

RAPID POLICY ASSESSMENT & RESPONSE



Module I: Project Planning

Training Materials

The Goals of Rapid Policy Assessment and Response (RPAR)

RPAR mobilizes local knowledge and capacity to fight HIV/AIDS among injection drug users (IDUs) in the site area. Some IDUs may be sex workers or gay men or members of other socially marginalized populations, and so sometimes policies relating to these groups will be included. The goal of RPAR is to identify ways in which policies and policy implementation increases or can reduce the risk of disease among IDUs, and to catalyze community action to bring about healthful change.

Acknowledgements

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Project Flowchart

When	What	Module
Before RPAR project begins	Initial Consultation	I
Week 0 (first day of training)	PI Meeting	I-V
	Local Team Training	
Week 1	Begin existing data collection modules	II
	Recruit CAB	I
Weeks 1 - 12	First CAB meeting	I
	Collect existing data	II
	Prepare team for qualitative data collection	III
	Second CAB meeting	I
Week 13	End existing data collection	II
Week 14	Begin qualitative data collection	III
Week 15-21	Conduct focus groups	III
	Third CAB meeting	I
	Conduct key informant interviews	III
Weeks 23-26	Begin Analysis and Action Plan	IV
	Fourth CAB meeting	I,IV
Week 25	Complete qualitative data collection	III
Week 27	CAB meeting 5 (Workshop)	I, IV
	Continue drafting report	
Week 29	CAB meeting 6 (Workshop)	I, IV
Week 32	CAB meeting 7	IV
Week 36	End RPAR	

Project Planning

The success of local rapid assessments can be defined by the extent to which they provide information of *practical relevance* for local interventions. It is necessary to conduct an Initial Consultation to make some initial judgments about the focus and parameters of the assessment.

The Initial Consultation is a brief consultation which takes place prior to the rapid assessment. It provides an immediate overview of the local situation based on existing experts' knowledge and experience in order to make initial judgments about how to plan the rapid assessment. The Initial Consultation will also assist sites in developing proposals for local rapid assessments using the methodology described in this guide.

Purpose

The purpose of preliminary planning is to determine whether the site city is suitable for a Rapid Policy Assessment and Response (RPAR) project, to acquaint the project leaders with the general situation in the site city, and to prepare for the development of funding proposals and research protocol for a local rapid assessment.

Guiding Principles of the Consultation

There are five principles which guide the Initial Consultation. These help to ensure that the Initial Consultation leads to rapid assessments that maintain their 'investigative' nature as well as their practical relevancy. The guiding principles of the Initial Consultation, which build on the principles of the WHO Rapid Assessment and Response (RAR) as a whole, are summarized below.

Principles of the Initial Consultation:

- existing knowledge of the situation varies by city, country and community
- there is a need to balance existing knowledge with new investigation
- the practical needs of rapid assessments vary by city, country and community
- community involvement is essential to the success of the project
- the Initial Consultation provides only initial judgements

The first principle is that the focus and outcomes of the Initial Consultation are dependent on the local situation, particularly with regards to the extent and nature of existing knowledge and expertise on health problems associated with injection drug use.

Existing knowledge about the local situation:

In a country with little existing knowledge about the local situation, initial judgments about the focus of a rapid assessment are likely to emphasize a broad approach which can provide a broad overview. In a country where there exists some knowledge about the local situation, initial judgments may emphasize the importance of including certain sub-populations of substance users given their known increased risk of adverse health consequences, such as HIV infection or STDs.

The second principle is that there is a need to balance existing knowledge with new investigation. Existing knowledge can provide *initial indicators* of what should be included in the assessment, but it is extremely important that *this does not exclude* other avenues of investigation. Participants in the Initial Consultation, including local research, intervention and policy experts, must be encouraged to use their existing knowledge creatively. The knowledge and experience of one expert may contradict or negate the knowledge and experience of another. The role of the rapid assessment is to follow up initial ideas in an investigative and inductive manner. It is as important to follow up areas of consensus as it is to follow up areas of disagreement between participants at the Initial Consultation.

