieve your research uptake objectives. This will also help Malaria Consortium attribute the impact of our work or involvement in any change to policy and practice and can be important for reporting back to the donor. Throughout the study, it is important to collate evidence from your activities in one location for ease of reference. Use Section E of the Research Uptake Plan (Activity planning and monitoring). As you can save only links in the evidence column of the Excel document, you will need to save any documents in a folder on the intranet, which can be found under 'Project Implementation' of the Project Management Documents on the intranet, and list the link to the folder in Section E.

Please remember to clearly label the documents in the folder so it is easy to find evidence for each activity.⁶ If additional activities arise during the study, please add these to Section E. During the mid-term evaluation or towards the end of the research project, Section B of the template can then be used to record and summarise any evidence that illustrates how the outcome and outputs (summary only) have been achieved. It is also important to review and revise your research uptake plan throughout the research study to ensure it is still relevant and targeting all relevant stakeholders.

6. Please refer to the file name nomenclature guidance for the intranet listed in '[The intranet is coming soon...](#)'.

Example for Section E

E. Research Uptake Activities Planning & Monitoring

^ If you require further information regarding the cost of different Malaria Consortium external communication materials, please consult the External Relations budgeting tool.

* Documentary evidence needs to be saved in a folder on the intranet. Clearly label the documents in the intranet folder and list the link and name to the document here.

Output	Research uptake activities	Person responsible for activity	Requires support from External Relations/ Communications	Status	Date completed	Evidence of activity results (e.g. publications, meeting reports etc.)*	Result of activity (to be filled in immediately after activity completed)	Budget (GBP)^	2014–2015				2015–2016																		
									Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4															
									Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
1.1	Host introductory meetings during initial formative research proposal development	Principal investigator	No	Achieved	12/04/2014 22/04/2014 30/04/2014	Meeting Minutes: National Stakeholders_12042014, Meeting Minutes: Zed Donor_22042014, Meeting Minutes: District Health Officials_30042014	12/04/2014 – national reps from NMCP (2), RHD (1) and NMS (1) onboard with project and NMCP rep agreed to be member of the project's technical advisory group. 22/04/2014 – Zed Donor onboard. 30/04/2014 – district health officials onboard and agreed to appoint point person for project.	250																							
1.2	Host one district and one national sensitisation meetings/workshops	Project manager	No	Achieved	14/07/2014 17/08/2014	Report: National Sensitisation Meeting_14072014, Report: District Sensitisation Meeting_17082014	14/072014 – national sensitisation meeting attended by 42 people including representatives from all key stakeholders. 17/08/2014 – district-level sensitisation meeting attended by 35 people including district leaders and health officials. DHO contact point for project announced.	7,000																							
1.3	Produce one written project brief, six newsletter updates and a research brief	Communications officer	Yes	On-going	04/07/2014 05/12/2014	Project brief: Xample Project, E-newsletter December 2014	04/07/2014 – project brief finalised and 100 copies printed. 05/12/2014 – e-newsletter circulated to 588 people, 90 unique opens.	16,040																							
1.4	Host technical advisory group meetings and send six quarterly email updates	Project manager	No	On-going	08/07/2014 10/12/2014	TAG Meeting 2014 Report, TAG Update Dec 2014	08/07/2014 – technical advisory group meeting held, all members attended. 10/12/2014 – first quarterly update sent to all members. Responses received from 6/8 members.	6,000																							
1.5	Present project to Reproductive Health Department's technical working group	Research officer	No	Not started				50																							
1.6	Symposium at ASTMH to present research findings	Principal investigator and co-investigator	No	Not started				7,750																							
1.7	Host one district and one national dissemination meeting	Communications officer	Yes (press release, blog post)	Not started				10,000																							
2.1	Write two manuscript on the barriers to IPTp uptake, with the aim of publishing in the Malaria Journal (open access)	Principle investigator, co-investigator and research officer	No	Not started				5,000																							
2.2	Write learning paper	Principle investigator, co-investigator and research officer	Yes	Not started				7,470																							
2.3	Write end of project report	Project manager	Yes	Not started				6,950																							
3.1	Present Xample Project at technical team meetings	Research assistant	No	Not started				0																							
3.2	Share Xample Project findings with the Operational Research Cluster	Research officer	No	Not started				0																							
Total: £66,510																															

