MODULE SPECIFICATION

Academic Year (student cohort covered by specification)	2025-26
Module Code	2603
Module Title	Programme Monitoring and Implementation Research
Module Organiser(s)	Adanna Nwameme & Adura Banke-Thomas
Faculty	Epidemiology & Population Health
FHEQ Level	Level 7
Credit Value	**CATS:** 15 **ECTS:** 7.5
HECoS Code	101317
Term of Delivery	Term 2
Mode of Delivery	Online
Mode of Study	Full-time
Language of Study	English
Pre-Requisites	The module will require some familiarity with research methods, basic epidemiological and statistical concepts. Therefore, the module prerequisites are either Understanding and Applying Research Evidence in term 1, or another Term 1 statistics module (e.g., Statistics for EPH), or a Term 1 epidemiology module (e.g., Basic Epidemiology).
Accreditation by Professional Statutory and Regulatory Body	None
Module Cap (Indicative number of students)	30
Target Audience	The module is designed for students studying MSc in Sexual and Reproductive Health Policy and Programming who are interested in designing and undertaking monitoring, evaluation and implementation research in low- and middle-income settings.
Module Description	The module focuses on programme monitoring and implementation research. These are known to focus on practical approaches aimed at improving implementation of programmes or policies, to enhance equity, efficiency, scale-up and sustainability, ultimately to improve people's health. Students will learn approaches to conceptualising and developing programme monitoring and implementation

	research plans. They will have opportunities to meet experienced practitioners throughout the module who will describe practical, ethical and technical challenges in undertaking programme monitoring or implementation research.
Duration	5 weeks
Timetabling slot	Slot D1
Last Revised (e.g. year changes approved)	April 2025

Programme(s) This module is linked to the following programme(s)	**Status**
MSc Sexual and Reproductive Health Policy and Programming	Recommended

Module Aim and Intended Learning Outcomes

Overall aim of the module
The overall module aim is to equip students with practical skills to monitor and adjust programmes to assure quality and conduct research to identify and resolve bottlenecks in programme implementation.

Module Intended Learning Outcomes
Upon successful completion of the module a student will be able to: 1. Explain the purposes and scope of programme monitoring in the context of programme monitoring and evaluation (M&E). 2. Describe a structured process to identify known bottlenecks and barriers (the 'problem') in the health system to design implementation research (IR). 3. Identify and differentiate conceptual frameworks, results frameworks, theory of change, logic models and similar approaches. 4. Apply programme monitoring and implementation research into evidence-based programme planning and implementation cycle to assure quality programmes. 5. Compare quantitative and qualitative data and study designs and apply appropriately to programme monitoring and implementation research. 6. Construct a data collection plan, including appropriate indicator definition and quality assurance, for programme monitoring and implementation research.

7. Develop a programme monitoring plan or an implementation research proposal to feedback the solutions/adaptations back into the health system to effect a programme change.
8. Propose a clear plan to communicate effectively with relevant stakeholders throughout monitoring or IR cycle.

Indicative Syllabus

Session Content
The module is expected to cover the following topics: ● Theory of Change, Logic Models and similar approaches ● Health needs assessment, situation analysis, formative research ● Implementation Research ● Defining an IR question ● Monitoring programmes to assure quality ● Monitoring data sources and data collection ● IR Methods: Qualitative and Quantitative Study Design ● IR Methods: Data Collection & Study Instruments ● Monitoring indicator development and selection ● Health Management and Information Systems ● IR Methods: Qualitative and Quantitative Sampling and Sampling & Sample Size ● Stakeholder engagement ● Data Management & Quality Assurance (paper & digital data) ● Use of data (monitoring or research results) to assure programme quality ● Research project management: Planning, Budgeting, and Ethics ● Data Analysis Quantitative and Qualitative

Teaching and Learning

Notional Learning Hours

Type of Learning Time	Number of Hours	Expressed as Percentage (%)
Contact time	32	21%
Directed self-study	60	40%
Self-directed learning	25	17%
Assessment, review and revision	33	22%
Total	**150**	**100**

Teaching and Learning Strategy
Students will learn through a mix of pre-recorded lectures; practical group work; interactive activities including facilitated small group learning; tutor monitored online discussion forums and independent learning activities. Time will be allocated for self- directed study. Formative tasks will include regular presentation of IR or M&E plans and students will receive feedback through tutor feedback and peer discussion.
Indicative Breakdown of Contact Time:

