From Research to Action

Measuring Knowledge Translation Efforts

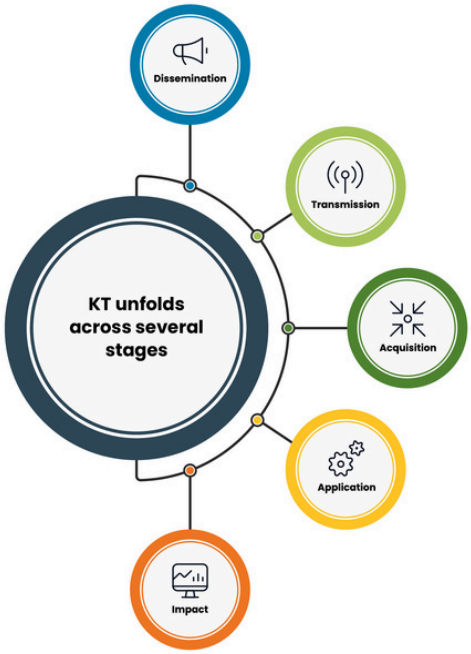
Led by JSI Research & Training Institute, Inc. (JSI), Gavi's Zero-Dose Learning Hub (ZDLH) is a global learning initiative designed to generate evidence and engage stakeholders to identify and reach zero-dose (ZD) and under-immunized (UI) children. As the global learning partner, JSI supports Country Learning Hubs in Bangladesh, Mali, Nigeria, and Uganda to advance evidence-based strategies aligned with Gavi's Identify-Reach-Monitor & Measure-Advocacy (IRMMA) framework. Key ZDLH achievements include demand-driven technical assistance and the development of tools and resources—all aimed at identifying and reaching ZD children and integrating evidence into policy and practice.

Research alone does not automatically translate into improved health outcomes. Its true impact depends on how effectively findings are understood, communicated, and applied. The World Health Organization (WHO) defines knowledge translation (KT) as "the synthesis, exchange, and application of knowledge by relevant stakeholders to accelerate the benefits of global and local innovation in strengthening health systems and improving people's health" (WHO 2005). KT bridges the "know-do" gap described by Bennett and Jessani (2011), who highlight four common barriers that prevent knowledge from translating into practice: stakeholders may be unaware of the evidence (don't know), may struggle to interpret its relevance (don't understand), may feel it's irrelevant to their goals (don't care), or may reject its validity or applicability (don't agree). By addressing these barriers directly, KT ensures that research effectively informs decisions and drives meaningful actions. However, without clear measurement strategies we cannot determine whether research findings influence decisions or drive action. Measuring KT effectiveness illustrates what works, what doesn't, and how research translates into meaningful policy and practice.

Why Measure KT?

Evaluating KT efforts provides insight into whether research findings reach the right audiences, are used in decision-making, and drive action. It allows researchers, policymakers, and program implementers to:

- **Assess reach**: Are findings getting to the right people in the right format?
- **Understand application**: Are stakeholders using the knowledge to inform programs or policies?
- **Demonstrate impact**: Are these actions leading to tangible improvements in health services or outcomes?
- **Refine approaches**: What strategies are working, and what needs to be adjusted?



The KT Journey: From Dissemination to Impact

Measuring KT means tracking its journey from dissemination to measurable impact. The KT process follows a continuum:

- **Dissemination:** Sharing findings through reports, presentations, or policy briefs.
- **Transmission:** Tailoring information so stakeholders understand its relevance.
- **Acquisition:** Ensuring stakeholders comprehend the knowledge and recognize its value.
- **Application:** Tracking whether stakeholders apply the research in decision-making.
- **Impact:** Measuring policy, programmatic, or health outcome improvements.

> **Example:** The Ministry of Health (MOH) receives your policy brief on improving ZD immunization rates (Dissemination). The Ministry works with implementers to adapt the findings into training materials for regional health teams, tailoring the content to local contexts (Transmission). Health workers participate in interactive workshops where they discuss case studies, role-play scenarios, and receive mentoring to ensure they can apply the recommendations in their daily work (Acquisition). Health workers implement new community outreach strategies to identify and reach zero-dose children (Application). The MOH revises national guidelines for routine immunization to include targeted outreach strategies for ZD children, officially integrating the policy brief's recommendations (Impact).