The third principle is that the practical needs of rapid assessments will also vary by country, city or community context. Where there is existing knowledge about the prevalence and distribution of adverse health consequences associated with drug injection the assessment may give greater emphasis to populations of substance users known to be at greatest risk of HIV infection and other STDs. The success of local rapid assessments is dependent on the production of practical findings for populations at greatest risk of HIV and STDs and in greatest need of interventions and services.

Case study: focusing the rapid assessment on practical needs

The Initial Consultation identified existing key informant data which highlighted that cocaine injectors may be engaging in ‘high risk’ sexual behavior. Health workers from one of the city’s health clinics indicated that there are increasing numbers of cocaine injectors who report themselves to be HIV-positive. It was decided that emphasis, at least initially, would be given to assessing the sexual behavior of cocaine injectors.

The fourth principle is that community involvement is essential to the success of any intervention. Inviting key persons and organizations in the community to participate in the initial consultation increases the sense of community ownership for any future intervention. Individuals knowledgeable about injection drug use, HIV, and marginalized populations in the community should actively be involved in decisions regarding the parameters of the rapid assessment and the applicability of rapid assessment findings in their community. Good community participation can also be sought at this stage through consultation with community groups. These groups should represent a good cross section of the community where the rapid assessment and intervention will occur.

The fifth principle is that the Initial Consultation only provides *initial* judgments. Its purpose is to provide a forum for immediate and preparatory discussion. The initial judgments made about the type of rapid assessment required should not constrain the actual course of investigation once the assessment has begun. It merely provides *pointers* to how to plan the assessment.

Key areas of assessment

There are a number of questions which can be used to direct the Initial Consultation towards identifying the focus and parameters of the assessment. These are summarized below.

Key questions to help plan the Initial Consultation:

1. What is the local situation with regards to adverse health consequences associated with injection drug use?
2. What are the potential sub-populations and samples which may be included in the rapid assessment?
3. What are the methodological and practical parameters of the rapid situation assessment?
4. What level of community participation is desirable and feasible?
5. What individuals and organizations participate in managing drug use and sex work in the city?
6. What individuals and organizations are wielding power in drug policy, criminal justice, and public health?
7. What policies have an important influence on HIV among IDUs and sex workers, and on the ability of government and NGOs to respond?

These questions, which are only a *guide*, should provide the discussion and data necessary for making initial judgments about the type of rapid assessment required and, where necessary, for developing funding proposals for local rapid assessments. In the Initial Consultation, these key questions may not actually be asked as direct questions to the participants. Instead, they may be used to guide the agenda and expected outcomes of a meeting.

The Initial Consultation also provides an occasion for the research team to identify key people. Key people include:

- *gate-keepers* (people who control activities; or who have access to information, people and sites; of whose permission is needed or whose support is beneficial);
- *funders* (people who have resources that can be used to fund projects, or who can act as intermediaries to those with resources);
- *sponsors* (people who can promote the project and act as advocates for it, and can act as intermediaries to people with resources, and as intermediaries to people who are the target of the intervention).

Key people and organizations in the community are those with some sense of ownership who will be likely to benefit from the results of the rapid assessment and intervention or those who exercise power over IDUs in the community or whose permission may be needed for the rapid assessment to proceed. This will include people in government and other positions of power at a *national, regional or city level*, people in the *community* where projects may be introduced, and people who may benefit from the intervention. Identifying key persons and organizations will enable the rapid assessment team to make informed decisions about who to involve in the Initial Consultation as well as who to involve in an advisory role throughout the period of the assessment and intervention development.