Type of delivery	**Total (hours)**	
Lecture	10 (1-hour asynchronous lectures)	
Lecture	6 (1-hour synchronous lectures)	
Tutorial	16 (synchronous small group work)	
Total	32	

Assessment

Assessment Strategy
Formative Assessment 1. Two student presentations per week integrating lecture content into their plans, 10-15 minutes each with discussion and feedback from tutor and fellow students. 2. Student peer assessment during formative sessions through questions and recommendations to fellow students. Tutors provide feedback on student overall understanding of critiquing proposals during group sessions. **Summative Assessment** 1. An implementation research proposal, worth 50% of the grade and individually completed. Students will choose programme scenarios based on their interest and experience. 2. Recorded presentation to the class (or to a smaller group, depending on the number of students) of their programme monitoring plan, worth 50% of the grade and individually completed. Students will choose programme scenarios based on their interest and experience.

Summative Assessment

Assessment Type	Assessment Length (i.e. Word Count, Length of presentation in minutes)	Weighting (%)	Intended Module Learning Outcomes Tested
Individual presentation	20 minutes plus Q&A 10 minutes	50%	1, 3, 4, 5, 6, 7
Project	2500 words	50%	2, 3, 4, 5, 6, 7, 8

Resitting assessment
Resits will accord with Chapter 8a of the LSHTM Academic Manual. For resits of the presentation – revised presentation on a programme monitoring plan for a different programme than used for the original summative assessment (programme to be defined by module organisers) - 50%. The written assignment resit will comprise a written exam on implementation research for 50%.

Resources

Indicative reading list

Programme Monitoring

1. MEASURE Evaluation. A trainer's guide to the fundamentals of monitoring and evaluation for population, health, and nutrition programs. MEASURE Evaluation Manual Series No. 5. Chapel Hill, NC: MEASURE Evaluation Project, 2002. https://www.cpc.unc.edu/measure/publications/html/ms-02-05.html
2. Oyediran, Kola & Makinde, Olusesan & Mullen, Stephanie. (2014). Monitoring and Evaluation of Sexual and Reproductive Health Programmes. https://www.researchgate.net/publication/266023659_Monitoring_and_Evaluation_of_Sexual_and_Reproductive_Health_Programmes
3. Maini R, et.al. How to and how not to develop a theory of change to evaluate a complex intervention: reflections on an experience in the Democratic Republic of Congo. BMJ Glob Health 2018;3: e000617. doi:10.1136/bmjgh-2017-000617
4. Gugiu PC, Rodriguez-Campos L. Semi-structured interview protocol for constructing logic models. Eval Program Plann. 2007;30(4):339-50.
5. Heywood, A. & Boone, D. (2015). Guidelines for data management standards in routine health information systems. Chapel Hill, NC, USA: MEASURE Evaluation, University of North Carolina. https://www.measureevaluation.org/resources/publications/ms-15-99.html
6. WHO. General principles - analysis and use of health facility data. 11 May 2020. https://www.who.int/publications/m/item/general-principles---analysis-and-use-of-health-facility-data

Implementation Research

1. WHO: UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases. Implementation research toolkit. Geneva: World Health Organization; 2014. https://www.who.int/tdr/publications/year/2014/ir-toolkit-manual/en/
2. Geng EH, Peiris D, Kruk ME. Implementation science: Relevance in the real world without sacrificing rigor. PLoS Med 2017 Apr;14(4):e1002288.
3. Pinnock H, Barwick M, Carpenter CR, Eldridge S, Grandes G, Griffiths CJ, et al. Standards for Reporting Implementation Studies (StaRI) Statement. BMJ 2017;356:i6795. https://doi.org/10.1136/bmj.i6795

4. Peters, D. H., Tran, N. T. and Adam, T. Implementation Research in Health: A Practical Guide', Alliance for Health Policy and Systems Research WHO: Geneva; 2013. ISBN: 9789241506212.
5. Nilsen P. Making sense of implementation theories, models and frameworks. Implementation Science. 2015;10:53. https://doi.org/10.1186/s13012-015-0242-0
6. Moullin JC, Dickson KS, Stadnick NA, Albers B, Nilsen P, Broder-Fingert S, et al. Ten recommendations for using implementation frameworks in research and practice. Implement Sci Commun. 2020;1:42. https://doi.org/10.1186/s43058-020-00023-7
7. Eboreime EA, Olawepo JO, Banke-Thomas A, Abejirinde IOO, Abimbola S. Appraising and addressing design and implementation failure in global health: A pragmatic framework. Glob Public Health. 2020;16(7):1122-30. https://doi.org/10.1080/17441692.2020.1814379

