COMMUNICATION FOR IMMUNIZATION

E-LEARNING RESOURCES

05| A. FORMATIVE RESEARCH OVERVIEW

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Formative research is conducted during the development of a program to help decide on and describe target audience(s), understand the factors which influence their behaviour, and determine the best ways to reach them. It looks at behaviours, attitudes and practices of target groups, involves exploring behavioural determinants, and uses a myriad of methods to collect data. Formative research may be used to complement existing epidemiological and behavioural data to assist in program planning and design.[1]

If you're considering formative research, you've already conducted a preliminary situation analysis and have identified information gaps about the problem, target audience, enablers and barriers to the desired behaviours.

Formative research can range from a resource-intensive large national knowledge, attitudes and practices study with a research partner – taking several months or more, to a few focus group discussions in a community, resourced locally over a few days or weeks.

1. Preparing for the work plan:

Before conducting formative research, consider and record:

- The essential information you need for the communication plan.
- Whether the information could be gathered through existing channels – e.g. add questions to routine immunization monitoring, an upcoming national coverage survey.
- Whether the information required is qualitative, or quantitative, or both.
- The key research questions
  - Depending on the information gaps, the research questions may be narrow: "Why are just 50% of caretakers in XX community having children fully immunized," or broad: "What are the factors that enable or are barriers to immunization seeking behaviour in State A, B, C?"
- The scope and scale of the research - nationwide? A region? A cultural group? An ethnic community?
- Decide who can provide the information and consider segmenting the audiences to suit the research questions. For example:
  - By broad audience type: decision makers, health workers, community leaders, community members, associations, media
  - By geography: rural, urban, remote
  - By education and income level: educated, professional, semi-literate, labour, etc.
  - By those who are conducting the desired behaviour, and those who are not
- Who will conduct the research – an external research partner (private firm, university, national, international) or internal staff and partners.
- The national laws and policies governing research, including approvals by an ethic committee
- The funding sources.
- A realistic timeline including preparing the research, implementation, analysis, report preparation, clearance and feedback.
- Consider how/whether to conduct a follow-up study, to compare results before and after implementation of the communication plan.
- Any plans to submit the results to a journal.

Common formative research methods:

- Focus group discussions
- Key informant interviews
- Observational/ environmental scans
- Surveys

2. Essential elements of the work plan:

- Identify the project lead and a research working group.
- Write the research proposal, including the background information, sampling method, key research questions, audiences, timeline of activities, budget and funding sources and nature of the final product (e.g. report, publish?).
- Ensure buy-in and sign-off from decision makers (e.g. Ministry of Health).
- Identify the human resources required.
  - If a research institute, create the terms of reference, promote a call for

[1] CDCynergy Social Marketing Edition, Centers for Disease Control and Prevention

proposals, make time to review applications, select and hire the partner.
- A list of the activities, the timeline for completion and roles and responsibilities.
- A plan to receive consent from those who participate in the study.

3. Implementing the plan

- Prepare, review and finalise the research question guides with the research working group.
  - You may require different guides for each audience.
  - Consider how to collate, code and analyse the data and, where possible, format the guide in a way to make this easier (e.g. – "1-5" scales; "Y/N" answers, coded demographic information such as age range, gender).
- Ensure all oversight review body approvals (e.g. ethics committee).
- Create a clear plan for the actual research, including a day-by-day plan of the communities to visit according to the sampling method.
- Consider how to approach the communities where research will be conducted.
  - For example, bring an official introductory letter translated into local languages; bring a copy of the ethics panel approvals; convene introductory meetings with the appropriate leadership such as the District Health Officer and community leaders.
- Implement the consent plan with all participants.
- Ensure sufficient time for data analysis and report preparation.

4. Reporting results

- Present the report to the research working group, communication working group, EPI team and any other stakeholders who may be interested.
- Feedback to external stakeholders, even outside the country, including communication for development practitioners.
- Feedback results to the communities.
- Consider how/ whether to publish results in the media.
- Prepare the report for publication in a journal (if that was the intention).

5. Using the results

- Use the results to inform the situation analysis, problem statement and SMART objectives and baseline data of the communication plan. For example:
  - The research may find a baseline of 50% health workers provide IPC to each client
  - The SMART objective would be for 95% of health workers to provide IPC to each client within one year
  - The monitoring indicator would be % of health workers who provide IPC to each client
  - A follow-up survey, conducted in the same manner as the first, would measure the progress on this indicator.