



Research uptake, lessons from a multi-country global programme: What Works to Prevent Violence against women and girls

Leane Ramsoomar, Rebecca Ladbury & Rachel Jewkes

To cite this article: Leane Ramsoomar, Rebecca Ladbury & Rachel Jewkes (2021) Research uptake, lessons from a multi-country global programme: What Works to Prevent Violence against women and girls, *Development in Practice*, 31:8, 1096-1108, DOI: [10.1080/09614524.2021.1911952](https://doi.org/10.1080/09614524.2021.1911952)

To link to this article: <https://doi.org/10.1080/09614524.2021.1911952>



© 2021 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group



Published online: 05 May 2021.



[Submit your article to this journal](#)



Article views: 2621



[View related articles](#)



[View Crossmark data](#)



Citing articles: 1 [View citing articles](#)

Research uptake, lessons from a multi-country global programme: What Works to Prevent Violence against women and girls

Leane Ramsoomar , Rebecca Ladbury, and Rachel Jewkes 

ABSTRACT

Research uptake is achieved when research findings are translated into meaningful change in capacity to understand development problems, policies and practice, and funding streams. While there is consensus among those working to prevent violence against women and girls that this is essential, relatively little guidance exists on how to achieve this. We reflect on RU approaches used by the What Works to Prevent Violence against Women and Girls Programme and the dilemmas encountered and navigated. We recommend a nimble and flexible approach, incrementally unfolded; guided by a theory of change, evolving key messages; underpinned by comprehensive communications and capacity development.

ARTICLE HISTORY

Received 15 August 2020

Accepted 26 November 2020

KEYWORDS

Aid; research uptake; capacity development; communications; gender; violence against women; theory of change; capacity development; methods; global South; sub-Saharan Africa; Asia

Introduction

Evidence-informed policy and programming is seen as the means of ensuring good returns on social investment, transparency in government decision-making, and accountable use of public funds. An early call for evidence-informed decision-making resonated from the 1970s in the health field with the promotion of randomised controlled trials to identify effective interventions (Cochrane 1972). It was popularised in the 1990s, with a key leader being the United Kingdom's government of the time and has since expanded across a wide range of fields (Cabinet Office 1999). By the early 2000s evidence-informed policy became an aspiration of many donors in the health and development world and evidence, variously defined, began to play an increasing role in decision-making processes. Despite these changes, the assumption that evidence will seamlessly be taken up to inform policy and practice is recognised to be unfounded. The processes of engagement with stakeholders and dissemination of research findings in order to impact policy and programming are complex, and overall, our understanding of how to best present and use research evidence to influence policy and programming remains limited.

In 2013, the Department for International Development (DFID) of the United Kingdom's Government launched the global £25 million What Works to Prevent Violence against Women and Girls Programme (hereafter What Works). The programme sought to advance the field of prevention of violence against women and girls (VAWG) through generating research evidence, promoting its use and building research capacity. The programme worked in 16 countries across Africa, Asia, and the Middle East. It brought together globally recognised researchers and practitioners, to work with grantees from the global South to build a rigorous evidence base, advancing knowledge on prevalence and drivers of violence against women and girls; what works to prevent VAWG, the

CONTACT Leane Ramsoomar  leane.ramsoomar@mrc.ac.za

© 2021 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group

This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (<http://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way.

cost-effectiveness of violence prevention interventions; and the costs of violence to households and businesses. The programme had three components, and the largest of these, its global programme, worked in 13 countries, and conducted 17 VAWG prevention intervention evaluations and six studies of the costs and cost effectiveness of prevention (Torres-Rueda et al. 2020, 1–12; Jewkes, Willan, and Heise 2020, 1–44).

Alongside generation of new knowledge, there was a major emphasis on the uptake of research findings into policy and programming. DFID required the research uptake (RU) process to be systematically planned, and monitored, and evidence of impact gathered and reported. They produced guidance in 2013 to assist this and other RU work (DFID 2013). The document outlined four strands: stakeholder mapping and engagement, capacity building, communication, and monitoring and evaluation (DFID 2013). This informed the initial planning of RU during the What Works inception phase, but it had limitations for a complex multi-country programme as it focused on (implicitly single) country level impact. It did not provide guidance on how to build cross-cutting RU with stakeholders at local community, provincial, national, regional, and global levels. Nor did not grapple with the complex and varying needs of different stakeholders and policy environments, their varied positions between research findings and programmatic action, or the evolving nature of evidence to be communicated. Thus, we set out to develop a programme-appropriate strategy, founded on the evidence-base from What Works research, and guided by a tailored theory of change for RU.

This paper describes how we approached planning and implementing our RU work and developed a robust theory of change. We also discuss some of the challenges we encountered, lessons learned, and how these were navigated to achieve meaningful impact. To our knowledge, this is the first time that the processes of developing a programme wide strategy for RU and lessons learned from implementing this have been described, and many of these are pertinent to single country RU work. We expect the findings to be of interest to a range of key development actors including researchers, practitioners, communication professionals, donors, and evaluators.