KT Theory of Change: From Research Products to Measurable Impact

Understanding how KT contributes to policy, programmatic, and system-level change can help us visualize the pathway from research products to impact. A Theory of Change (ToC) provides a roadmap for this process by articulating the logical sequence that connects KT inputs and activities to outputs, outcomes, and long-term impact. KT is not a linear process, and a ToC helps clarify how research-based activities evolve in response to new information, shifting priorities, or stakeholder needs. It also recognizes that stakeholders may engage with and reinterpret research findings at multiple points along the pathway. By making these dynamics explicit, the ToC supports planning, adaptation, and reflection throughout the KT continuum. A well-designed ToC also anchors KT monitoring and evaluation (M&E). It identifies what should be tracked at each stage, helping implementers assess whether change is happening, where bottlenecks exist, and how KT strategies can be refined to strengthen uptake and use of evidence.

The **ToC on the following page** illustrates how different research products and processes contribute to change across the key stages of KT. It also outlines corresponding indicators and outcomes, providing a practical framework for planning and measuring KT efforts.

Theory of Change for Knowledge Translation

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KT STAGE	OBJECTIVE	OUTPUTS	OUTPUT INDICATORS	OUTCOMES	OUTCOME INDICATORS	GOALS
Dissemination *Findings are shared with the right audiences through the right channels.*	Informed stakeholders are aware of relevant evidence.	Research reports, slide decks, conference presentations, meeting notes, web content.	**Process:** Number of dissemination products developed. Number of dissemination events or meetings held. Number of media placements (radio/TV segments, news articles). Number of digital communications used (email, social media, WhatsApp).	Stakeholders are familiar with the research findings and demonstrate interest in further engagement or clarification.	**Reach**: Number of downloads, citations, or views; number of attendees at webinars and events. **Use**: Stakeholder requests for clarification, follow-up presentations, or access to full data.	Evidence drives measurable improvements, with ongoing learning and adaptation to refine approaches.
Transmission *Information is tailored in a way that stakeholders understand and relate to.*	Stakeholders comprehend the research findings.	Tailored briefs and slide decks (translated / adapted); Interactive webinars, visuals, infographics for different contexts.	**Process:** Number of tailored or adapted products created (translations, simplified briefs, visuals). Number of webinars or interactive sessions held (Q&As, small-group workshops).	Stakeholders recognize the relevance of the evidence and begin identifying ways it could be applied in their context.	**Use:** Stakeholder feedback on clarity and usability (survey or interview data).	
Acquisition *Stakeholders actively engage with the research, internalize it, and see its value.*	Stakeholders gain the knowledge and motivation needed to integrate research findings into their work.	Stakeholder discussions, facilitated learning sessions, Q&A briefs, case studies, capacity-building tools or workshops.	**Process:** Number of knowledge-sharing materials distributed (Q&As, case studies). Number of training or capacity-building sessions conducted (workshops, mentoring).	Stakeholders have the confidence to adapt findings; they begin requesting technical assistance or resources to implement the evidence.	**Use:** Improvement in stakeholder understanding or skills (via pre/post-tests or self-assessments); Expressions of intent to adopt new approaches (mention in planning documents, requests for technical assistance).	
Application *Stakeholders begin using the research to inform decisions, actions, and planning.*	Organizations and decision-makers use research findings to improve programs or policies.	Research findings are integrated into workplans, policy planning, or planning workshops; pilot projects based on the evidence.	**Process:** Number of meeting agendas, planning sessions, or workshop materials citing evidence. Number of pilot projects launched or policy drafts produced that are based on the research findings.	Evidence-based changes begin to be adopted in practice or policy; pilots show promise for scale or replication.	**Action:** Documented plans to apply evidence-informed approaches (draft protocols, internal memos, pilot plans). **Change:** Number of facilities using updated standard operating procedures, job aids, or service delivery tools informed by the research findings.	Responsive Feedback Evaluation insights are used to adjust future dissemination/ transmission strategies.
Impact *Decisions influenced by research findings contribute to improvements in policies, programs, or outcomes.*	Stronger, more adaptive, and evidence-informed health systems and decision-making structures.	Follow through on research findings recommendations; scale-up of pilot efforts; multi-sectoral collaboration for broader change based on research findings.	**Process:** Number of multi-sectoral meetings convened to support scale-up of research findings. Number of documented follow-up actions taken in response (formal scale-up plans, policy revision steps).	Stronger evidence-informed health or program systems. Measurable improvements in service quality, cost efficiency, or health outcomes.	**Action:** Formation of coordination structures (working groups or task forces for implementation). **Change:** Number of scale-up initiatives (new policy decisions, expanded pilot programs, reforms adopted). **Outcome:** Number of national/subnational strategies, plans, or tools updated; budget lines reflecting research priorities; improvements in performance or service.	