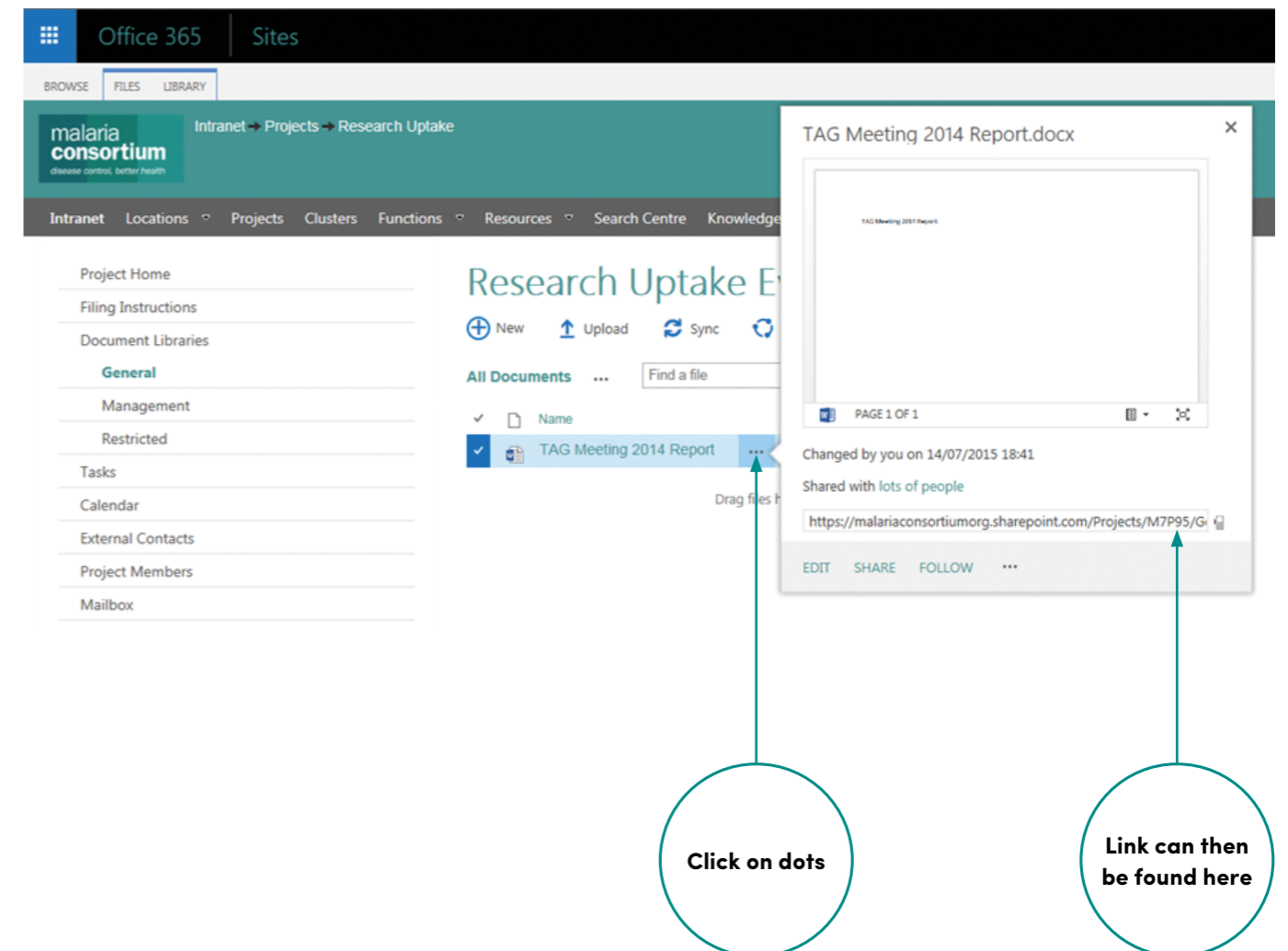
6

Saving your research uptake plan on the intranet

It is important that your research uptake plan, and any accompanying evidence, is saved logically on the intranet so it can be found easily during and after the research study is completed. We suggest you create a research uptake folder in the public section of your project site on the intranet. You may also find it helpful to create subfolders for each of your objective levels (outcomes and outputs) to save your evidence of research uptake.

Once your research uptake evidence (e.g. meeting minutes, reports, etc.) has been uploaded onto the intranet, you can then insert a hyperlink to it in your research uptake plan under 'evidence of activity results' in Section E of the template for outputs (or under 'evidence' in Section B for outcomes).

- 1— Type the exact title of the document into the relevant cell in your research uptake plan.
- 2— Still in Excel, right click on the cell and click 'hyperlink' then insert the link to the document.
- 3— The link to the document can be found by clicking on the three little dots next to your document on the intranet, as shown opposite.



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