Potential Key Persons and Organizations

<p>International organizations</p> <ul style="list-style-type: none"> • UN Organizations • UN Theme Groups on HIV/AIDS and other UN interagency groups • International NGOs 	<p>Government organizations</p> <ul style="list-style-type: none"> • Politicians and their advisors (national, regional and local) • Policy makers and implementers
<p>Health care workers and organizations</p> <ul style="list-style-type: none"> • health educators • drug treatment services • psychologists 	<p>Welfare workers and organizations</p> <ul style="list-style-type: none"> • street outreach workers • social workers • crisis relief services
<p>Community members and groups</p> <ul style="list-style-type: none"> • community service organizations, e.g. Rotary Clubs • community advocacy groups • religious organizations • charitable organizations • business community, including industry and local companies • community leaders 	<p>Law enforcement and human rights services</p> <ul style="list-style-type: none"> • police or military representatives • judges, prosecutors, and defense attorneys • local executive (mayor), legislators at the city, regional or national level • jail or prison personnel • legal aid services • drug users' organizations • harm reduction organizations
<p>Media</p> <ul style="list-style-type: none"> • newspapers • TV and radio representatives • associations of journalists 	<p>Accommodation services</p> <ul style="list-style-type: none"> • crisis accommodation services • government housing services • boarding houses and hostels

Methods and data sources

The Initial Consultation is undertaken *before* the rapid situation assessment begins. The information generated should provide the rapid assessment team with enough data for preliminary judgments to be made about how to plan and conduct the

assessment. These data should be recorded so that they can be feed into the rapid assessment at a later point.

The Initial Consultation may be undertaken through an invited meeting or ‘focus group’ between the rapid assessment team, local experts and key informants in the fields of substance use, social research, law enforcement, public health and HIV/AIDS. Possible participants include representatives from: national or local Health Departments; health and community organizations; hospital and community health clinics; non-governmental organizations; social science and health research; youth affairs; law and criminal justice; media; education; political and policy organizations; and international agencies resident in the country or city.

As necessary or convenient, the Initial Consultation may be undertaken in the form of meetings with individual informants.

Example: format and agenda of an Initial Consultation

- introduction by the rapid assessment team on: rationale and background to the rapid assessment; and the objectives and expected outcome of the meeting
- pre-prepared short presentations (5-10 minutes) by selected invited participants on issues relevant to each of the key questions
- group ‘brain-storm’ and discussion following invited presentations
- facilitated group work (either single or multiple groups) focusing on: key issues emerging; key questions to be addressed; and plans for the rapid assessment
- feedback to the group from the rapid assessment team on the methodological and practical implications of the group discussion for the proposed assessment

Community Action Board

Purpose and Process

A Community Action Board (CAB) is a group of people who have knowledge and interest in drug policy, health, local government and any other area the team thinks is important to the success of the RPAR project.

Purpose

The purpose of the (CAB) is to:

- Organize and mobilize allies in the community
- Provide the research team with informational, social, moral and political support for the collection and analysis of policy data
- Collaborate with the research team to turn the data and analysis into an action plan
- Implement the action plan

Process

The CAB and the research team are collaborators on the RPAR project. The research team will meet with the CAB at least seven times. Teams and CABs may wish to add additional meetings. A member of the research team chairs the meeting, and each meeting has a specific agenda. In general, the research team uses each meeting to present data or information about the project to the CAB, and to learn more about the site and the priorities of the CAB. *After each Meeting*, the research team should organize the data collected from the CAB in the attached data organization form, and add new notes as needed for the RPAR process.

Community Action Boards: Basic Questions for Training

- 1: What is community participation?**
- 2: Why do we need community participation? What will it add to the RPAR project?**
- 3: Who should be on the CAB? How are the members selected?**
- 4: What will the CAB do at each of its meetings?**
- 5: What does the research team take away from each meeting?**
- 6: How will the CAB analyze policy and practice questions to develop an action plan?**

Community Action Boards: Basic Questions for Training

1. What is community participation?

Community participation means 1) that the work of the research team will be guided and enriched by the knowledge and talent of people who live and work in the site every day, and 2) that people who live and work in the community will have the opportunity to act on the findings of the RPAR project as they think best.

What is a 'community'?

There are many definitions and concepts of community.

Definitions

There are three broad ways of defining a community:

1. *Locality or neighborhood* - a group of people living together within a fixed geographic location;
2. *Social relationships* - a set of social relationship mostly taking place within a fixed geographic location;
3. *Identity/common interest* - a shared sense of identify such as a group of IDUs

It is important to realize that people will hold and use different definitions of community. Whilst doing a rapid assessment to develop targeted interventions, it is usually advisable for the research team to use the broadest definition of community available, but at the same time remain aware that certain interventions will need to target specific communities. As the multi-sectoral nature of rapid assessments will involve the wide-ranging participation and definitions of numerous individuals, groups and organizations, the RPAR team will need to balance this participation with the consideration that the plan of action for interventions may need to focus on a specific community.