Critical Assumptions and Enabling Factors

While the ToC outlines the intended flow of knowledge from dissemination to impact, its success depends on several critical assumptions about the enabling environment, stakeholder capacity, and timing. These conditions should be monitored and revisited throughout implementation:

- **Stakeholders are willing and motivated to engage with research findings.** It is assumed that policymakers, practitioners, and other key stakeholders have the time and interest to participate in KT activities. Monitoring participation levels, follow-up actions, and feedback can help assess this assumption.
- **KT products are accessible, understandable, and relevant.** Stakeholders must be able to access and engage with KT materials—such as briefs, webinars, and presentations—and find them meaningful. This includes ensuring linguistic and cultural appropriateness, as well as digital accessibility. Feedback from users and engagement metrics can provide valuable insight.
- **KT activities are aligned with decision-making timelines.** Timing matters. It is assumed that research findings are disseminated early enough to influence planning or policy windows. Mapping relevant cycles (e.g., budgeting, annual reviews, strategy development) and aligning dissemination efforts accordingly is critical.
- **Champions help promote and share findings.** Effective KT often depends on individuals or institutions (MOH focal points, community leaders) who can promote uptake and amplify findings. Monitoring who initiates follow-up conversations or references research in decision-making spaces can signal where this assumption holds.
- **There is institutional capacity and authority to act on findings.** Even when evidence is well-received, stakeholders must have the technical, financial, and political capacity to act. Monitoring whether implementation is feasible—and identifying constraints when it is not—is key to supporting the application of evidence.
- **An enabling environment exists for learning and adaptation.** KT assumes a culture of reflection, openness to feedback, and willingness to adapt tools and approaches. Observable adaptations (e.g., revised microplans, pilot tests, updated guidelines) suggest that this condition is being met.

These assumptions serve as an informal checklist during reflection, M&E reviews, and learning sessions. When KT outcomes fall short, revisiting these enablers helps identify what needs to shift, be strengthened, or receive targeted support.

How to Measure KT Effectively

Tracking KT effectiveness requires measuring whether information is shared and whether it leads to action and impact. You don't need to track everything. Focus on indicators that align with your KT goals, stakeholders, and available data.

Measuring indicators linked to a ToC can help with planning and reflection. However, measuring the impact of KT requires an evaluation approach. An evaluation approach will identify if KT activities contributed to observed outcomes by accounting for the other possible influences, such as external events or overlapping programs.

To understand whether and how KT contributes to outcomes, it is essential to design evaluations that consider the influence of external factors and other concurrent initiatives. This often requires a study design that goes beyond routine monitoring, such as outcome harvesting or social network analysis (SNA) to examine how and why change occurred and what role the KT efforts played. SNA is useful for tracing how information and influence flow through a network, from initial dissemination to both intended and unintended users, offering insight into how knowledge circulates and which actors may shape or accelerate its uptake. Without such approaches, changes observed at the outcome or impact level cannot be attributed to KT efforts alone, especially in dynamic public health settings.

Process, ***reach***, ***use***, ***action***, ***change***, and ***outcome*** indicators can provide an understanding of KT efforts and progress. JSI's Knowledge Translation for Zero-Dose Immunization Research Toolkit, developed by Gavi's Zero-Dose Learning Hub, outlines the key indicator types:

Process Indicators
Are KT activities implemented as planned?

Process indicators track whether KT activities occur as intended, such as:

- Number of policy briefs, reports, or dissemination events produced.
- Number of stakeholder meetings, knowledge-sharing sessions, or workshops held.

Example: One policy brief on community-based immunization outreach was developed.

Reach Indicators
Who engaged with the research? Is the right audience engaged?

Reach indicators measure the extent to which research findings reached the intended audience:

- Number of downloads, views, or citations of research products.
- Number of attendees at webinars, events, or stakeholder meetings.
- Number of comments/messages in knowledge-sharing platforms or discussions.