Designing and implementing research uptake for What Works

Developing a theory of change for research uptake

We developed a theory of change for RU against the backdrop of a rise of more theory-based approaches to securing impact in the social development field, and efforts to better navigate the non-linear path from evidence to policy. We also recognised that we lacked information on the micro-dynamics of the VAWG prevention space, and prevailing beliefs and assumptions, within each of the 16 What Works countries, and how these would impact on our efforts to influence country level policy and programming. Yet developing a theory of change enabled us to consider a range of hypothesised pathways to achieving change at the country and programme level. First, we considered our long-term outcomes, and worked backwards to identify the possible RU outputs, inputs, and activities that were required from partners at the country, regional, global, and consortium secretariat level to increase evidence uptake. Second, we identified a set of critical assumptions at the legislative, political, organisational, and individual levels about *how* and *why* the change would occur (Figure 1).

Third, based on both our experience of the Southern policy context, particularly two decades of work influencing VAWG policy and practice in South Africa, we reviewed and outlined the existing barriers to uptake. We included a problem statement, to ensure that changes we anticipated were directly aligned to some of the most common barriers faced by both researchers (as suppliers of the evidence) and end users (policy makers, programmers and funders) of VAWG in low- to middle-income countries (LMICs) in the global South.

With long-term outcomes and ultimate impact in mind, we focused resources and attention on the “middle processes”, i.e. building interest in the work among stakeholders, developing capacity

THEORY OF CHANGE RESEARCH UPTAKE: WHAT WORKS TO PREVENT VIOLENCE AGAINST WOMEN AND GIRLS GLOBAL PROGRAMME

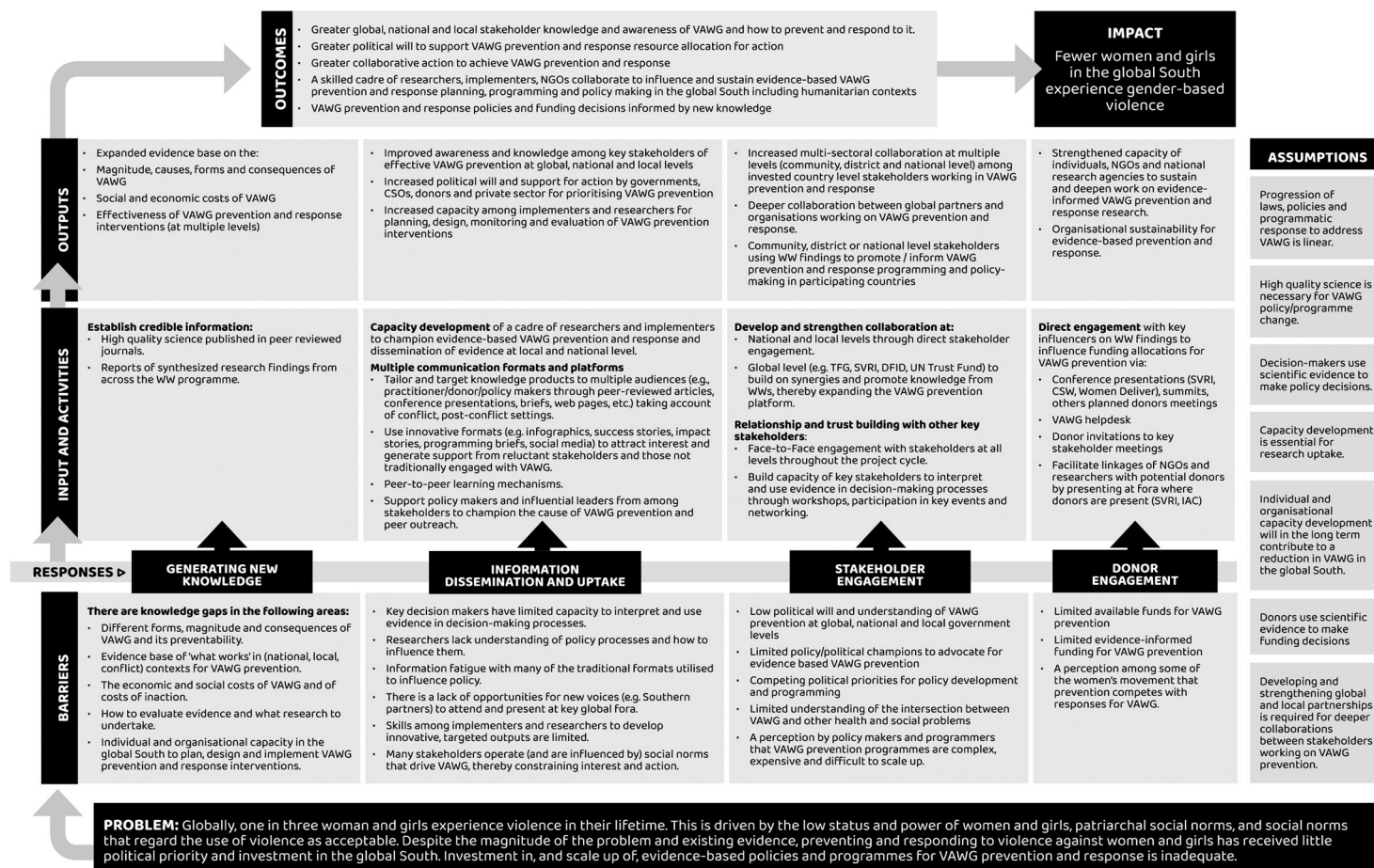


Figure 1. Theory of change for research uptake: What Works.