While the general principles of community participation outlined here can be used in conducting rapid assessment at macro-level (regional, national), in this section community participation is discussed within the framework of local, small-scale rapid assessment and intervention development.

Rapid Policy Assessment and Response is about power: who has it, who doesn't, how it is exercised, how it is evaded or contested – and how all that influences the risk for HIV. RPAR is based on a specific theory of how this happens, a theory called “nodal governance.” “Governance” is simply a word for how people in a particular place organize themselves to manage the course of events. The “nodal” part refers to the idea that governance is, for the most part, carried out by formal and informal groups that are organized as points (or nodes) on a network. When we think of community in an RPAR, we want always to be looking at the network of governing nodes managing that

community, and the set of links between nodes within and outside the geographic of social communities that make up the site city.

Levels of community participation:

Although community participation is integral to any research or intervention development, community participation can be problematic. People can attend many meetings but participate only in a limited sense. In any activity involving a range of people, attention should be given as to how ‘participatory’ everyone’s involvement actually is.

Consider the levels of participation given below.

<i>Type of participation</i>	<i>Key elements of each type</i>
Manipulative participation	Participation is a pretence - people’s representatives on official boards but having no power.
Passive participation	People participate being told what is going to happen or what has already happened. A unilateral announcement by an outside agency; people’s responses are not taken into account.
Participation by consultation	People participate by being consulted. External agencies define both problems and information gathering processes. Such a process does not concede any share in decision-making and professionals are under no obligation to consider people’s views in designing interventions.
Participation by material incentives	People participate by providing resources e.g. Time, labor, in return for food, cash or other material incentive.
Functional participation	People participate by forming groups to meet predetermined objectives related to the project. Such involvement tends to occur after major decisions have been made.
Interactive participation	People participate in joint analysis, which leads to action plans and the formation of new local groups or the strengthening of existing ones. It tends to involve interdisciplinary methodologies that seek multiple perspectives and make use of systematic and structured learning processes. These groups take control over local decisions, and so people have a stake in being involved.
Self-mobilization	People participate by taking initiatives independent of external institutions to change system/situation.

What kind of community participation is best for rapid policy assessment?

The RPAR is designed to mobilize community knowledge and capacity for action to change policies and practices that increase the health and risks and social costs of injection drug use. It is essential to engage CAB members who will begin with interactive participation and move through the course of the project to self-mobilization.

The principles of rapid assessment encompass both an assessment of the situation/problem and an assessment of the resources available that might be needed to address the problem. To that end, rapid assessments aim to provide practical information necessary for developing intervention responses.

Translating these principles into practice, rapid assessments are designed to explore the experiences/concepts of a community around specific issues of injection drug use and/or substance use related to sexual risk behavior. Concretely, the experience of an IDU will be explored from the viewpoint of the IDU him/herself and also from the viewpoint of service providers, law enforcement, and community leaders, among others, as part of the generalized view of injection drug use and IDUs in the larger community.

Rapid assessments do not assess the community at random - instead, an inductive process is employed whereby different methods of data collection and investigation are used to construct a 'picture' of the situation from numerous points of views. Thus, the levels and types of community participation will vary over the period of the rapid assessment and will probably change as the plan of action for intervention is developed. The extent to which participation can be effectively developed depends upon the levels of trust which can be built up between the rapid assessment team and the community. The team will need to try to understand, and be receptive to, the concerns of the community. This is particularly important given that substance use is both an illegal and stigmatized activity in many communities.

Community Action Boards: Basic Questions for Training

2. Why do we need community participation? What will it add to the RPAR project?

Community participation and ownership in programs has long been recognized as critical to the success and effectiveness of most prevention programs (HIV prevention being the most obvious example). Without broad support and involvement from the community from the early stages of a rapid assessment, even the best designed plan of action for intervention is unlikely to be implemented effectively.