Example: The policy brief was shared with 10 Ministry of Health officials and discussed in a national immunization working group meeting with an additional 50 immunization stakeholders.

Action Indicators

Are immediate changes happening?

Action indicators track immediate, tangible results that occur as stakeholders begin applying research-informed recommendations:

- Development of new protocols, guidelines, or policies informed by research.
- Adjustments in service delivery based on insights.
- Increased funding or programmatic shifts influenced by research findings.

Example: A local health district piloted a new community outreach model based on the recommendations outlined in the policy brief, increasing immunization session attendance.

Change Indicators

Are policies and systems changing?

Change indicators track whether research-informed actions lead to broader, long-term policy or program shifts:

- Updates to national or subnational strategies.
- Changes in how health systems prioritize services.
- Organizational or institutional shifts toward evidence-informed decision-making.

Example: The country's national immunization policy was updated to include community-based outreach as a standard strategy based on research findings.

Outcome Indicators

Are research findings leading to improved health outcomes?

Outcome indicators measure whether research has influenced or contributed to improvements in health services or population-level outcomes; however, outcomes depend on many factors beyond the production and translation of research evidence. When designing evaluations, it's important to allow enough time for changes to occur and to focus on understanding how the research contributes to achieving the desired outcomes. In most cases, it will not be possible to establish a causal link between KT and long-term outcomes.

Outcome indicators reflect multiple influences—KT is one factor, but outcomes rarely result from a single activity.

Outcome Indicators (continued)

Potential outcome indicators include:

- Formal updates to guidelines or protocols based on research evidence
- Expanded resource allocation
- Cross-sector collaboration
- Service delivery improvements driven by research-informed policy changes

Example: Following the national policy update based on the research findings, the MOH formed a cross-district immunization task force. Within six months, the participating districts revised and standardized their outreach protocols, trained additional health workers, and reported more consistent immunization session scheduling, demonstrating a clear, systemic improvement in service delivery.

Putting KT Measurement into Action

Effective KT measurement starts with a well-designed ToC that details how research products, activities, and stakeholders drive improvements in policy, programs, or health outcomes. Building on this foundation, researchers and implementers can integrate KT indicators into existing M&E frameworks rather than creating separate data collection for KT measurement. Below are key steps:

- **Define clear KT goals:** Align indicators with intended outcomes from the start, guided by your ToC. Ensure you have a logical chain connecting inputs (research) to outputs (KT products) to outcomes (application, impact).
- **Use a mix of indicators:** Combine process, reach, use, action, change, and outcome measures to get a complete picture. Data on outcome indicators alone will not tell you if changes are due to the research inputs.
- **Gather both quantitative and qualitative data:** Metrics like downloads or citations can be complemented by interviews, feedback, or case studies to assess the application of KT. Mixed methods provide depth and context around whether research is truly being applied.
- **Integrate measurement into existing monitoring, evaluation, and learning efforts:** Look for synergies with existing indicators, timelines, and reporting structures. This approach reduces extra data collection, enabling you to track KT progress without overburdening staff or duplicating efforts.
- **Regularly track and refine:** Track KT progress continuously—not just at the end of a project—to enable timely course corrections and keep efforts aligned with your intended outcomes. Gather real-time feedback to adjust KT activities when results diverge from your ToC.
- **Document and share learnings:** Reporting KT measurement results helps refine strategies and strengthens advocacy for continued KT efforts.

Practical Ways to Strengthen KT Measurement

Researchers can ensure KT measurement leads to meaningful improvements by aligning their tracking with decision-making processes. Below are strategies to strengthen KT measurement in public health settings:

- **Align KT efforts with decision-making cycles to ensure research informs key policy discussions.** Decision-makers often operate on set timelines (budget cycles, policy reviews). Aligning KT with these cycles ensures that information is available when it's most useful.
- **Involve stakeholders from the start to ensure KT success is meaningful.** Success looks different to researchers, policymakers, frontline health workers, and communities. Collaborating early to define clear, measurable KT objectives ensures that indicators reflect needs and lead to actionable outcomes.
- **Use existing health data systems to monitor whether research is potentially influencing program decisions and showing impact; however, consider data quality issues and the time-lag for population-level changes.** Although many public health programs already collect valuable data (like DHIS2), which can help track trends and highlight broad shifts over time, these systems often face data quality challenges (inaccuracies in denominators, incomplete reporting) and may not show a direct linkage between research inputs and outcomes like DTP coverage. Using a ToC can help trace how KT activities might lead to incremental changes at each stage, well before population-level effects become measurable. If you choose to leverage existing data systems, budget time for data quality checks and use trend analyses primarily as a complement to other KT indicators, rather than definitive evidence of cause-and-effect.
- **Consider how knowledge circulates beyond the initial audience.** Traditional reach indicators (downloads, event attendance) do not fully capture whether research is being shared, discussed, or influencing decisions. If resources and expertise allow, more advanced approaches such as tracking citations in government documents, cross-referencing policy discussions, or mapping interactions across knowledge-sharing platforms can offer deeper insights into how knowledge travels across audiences.
- **Watch for unexpected but valuable outcomes.** KT doesn't always lead to the exact change planned, but it can trigger other important shifts. For example, a campaign focused on improving vaccine uptake may also build community trust in health services more broadly. Capturing these unintended but positive impacts strengthens the case for continued KT efforts.

Bennett, G., & Jessani, N. (2011). *The Knowledge Translation Toolkit: Bridging the Know-Do Gap.* International Development Research Centre & SAGE. Available at: https://thecompassforsbc.org/sbcc-tools/knowledge-translation-toolkit-bridging-know-do-gap-resource-researchers.

World Health Organization. *Bridging the 'Know-Do' Gap: Meeting on Knowledge* Translation in Global Health: 10–12 October 2005. WHO, Geneva, Switzerland. 2005. https://www.measureevaluation.org/resources/training/capacity-building-resources/high-impact-research-training-curricula/bridging-the-know-do-gap.pdf.

Quick KT Measurement Checklist

Consider this checklist to ensure your KT measurement efforts are practical, timely, and aligned with decision-making processes, without duplicating data collection or overburdening staff.

Getting Started

- [ ] Have I set clear **goals** for how I want my research to be used?
- [ ] Have I developed a **ToC** that outlines how research products and stakeholder engagement can lead to measurable impact?
- [ ] Am I tracking **different ways to measure success** (who sees it, who uses it, what changes because of it)?
- [ ] Have I talked to the **right people** (policymakers, health workers, community leaders) to understand what success looks like for them?
- [ ] Am I **timing** my KT efforts to when key decisions are being made?
- [ ] Have I considered what **assumptions** must hold true for my KT approach to work (e.g., stakeholder capacity, access, timing)?

Tracking and Measuring

- [ ] Am I **integrating** KT measurement with any existing monitoring, evaluation, and learning plans so I can leverage current data collection instead of duplicating efforts?
- [ ] Am I tracking both **numbers and stories** (downloads, citations, examples of use)?
- [ ] Am I capturing **stakeholder feedback** and adapting KT tools, messages, or delivery channels based on how the research is received and used?
- [ ] Am I looking at how my research is being shared **beyond its original audience**?
- [ ] Am I monitoring **enabling conditions** like stakeholder access, readiness, and willingness to act on evidence?

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Checking for Measurable Impact

- [ ] Am I tracking **how** people use my findings in policies, programs, or training?
- [ ] Am I tracking if **new policies**, **guidelines**, or **funding changes** happened because of the findings?
- [ ] Has my research led to any **unexpected** benefits/changes?

Learning and Improving

- [ ] Am I **tracking feedback and adjusting** my approach based on what's working?
- [ ] Do I have a plan to **share what I've learned** with others so they can improve their KT work too?
- [ ] Is KT data being reviewed and used to inform **future** strategies, stakeholder engagement plans, or advocacy efforts?

When knowledge translation is embedded in public health efforts, research stops being just information and starts driving measurable change. The impact of research isn't in the number of reports produced, but in the policies shaped, programs improved, and lives saved. By tracking how research moves from dissemination to action, we ensure that evidence is not just produced, but truly put to work to improve public health.

The Knowledge Translation for Zero-Dose Immunization Research Toolkit provides a step-by-step framework for planning, implementing, and evaluating KT efforts. By embedding measurement into KT activities, we can close the gap between research and impact, ensuring that evidence moves to action.

Download the Toolkit

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