to understand research findings; creating key messages and disseminating evidence in multiple formats to stakeholders; developing and strengthening relationships with key actors in the field, and building trust among them as a credible source of knowledge. We linked with potential knowledge brokers and proactively engaged with donors to influence their funding decisions as new evidence emerged. These efforts were not just valuable in raising awareness about the issue, but also kept stakeholders interested in the evidence, alerted them to new findings, and influenced adoption of the evidence into their agendas.

Identifying and prioritising stakeholders

A parallel and integrated process to developing the research uptake theory of change involved identifying and mapping stakeholders in the violence prevention field. This was crucial for positioning RU contributions, built on an understanding of stakeholder needs, and their influencing power. When we considered strategically who were the major stakeholders who would be “invested” in the goals of the overall programme, we realised that the stakeholders existed at multiple levels: (i) multi-lateral organisation staff at global and regional level (mainly the UN, WHO and World Bank); (ii) country level political, civil service and community service organisation staff; (iii) country-level research partners; (iv) bilateral agencies; (v) interested international NGOs; (vi) international research institutions working on VAWG; (vii) donors and foundations; and (viii) the media. This resulted in a long list of stakeholders that had varied relationships with the programme and different spheres of influence in the community, country, or region more broadly. For example, stakeholders spanned staff of a local civil society organisation, clinic nurses, or police, through to national government department staff, provincial or national politicians, academics, and donors. Identifying these key players in one country was a major and valuable task, but multiplying the lists 13 times, and adding in a swathe of global donors and key actors, resulted in a mapping outcome that was unwieldy and its use infeasible. The mapping process lost the nuance of the different ways in which stakeholders would and could be targeted and why. It was simply not possible to reach everyone with everything within the programmatic timeframe and the value of producing one stakeholder list for the whole programme was unclear.

We recognised that the mapping process needed to be focused and oriented toward a purpose that reflected short, medium, and long-term goals; it also required nuance around the nature of the engagement, and to set parameters for the engagement. With consideration of the time and costs needed to engage stakeholders with different likely impacts, we sought to reduce the stakeholder list. We set out to balance informing and engaging interested and invested stakeholders, with whom the programme and its partners had existing relationships (“low hanging fruit”) and generating support from key reluctant stakeholders, not traditionally engaged with VAWG. The latter was more challenging and required different approaches and goals, from those employed to engage already interested stakeholders.

The value of stakeholder prioritisation at a country level was evident across the years of engagement. It provided the foundation for raising awareness about the issue, invitation lists for events and information and dissemination activities. Importantly, some of the stakeholders at a local or provincial level were key gatekeepers for different aspects of the project, and consequently involved in different ways. At a global level, the process also provided a roadmap for who to target, but it evolved through the programme and we remained flexible and responsive to the emerging needs of the programme, and open to other stakeholders who emerged as new players in the field, new position holders, or who actively sought us out.

Rolling out stakeholder engagement

Our central goal in stakeholder engagement was to build understanding of VAWG as *preventable* and *amenable to change*, understand its drivers, and, where necessary, to raise awareness of the issue. In

most countries, multi-stakeholder advisory fora were *either* set up, or existing structures (e.g. an existing violence prevention forum) were used as vehicles of communication. They were kept informed of emerging research findings, received project updates and final results. It was particularly beneficial to feed into existing fora if this was possible, as it enabled a light touch, but more sustained engagement, than was possible if stakeholders had to attend a specific meeting. It also enabled a wider group to be engaged. In most countries there were a range of dimensions to stakeholder engagement and presenting more detailed findings at events, such as for International Women's Day, either organised by the project or when invited by the external host, was a valuable opportunity for exposure.

In addition to country-level work, we purposively identified and engaged global and regional players in the field, including custodians of Sustainable Development Goal 5 (UN Women, UNFPA, UNTF, WHO) and other established donors funding VAWG, and built strategic partnerships with allies amongst them. Together we identified where evidence from What Works could be used to improve the effectiveness and efficiency of their VAWG prevention messaging and activities. We provided ongoing updates and knowledge exchange as the research programme progressed. Particularly valuable opportunities stemmed from co-hosting face-to-face meetings and webinars and responding to invitations to present research findings at their meetings. We provided regular email and social media updates and used our website as a repository of our knowledge products.

Our Independent Advisory Board (IAB) also enabled us to draw in assistance from some of the key global players and this relationship was mutually beneficial. The IAB members contributed their expertise in assessing the rigour and credibility of research and enabled us to remain responsive to their needs as representatives of global implementing bodies. They reviewed key messages and knowledge products for dissemination, and we leveraged their positions and influencing power to open doors for RU opportunities at global, regional, and local levels. Importantly, the IAB were used extensively and effectively as spokespersons, champions, and influencers for VAWG prevention across donor agencies.