Other resources

Programme Monitoring

1. WHO/UNAIDS. A tool for strengthening gender-sensitive national HIV and Sexual and
2. Reproductive Health (SRH) monitoring and evaluation systems. 2016. https://www.unaids.org/sites/default/files/media_asset/tool-SRH-monitoring-eval-systems_en.pdf
3. Dougherty, Leanne, Martha Silva, and Kathryn Spielman. 2020. "Strengthening social and behavior change monitoring and evaluation for family planning in Francophone West Africa," Breakthrough RESEARCH Final Report. Washington, DC: Population Council. https://knowledgecommons.popcouncil.org/departments_sbsr-rh/1461/
4. Noble, James (2019) Theory of change in ten steps. Available at: https://www.thinknpc.org/resource-hub/ten-steps/
5. W.K. Kellogg Foundation (2004) Using Logic Models to Bring Together Planning, Evaluation, and Action: Logic Model Development Guide. Available at: https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/KelloggLogicModelGuide_161122_162808.pdf
6. Azim et.al. Conceptualizing and Measuring Data Use. Measure Evaluation. https://www.data4impactproject.org/wp-content/uploads/2019/09/wp-18-214-1.pdf
7. World Health Organization (WHO). (2015). Data quality review (DQR): A toolkit for facility data quality assessment, Version 1.0. Geneva, Switzerland: WHO. https://www.measureevaluation.org/our-work/data-quality/data-quality-review.html

Implementation Research

1. Langlois, E. V. et al. Embedding implementation research to enhance health policy and systems: a multi-country analysis from ten settings in Latin America and the Caribbean. Health Research Policy and Systems. 2019; 17(85).
2. Monks, T. Operational research as implementation science: definitions, challenges and research priorities. Implementation Science. 2016;11:81. https://doi.org/10.1186/s13012-016-0444-0
3. Alonge O, Rodriguez DC, Brandes N, et al. How is implementation research applied to advance health in low-income and middle-income countries? BMJ Glob Health. 2019;4:e001257. https://doi.org/10.1136/bmjgh-2018-001257
4. Theobald S, Brandes N, Gyapong M, El-Saharty S, Proctor E, Diaz T, et al. Implementation research: new imperatives and opportunities in global health. The Lancet. 2018;392(10160):2214-28. https://doi.org/10.1016/S0140-6736(18)32205-0
5. Shahabuddin ASM, et.al. An embedded implementation research initiative to tackle service delivery bottlenecks in the expanded programme on immunisation in Pakistan: Overview and reflections. J Glob Health 2021;11:06003.
6. Ridde V, Pérez D, Robert E. Using implementation science theories and frameworks in global health. BMJ Glob Health. 2020;5(4):2269. https://doi.org/10.1136/bmjgh-2019-002269
7. Shahabuddin ASM, et.al. Carrying out embedded implementation research in humanitarian settings: A qualitative study in Cox's Bazar, Bangladesh. PLoS Med 2020; 17(7): e1003148. https://doi.org/10.1371/journal.pmed.1003148
8. Carbone NB, Njala J, Jackson DJ, Eliya MT, Chilangwa C, Tseka J, et al. "I would love if there was a young woman to encourage us, to ease our anxiety which we would have if we were alone": Adapting the Mothers2Mothers Mentor Mother Model for adolescent mothers living with HIV in Malawi. PLoS ONE 2019;14(6): e0217693. https://doi.org/10.1371/journal.pone.0217693

Teaching for Disabilities and Learning Differences

The module-specific site on Moodle provides students with access to course materials, including any lecture notes and copies of the slides used during lectures (live and pre-recorded). All lectures are recorded and made available on Moodle as quickly as possible. All materials posted up on Moodle areas, including computer-based sessions, have been made accessible where possible.

The LSHTM Moodle has been made accessible to the widest possible audience, using a VLE that allows for up to 300% zoom, permits navigation via keyboard and use of speech recognition software, and that allows listening through a screen reader. All students have access to “SensusAccess” software which allows conversion of files into alternative formats.

For students who require learning or assessment adjustments and support, this can be arranged through the Student Support Services – details and how to request support can be found on the LSHTM Disability Support pages.