



**HSRC**  
Human Sciences  
Research Council

# IMPACT STATEMENT TEMPLATE

Relevance • Visibility • Impact

## Guide to Developing an Impact Statement

An impact statement is a short, concise and compelling summary statement that explains the significant effects or outcomes of your project, action or initiative to economic, environmental and social development. It is used to inform and convince stakeholders, including people in charge of allocating resources, of the benefits derived from your work. It justifies why applicants should pursue certain research topics, programs, or implementation strategies.

Rather than thinking about impact during implementation or at the end of the project, it makes sense to think about this in advance. Impact statements, developed at the proposal writing stage, are a brief summary written primarily in lay, non-technical language, that outline the quantifiable payoff of research for society by addressing the following overarching questions:

- WHO will benefit from the research?
- HOW will they benefit from the research?

Impact statements are prospective, high-level statements that define what the problem is, how you anticipate addressing these challenges through research, and the benefits you hope it will have on individuals in society. Whilst the impact statement occurs at the proposal stage of the project, there are other steps/activities that you could follow after this. A Theory of Change (ToC) model explains how activities are understood to produce a series of outputs, that contribute to desired outcomes and ultimately the intended impact. There are different methodologies that are used to assess or evaluate if an intervention, program, policy etc are achieving the desired impact(s). Among some of these methodologies are i) experimental designs such as randomised control trials and ii) quasi-experimental designs that cover propensity score matching and regression discontinuities. Another way to qualitatively describe impact is through impact stories. These are unpacked in more detail in a separate template and offer a retrospective view of your project and its pathway to impact.

Below is a short summary of how to develop an impact statement that can be included as part of your research proposal:

### Structure of an Impact Statement

Impact statements have a standard format which consists of five elements:

- A clear description of the issue or problem your proposed project will address.
- A statement of the action you intend to take to resolve the problem.
- An explanation of the impact, which is the most important part of an impact statement. A clear description of who will benefit from your project and in what ways. You can focus on multiple levels of benefits: individual, organizational, community, or social, short and long-term.
- A list of the people and partner organisations involved in the project, and their contributions.
- Your name and contact information, and a brief description of your background and involvement in the project.



**Table 1: Things to consider when developing an Impact Statement**

<b>Context</b>	What are the broader environmental, political, social, technological, legal, or economic contexts pertinent to your research?
<b>Challenge</b>	What is the problem you will solve through your research questions?
<b>Communities</b>	Who are the communities/beneficiaries of your research
<b>Constituencies</b>	Who has a (positive) interest in your project and can influence change
<b>Channels</b>	What methods will you use to reach those constituencies?
<b>Communication</b>	What is the appropriate style, tone, and structure needed to deliver your main message?
<b>Capture</b>	How will you demonstrate the impact? What will impact look like, and how will this be assessed and measured.

### Example of an Impact Statement:

#### Evaluating Changes in 2016 HIV Treatment Guidelines

##### Background

South Africa adopted the WHO/UNAIDS Test and Treat guidelines for people living with HIV (PLHIV) in 2016. These guidelines made two important changes. Firstly, any person who is infected with HIV can start treatment as soon as they are diagnosed. This was a change from previous requirements on when to start treatment based on the individual's clinical status i.e. illness and/or levels of CD4 cell count. Initiating antiretroviral therapy as early as possible for PLHIV has many benefits. In addition to improving quality of life of PLHIV, antiretroviral therapy is preventive method for new infection since those on treatment with undetected viral loads have close to zero chance of transmitting the virus to uninfected individuals.

##### Problem Statement

Since the HIV treatment guidelines changed in 2016, it is not clear how many people who needed ART (those who did not qualify for treatment as they didn't meet the criteria and those who were more recently infected) took up treatment. Treatment uptake is influenced by whether people are aware of the changes in the treatment guidelines, whether PLHIV who know their HIV status are ready and willing to start treatment, and how ready the health system is to enrol more people in treatment.

##### Intervention/Study

The two most recently implemented SABSSM studies in 2017 (SABSSM V) and 2022 (SABSSM VI) provide an opportunity to evaluate the effectiveness of the changes in the 2016 guidelines. SABSSM V was undertaken within the first year of the guidelines coming into effect – it thus provides a good baseline for measuring treatment uptake before the guidelines were optimally implemented. SABSSM VI came six years after the guidelines were changed and implemented – thus, it provides a good lead time to assess the effectiveness of these treatment guidelines.

##### Impact outcomes

Indicators on the percentage of people who have tested for HIV and know their HIV status (First 95 of the 95 95 95 indicator), and the percentage of people who know their HIV status and who are on ART (second 95 of the 95 95 95) will be compared across the two surveys. The percentage of people who are doing well on treatment who knew their HIV status as measured by suppressed viral load (third 95) as well as the percentage of people with viral suppression in the population of all PLHIV will be compared. Changes in percentages of people taking up ART between the two surveys will measure how well the guidelines are doing. The levels of ART uptake in 2022 will also be compared with the 95 95 95 targets to assess if South Africa is on track to meet these targets. Improved levels of viral suppression in the whole population are good precursors to lowering population-level new infections.

## Collaborators

Collaborators of this study includes the National Department of Health, NICD, SAMRC, University of Cape Town, SANAC, CDC, UNAIDS.

## Study Investigators

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## References

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