Communication for research uptake

Communications is a central pillar of RU but the location of communications in the context of RU is not always clear. The DFID Research Uptake Guide largely viewed communications as a process that comes into play once the research has been carried out and the results are known, but we experienced this as a narrow perspective. Our experience was that communications could help to build support for the issue (of VAWG) generally, argue for the need for an evidence base in VAWG prevention, promote understanding of VAWG's wider relevance to society, and start building interest and an appetite for evidence-informed decision-making. This ran throughout the research cycle and focused on all levels, from government to communities to individuals. In this way, we found communications needed to be a central thread of the programme, rather than a standalone element.

Our communications began in the inception phase with the first task being to name "What Works?" and develop a branding that would work across borders and languages. DFID policy did not allow the use of its funds for branding, so the costs of this essential activity were carried by the South African Medical Research Council. Although we had to convince our donor of the initial value of the branding, it emerged as an incredibly important activity. Brand "What Works" gained huge national and international currency. It was a proud rallying point for all the programme partners and became internationally recognised as a brand associated with rigour and reliability, an outcome sought from the programme's donor.

Our second task was to launch the programme to the sector, and to signal our presence and commitment to knowledge generation. We unveiled our five reports at the inception launch, providing an overview of what was known in the field of VAWG drivers, prevention and costing, and signalled gaps in knowledge. The launch introduced the What Works led communication theme about the value and importance of "Preventing violence before it starts", assisted by a powerful and

effective bespoke five-minute animated video. The main launch event was positioned as a side event at the 2014 Prevention of Sexual Violence Initiative Conference (PSVI) in London, and a Secretariat-based South African launch was held to coincide with the 16 Days of Activism Against Gender-Based Violence and a visit by a DFID Minister. Both drew together a range of local, regional, and global stakeholders.

Thereafter, we set up our own communication channels, namely a website that could host all the programme outputs, social media channels through Facebook and Twitter, a blog, and a regular newsletter. We also guided our partners in gathering a range of communications assets including stories of intervention participants, photos, and videos, all of which enabled them to prepare for sharing research findings.

We guided partners in identifying and using opportunities in their countries to communicate, using a range of strategies from convening meetings, to organising side events at established gatherings, to contributing on the platform of meetings organised by others. Some of the dissemination to communities was much less formal, for example, integrated into a health day for the research participants and their families and the wider community in Pakistan. We strategically identified global and national conferences and organised events that would enable us to share our learning with the field, and with academic and professional stakeholders. We worked closely with the DFID communication office when the results felt worthy of international attention and could positively contribute to the field of violence prevention to generate international media interest. The programme ended with a series of high-level events and global media outreach activities, and a final communications end point to adjust the website to become a library resource and conclude the programme via our social media channels.

Capacity development

Linked to our other RU activities was an intensive capacity development strategy for grantees, further details of which are published elsewhere (Willan et al. 2019, 786–797). We started by assessing our research and programming partners' experience of communications, knowledge of RU, writing abilities, and access to wider networks. Then we worked through our structured capacity development activities, to strengthen all our abilities to communicate project and programme findings most effectively to multiple audiences. Grantees revealed that they needed increased knowledge and skills to develop country-level RU plans and tailor them for their projects and contexts. The DFID guidance proved useful here, as it provided clear, actionable guidelines for assessing capacity needs for RU in projects (DFID 2013). However, we needed to develop country-specific RU plans, reflective of the local socio-political dynamics. As research results emerged, we intensified efforts with project teams to analyse and interpret results; understand the "story" that emerged from the research; craft simple, clear and convincing messages; and package them to persuasively communicate with multi-stakeholder audiences. To do this we held annual capacity development workshops, gave ongoing technical support, developed a Zoom-based grantee community of practice, and held bespoke workshops (Willan et al. 2019, 786–797). Particularly valued was a day-long training session on how to identify key messages and communicate them in a visually compelling way through short Powerpoint presentations. This was foundational for the dissemination of results to stakeholders, as well as the development of research briefs, peer-reviewed journal articles, and other communication products.

Capacity development for RU was largely for internal What Works grantees. However, we were aware that capacity to interpret, appraise, and use evidence in decision-making processes is limited in the Southern context (Clar et al. 2011). To address this, we occasionally had the opportunity to partner with global stakeholders (e.g. UN Women and WHO) to gather targeted and interested end-users, from across sectors for skills development on the interpretation and use of real-time data from What Works in their current decision-making processes. A particular example of this was in Rwanda, where researchers, at the request of government officials, provided training

to government staff in the use and interpretation of findings to deepen their understanding of prevalence data, and its implications for the policy environment.

We also facilitated discussions around the implications of the main research findings for research, programming, and funding in the sector and importantly, within their organisational agendas. This occurred intermittently throughout the programme life cycle. It enabled key stakeholders to be kept abreast of emerging findings, encouraged to use them in their work, and fostered a closer researcher–decision-maker relationship to achieving the common goal of VAWG prevention. The degree to which these goals were achieved varied.

Monitoring and evaluation (M&E)

Monitoring and evaluating the impact of a complex, multi-country, multi-faceted RU strategy proved challenging. One of the threads running through the planned RU and overall programme evaluation was an assessment of RU success. What did this look like? Different measures were considered at different points, but these were often unsatisfactory. At one stage, the quality of peer-reviewed papers was assessed with metrics lightly adapted from those used in the UK university research evaluation framework, which included the complexity of the data analysis and number of participants in the study. This was not appropriate for application to all papers as it did not accommodate the nuance that publications have different communication goals. For example, a trial methods paper is quite different from a main findings paper.

A second approach to evaluating success was to capture scale up and while many projects did get extra funding because of publicity through What Works, it was sometimes at a point when research results were not available, highlighting the challenge of using this as a programme success measure. The alternative was to count soft measures of impact, that were attainable within programmatic time frames, and these were generally considered unsatisfactory as they really amounted to little more than measures of process.

The DFID guidance on M&E for RU, locates indicators within the project's log frame (DFID 2013). However, this posed a challenge to What Works as a programme, as its size, complexity, and the inherently dynamic nature of the evidence to action process made the log frame indicator an ill fit for capturing RU impact. In practice, it is often a set of interconnected factors that result in impact (or a lack thereof) in RU. Yet the reliance on static, countable indicators in M&E frameworks often misses nuance in the evidence uptake process. We found that the M&E strand of the RU process did not adequately account for intermediate and more qualitative processes that impact on RU outcomes. The so-called missing links that occur in the middle of the evidence to action process are often the activities from which impacts are borne. These include increased connectivity and improved networks among the VAWG community at national, regional, and global levels, which particularly in the global South, can become a catalytic collective “voice” in raising awareness about an issue and calling for action. Elsewhere, we have documented, how developing Southern capacity to effectively communicate evidence contributed to building the next generation of Southern researchers and practitioners to champion the cause of the VAWG prevention in their respective countries and regions (Willan et al. 2019, 786–797). This is another critical intermediate output of the RU process that is often not captured, but which is integral to achieving impact.

We found that some of our key activities were not accommodated by established M&E frameworks. Attitude changes of stakeholders towards VAWG prevention are a key indicator of RU success, especially in the Southern context, where shifts in attitudes toward the issue, is a fundamental step to achieving impact. In What Works, considerable efforts and investments were made in the foundational step of raising the profile of the issue of VAWG and building interest in the need for the work. We also found that the framework did not accommodate ad hoc influencing activities with a range of key actors, which sometimes took place at an individual level, that result in action. Such was the case in South Africa, where a wave of civil society action, national media coverage, and public outrage around VAWG and femicide; the existing coalitions and alliances between like-minded

activists, academics, and policy makers; the timely supply of research evidence; and strong political will, coalesced in concrete action. We saw attitudinal change toward the issue of VAWG, changes in language and the urgency with which VAWG was regarded, and behavioural change (funding, scale up opportunities) that was unprecedented. We were given important opportunities to feed into the unfolding processes in multiple ways. However, it was still a challenge to disentangle the specific contribution of one organisation or to link research to the contribution of other movements to this change. This is an extremely complex process, and not easily captured by traditional M&E frameworks. A further challenge is that RU impact often extends well beyond the timeframe of programmes, and What Works was no exception. This is very difficult for most frameworks to capture.

Lessons learned

Knowing what, when, and how to communicate

Knowing what, when, and how to communicate is essential for successful communications, grounded in an environment of good relationships and trust. Our experience was that research communications can be both the means through which a programme achieves its greatest long-term impact, as well as being a potential source of reputational risk. The prevailing view in DFID during What Works was highly mindful of the potential reputational risk and had developed a stringent system of vetting products and processes to pre-empt this. Articles that would appear in the UK print media had to be signed off by DFID communications department. This tension between justifiably protecting the reputation of the DFID brand and following the admonition to engage stakeholders (among which one would consider the media and readers from the general public), and raising awareness of the work at an early stage was at times hard to navigate. In the early years of the programme, this seemed to limit communication efforts.

However, not everything communicated was equally sensitive; at times, we were reminded that considerable caution was needed before releasing material to the media. Balancing encouraging local media engagement and managing content produced by partners was challenging. One year, with our encouragement, partners developed dissemination materials from baseline research results for the 16 Days of Activism campaign. This went badly wrong for one project, which was working in an area with a very high prevalence of VAWG. The partners were aware that their findings powerfully evidenced a narrative of the overwhelming problem of VAWG, along the lines of many communication pieces at that time of year. This could be used to raise the profile of the problem, attract additional funding for such work, and advance other political objectives around VAWG prevention. These broad objectives took precedent over considerations that they were working in *one* community, and members of the community and local professionals might not appreciate the political imperative of the narrative, but rather view the piece as stigmatising. The community was named and whatever the good intentions, the result was unquestionably stigmatising. It took a considerable number of hours of relationship re-building to mitigate the problems that were caused and arguably there were lingering ramifications rippling through the final two years of the project.

Part of the challenge in this example illustrates that work on VAWG has to balance messages about the plight of women subjected to violence, and the disproportionate vulnerability of some communities, with the fact that many of the interventions that will bring about an end of such violence involve building (informal) partnerships for change with previously violent men and the communities. Messages needed to be carefully crafted to avoid victim-blaming women and stigmatising men, specific perpetrators, or communities. Our experiences showed that uncritical messaging could be highly detrimental to projects. Capacity development was required to familiarise partners with the politics around messages and to build skills to identify, refine and communicate key messages from research as an on-going evolutionary process. There may be a tension between attempts to keep oversight of messages to avoid difficulties and empowering projects and partners to

communicate about their work and research findings. However, this needs to be sensitively and timeously navigated through strong interpersonal communication, as the reputational costs of treading on the wrong side of this line can be quite substantial. The example also highlights the need to find a balance between researchers' ethical obligation to publicly disseminate research findings, while protecting the confidentiality of participants, or groups of participants. This is especially important in contexts where results are potentially stigmatising, participants may be easily identifiable, communities are small, or clusters within communities are close and/or have porous borders, and close social networks. When the confidentiality of participants or groups is likely to be compromised, it is worth considering disseminating results to specific stakeholders first. They may be likely to convey results in a more socially and/or culturally sensitive manner. It is also advisable to conceal a study's location if it does not add value to the results being disseminated. Additionally, one should discuss, particularly sensitive findings, with a small group of trusted stakeholders first, before wider dissemination. This is a useful approach to ensure that researchers tread carefully on the line between an obligation to disseminate results, while respecting the confidentiality of the research process. These experiences gave us a deeper understanding of the extreme caution exercised by the DFID communications department and highlighted the benefits of having some control over communications, even to local audiences, from across the different elements of the complex programme. They also showed the need to combine capacity building to extend understanding of not just how to communicate, but the importance of considerable care being taken over tone and messaging in communications.

Stakeholder communication and managing expectations about release of findings

When we commenced work, we were highly conscious of the admonition that for successful RU it is valuable to engage stakeholders from the start of a project. It is often posited that this activity should have guided the design and implementation of the project and paved the way for RU on its completion. In practice, however, we usually did not engage them absolutely at the start of the project as implementing partners had considerable pressure on them to develop project workplans; pull together teams and systems for office, financial, and project management; build relationships with local partners and officials for implementation; and plan and organise research. We have discussed elsewhere (Willan et al. 2019, 786–797) how the levels of capacity to design and implement the projects were much lower than anticipated and we had not expected that we would need to conduct as much formative research and engage in as much reshaping (or redesign) of interventions as was required. In a context where there was a heightened level of pressure, non-time sensitive activities were easy to relegate until more pressing ones had been accomplished. What the projects required at this inception stage was input and support from necessary stakeholders, i.e. gatekeepers, local experts and international experts, guiding the projects. They did not need, and nor did they have the capacity to absorb, further advice from stakeholders who were not directly interfacing with the project activities.

When projects *did* engage a wider range of stakeholders, they did so at the point when there were results from the formative research, desk top reviews, and/or the baseline to share, with the key messaging being around the magnitude, nature, and drivers of the problem of VAWG in the community – often its health impact, and the need for prevention. This specific key messaging enabled an easy and relevant conversation and provided an important messaging moment.

However, the point between the release of early findings and when results became available posed some challenges. Engagement with stakeholders appropriately included the intervention delivery partners, who usually presented an overview of their intervention, but it was not uncommon for stakeholders to be unfamiliar with the research process and somehow assume that because it was being evaluated through this illustrious programme it would be shown to work. This view reflected a consternation of hopes, a limitation of real understanding of scientific evaluation, and a dose of impatience for positive effectiveness results. On reflection, it is hard to know how this

could be avoided, as stakeholder work cannot be effectively undertaken, at least at a local level, without introducing the project and implementing partners as well as the research. At a national level, the focus may be more constrained and phased communication with stakeholders should be guided by a few overarching questions: *What is the problem, what drives it and how big is it? What has been shown to be able to address the problem internationally?* This could enable engagement without overly focusing on the evaluation. There needs to be a clear process to set and manage expectations from partners and stakeholders about research findings from project inception and it is a challenge to maintain their interests in the research while effectiveness studies are being completed. This challenge was certainly made easier with respect of national stakeholders who were only engaged after the first research results were available.

Paving the way for investment in roll out often pre-supposes that results of the evaluation will be positive. Alternatively, it should ideally allow for investment in refining and re-evaluation if they are not, but the development world is not well orientated to this type of thinking, so the focus is on anticipating a positive output. However, in the investment context of development programming, we perceived that there was a widespread assumption among development partners that just because an intervention was being supported and evaluated by What Works that it *did* work, and noted that roll out was often funded for interventions in the 1–2 years prior to evaluation results becoming available. In some contexts, there was fortunately a positive result from the research, but in others, the evaluation findings did not show the intervention was effective and this caused considerable tension, resistance to the conclusions of the study from an implementing partner, and in one case a challenge to the evaluation's integrity. Lessons learned point to the need for internal messaging to frame an evaluation as research that is needed to see how an intervention performs and learn what is needed to optimise it, rather than to prove effect and enable an easy passage to scale up. Donors in the development field also need to be responsive to the reality of research into VAWG prevention, and the need to have long term funding to enable pipelines of concepts to be developed and tested and the most promising taken into stages of further refinement and evaluation, in the same way as pipelines are established and funded for pharmaceutical drug discovery.

Resources

When the programme was developed there was very little guidance on what resources would be needed for RU. We recognised that we needed a fulltime manager for the research uptake portfolio, as well as a range of other staff inputs, and we would need some costs for convening meetings, graphic design and publication, communication, conference attendance, and open access publishing costs, but we had no basis from which to estimate how much was needed. We initially allocated 4% of the budget to research uptake and allowed grantees to include some direct costs (such as for making a video or conference attendance) in addition in their project budget. However, as RU implementation unfolded, new opportunities emerged and new knowledge products were required, we realised that we had greatly underestimated. We were fortunate to be able to redirect some existing funds and gain some additional funding from DFID for RU, with the consequence that at the programme end we estimate the total investment in research uptake to have been 10% of all the programme's funds.

Strategies for effective research uptake: lessons learned

Research uptake for development programmes must be resourced, systematically planned, implemented, and monitored, to maximise the likelihood that research findings are meaningfully translated into policy and practice. In this section we draw out nine areas from the What Works experience which were key for effective RU: (i) thorough planning from an early stage, based on an understanding of the goal and stakeholders expressed in a theory of change; (ii) incremental strategy with evolving goals, foci, and approaches; (iii) capacity development of partners to engage in RU

and of stakeholders to interpret and use the new information; (iv) adequate resources; (v) focus on impact at multiple levels from local to global; (vi) strong platform of communications with tailored messages and tools and properly resourced so that strong content can be created; (vii) realistic assessment of success in programmatic timeframes; (viii) careful attention to the sensitivities around messaging; (ix) flexibility to adapt the strategy to new opportunities for impact.

Thorough planning from an early stage, based on an understanding of the goal and stakeholders expressed in a theory of change

Early planning was critical for our success in RU, particularly the process of identifying key stakeholders at country and global levels and reflecting on the barriers to RU for different stakeholder groups and tailoring of inputs. Planning needs to focus on a project level and build up to the global level, recognising that stakeholder identification is an organic process and should not be being forced too early in a project time frame. Research uptake in-country needs to be driven by local researchers and implementers. At times this creates tensions, with pressure to complete RU engagements, pushing timeframes that do not always fit well when research and programming is delayed but activities must be completed before funding ends. We recommend accommodation of the need for flexibility in timetabling RU, as so much of the value of the project and programme depends on this being effectively conducted and it is very hard to retain high quality work when time frames are highly constrained and capacity development is needed to ensure the work is effectively conducted.

Incremental strategy with evolving goals, foci, and approaches

Research uptake is a flexible and incremental process that while supported by plans, budgets, and reporting, needs to be responsive to new demands and opportunities; the communications element to the RU piece is central to that flexibility. Preparing messaging, and continuously adapting the messaging over time, allows one to be nimble, respond efficiently to the news agenda, ensure one is always being sensitive to the communities within which one is working, and always with the big question in mind: how does this story advance the field?

The What Works experience showed that it is not always possible to accurately identify all stakeholders or plan RU in detail at inception. Elements of stakeholder identification and engagement need to be set up at the programme and project inception, but much of the early stakeholder engagement is at a local level and the role of stakeholders is often in opening doors and supporting implementation. Messaging and dissemination take time to evolve, and only really take off when a “brand” has been built, research is completed, and findings prepared for communication. While identification of the early messaging is important in generating interest, and building demand for research findings, generating synthesised messaging across projects, and building the opportunities for dissemination needs time, resources, and a recognition that processes evolve.

Capacity development of partners to engage in research uptake and of stakeholders to absorb the new information

Capacity development was a central thread of the What Works programme, and so regarding it as a key element of RU was congruent with this (Willan et al. 2019, 786–797). What Works taught us that conducting a thorough assessment of capacity needs for research uptake is one of the key steps in capacitating both partners, and more general assessment of the needs of end users, was vital for effectively disseminating and interpreting research findings, and achieving maximum impact. Our efforts to build capacity were responsive to expressed and evolving needs throughout the process and showed that this was critical for RU impacts. Efforts to undertake effective RU must be built on a strong and flexible platform of capacity development.

Adequate resources

RU requires substantial staff time and resourcing to be able to deliver effectively. Our estimate of 10% of the budget for RU is much higher than is normally allocated in budgets. It may be that the percentage could be a bit lower for very large studies, but we have shown that there is a need for considerable investment when RU is taken seriously by a donor and expectations of research dissemination are high.

Realistic assessment of success in programmatic timeframes

Programmatic and policy shifts and change rarely occur within the limited timeframes of programmes, yet they are widely used as measures of success. In reality, there is a lot of granular detail in the processes that lead to RU success; it may therefore be more valuable for in-depth analysis of these complex, coalescing, and dynamic processes, and developing frameworks that are suited to these processes, rather than relying on traditional M&E and log frame frameworks.

Flexibility to adapt the strategy to new opportunities for impact

Despite careful planning, many opportunities for impact arose in the course of the programme, as new NGOs or donors emerged in the VAWG field, the Global Spotlight programme was initiated, the RESPECT framework for VAWG prevention was developed (WHO 2019), and VAWG rose on national and global political agendas. The greatest impact of What Works on a single country was seen in South Africa where VAWG became exponentially visible on the national political agenda in August 2018, with huge new demands for knowledge about the problem and What Works to prevent it, and assistance in drafting a National Strategic Plan for Gender-based Violence and Femicide (South African government 2019). This culminated in the consortium director leading the national team to draft the R1.8 billion budget for VAWG that was prepared for Cabinet in September 2019. This type of impact was unimaginable when What Works was developed and having the time and flexibility to respond to these, and other types of unanticipated requests were essential for the overall success of the programme.

Conclusion

Research uptake is an essential element of research on VAWG prevention work globally and needs to be appropriately planned and resourced from the start of projects and programmes. Our experience highlighted the importance of mainstreaming the role of communications into all RU activities, from inception (identifying a programme brand) right the way through to completion. This takes time and requires investment. Given that RU is characterised by new demands and opportunities arising during the process, donors need to respond to these by being flexible to changes in the external context and providing resources and support for opportunities beyond the original strategy. Similarly, those involved in implementing the RU strategy need to regularly revisit it to track progress, identify new opportunities and people/groups who are best placed to act on them, and critically discuss which strategies are working and which are not. The What Works RU process, while largely impactful has also confirmed the assumption in our theory of change that, while high quality evidence is necessary for RU, it is not always sufficient. Researchers must approach evidence-informed decision-making from that standpoint and work with implementers, civil society organisations, knowledge brokers, and donors to effect meaningful change.

Acknowledgements

We would like to thank all What Works programme partners who contributed to research uptake and working to ensure meaningful impact from our Programme.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

The What Works Programme was funded through the “What Works to Prevent Violence? A Global Programme to Prevent Violence against Women and Girls” by the UK Government’s Department for International Development and managed by the South African Medical Research Council. Time drafting this paper was funded by the South African Medical Research Council and Ladbury Communications.

Notes on contributors

Leane Ramsoomar was the Research Uptake Manager of the What Works To Prevent VAWG Global Programme. She is a public health researcher in the Gender and Health Research Unit at the South African Medical Research Council.

Rebecca Ladbury was the Communications Manager for the What Works to Prevent VAWG Global Programme. She is the Director of Ladbury Communications, a strategic communications consultancy delivering creative, intelligent campaigns across non-profits and global development.

Rachel Jewkes was the Consortium Director of the What Works To Prevent VAWG Global Programme. She is Executive Scientist for Research Strategy and Intramural Research at the South African Medical Research Council.

ORCID

Leane Ramsoomar  <http://orcid.org/0000-0003-1934-579X>

Rachel Jewkes  <http://orcid.org/0000-0002-4330-6267>

References

- Cabinet Office. 1999. *Modernising Government*. London: The Stationery Office.
- Clar, C., S. Campbell, L. Davidson, and W. Graham. 2011. “What are the Effects of Interventions to Improve the Uptake of Evidence from Health Research into Policy in Low and Middle-Income Countries?” Final Report to DFID.
- Cochrane, A. L. 1972. *Effectiveness and Efficiency: Random Reflections on Health Services* (Vol. 900574178). London: Nuffield Provincial Hospitals Trust.
- Department for International Development. 2013. *Research Uptake: A Guide for DFID-Funded Research Programmes*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/514977/Research_uptake_guidance.pdf.
- Jewkes, R., S. Willan, and L. Heise. 2020. *Effective Design and Implementation Elements in Interventions to Prevent Violence Against Women and Girls*. Pretoria: South African Medical Research Council.
- South African Government. 2019. *National Strategic Plan on Gender-Based Violence & Femicide: Human Dignity and Healing, Safety, Freedom & Equality in our Lifetime*. <https://www.justice.gov.za/vg/gbv/NSP-GBVF-FINAL-DOC-04-05.pdf>.
- Torres-Rueda, S., G. Ferrari, S. Orangi, R. Hitimana, E. Daviaud, T. Tawiah, R. K. D. Prah, et al. 2020. “What Will It Cost to Prevent Violence Against Women and Girls in Low-and Middle-Income Countries? Evidence from Ghana, Kenya, Pakistan, Rwanda, South Africa and Zambia.” *Health Policy and Planning* 35 (7): 855–866.
- Willan, S., A. Kerr-Wilson, A. Parke, and A. Gibbs. 2019. “A Study on Capacity Development in the ‘What Works to Prevent Violence Against Women’ Programme.” *Development in Practice* 29 (6): 786–797.
- World Health Organization. 2019. *RESPECT-Seven Strategies to Prevent Violence Against Women: Key Messages*. <https://apps.who.int/iris/bitstream/handle/10665/324967/WHO-RHR-19.11-eng.pdf>.