A Community Action Board is a tool to develop and implement community participation. The philosophy behind a CAB is that every participant or community member shares ownership of a project. The tasks of the CAB include:

- to support the rapid assessment socially and politically
- to share knowledge, responsibilities and resources on the issue of substance use in the community
- to link the RPAR project to the broader community
- to support those who are working directly with drug users
- to provide on-going feedback on the findings of the situation assessment
- to help establish a climate for intervention development based on the findings of the rapid situation assessment
- to participate in developing the action plan for interventions
- to influence the way in which the community acknowledges and responds to drug users
- to carry out the action plan when the assessment is complete

It is important to communicate the level and type of support the research team needs from the Community Action Board. The CAB's role will continue to change throughout the research. The board's first role is to serve as a source of information for data collection. As data is collected throughout the research, the CAB will serve as a sounding board to guide the research team towards important community issues regarding drug users and HIV. Finally, the CAB will serve as a mobilizing force to gain community support for change.

Community Action Boards: Basic Questions for Training

3. Who should be on the CAB? How are the members selected?

The effectiveness of a CAB or any other community participation organization will depend partly on its members. Deciding whom to invite is therefore an important decision. It is likely that an initial list of potential members for the CAB will consist of those key people and institutions that will already be involved in the Initial Consultation. The CAB should have at least ten and no more than twenty members. At that size, the team cannot hope to create a *representative* board -- one that has members drawn from all interested organizations. Thus it will not, for example, include one representative from every drug treatment program or every AIDS service organization or government department. Selecting the CAB poses the task of inclusion with the necessity of diversity, influence and enthusiasm.

The research team can also use the Power Map technique, described further below, to identify useful members of the CAB.

Other issues to consider when selecting members

After the RAR team has made a list of potential members, the next step is to shorten the list by considering the following issues.

- *Members must be able to empathize with drug users.* Participants need to be able to understand the situation of drug users and recognize their need for supportive interventions, which emphasize prevention and treatment. Individuals who favor a punitive approach to substance users may have difficulty supporting all of the project activities.
- *Individuals with regular contact with drug users, either independently or through an organization, are very important to have on the committee.* It is especially necessary to include direct service providers who have had intensive contact with drug users.
- *The services and people represented on the committee should be diverse.* They should include services that drug users want, but currently cannot gain access to. The committee should also include members with different backgrounds, experiences, and opinions.
- *Government representation should be relevant.* If feasible, any government should be represented through local officials responsible for programs and policies, which affect drug users.
- *Committee members should have influence.* The committee needs members who have social, political, and financial power that could be used for the benefit of drug users. At the very minimum, some of the participants should be well-respected by the local community and influential within their own organizations.

- *Members can be allowed to act as representatives of certain organizations.* However, representatives should ideally have the freedom to express their own opinions, independent of the position of their organizations. Personal experiences, rather than organizational policies, often form a better basis for creative thinking and decision-making.
- *Try to involve drug users wherever possible.* Try inviting a few responsible, older drug users to work on the committee. The presence of drug users at meetings greatly helps to keep the work focused on the most important, current problems facing drug users. It also demonstrates to the participants and to the other members of the committee that drug users have the power to improve their own lives.

Barriers to community participation

The overview of community participation previously outlined illustrates the range of possibilities for community participation on a spectrum from passive participation to interactive participation. It is important to recognize that the mechanism determining the level of community participation is not only dependent on the willingness of the research team to *involve key persons and organizations* in the rapid assessment and intervention development, but also very much depends on local and national *structural frameworks* (political, economic, social, religious etc.).

Consequently, an important principle of community participation is the need to understand how things work in a particular community - there are many differences between countries, societies and regions and it is essential that the RPAR team be flexible about how to get the process of community participation started. For example, in many countries, community-based organizations may be rare and the idea unusual, so the concept of community participation needs to be adapted to these situations. It is also crucial that involving existing organizations and networks be considered as part of the process of community participation. The underlying principle is to be flexible and involve all the key persons, institutions, and organizations.

Case study:

In Vietnam, each province has its AIDS committee with the same structure as the National AIDS Committee. The Committee comprises 16 inter-sectoral members representing ministries and departments and mass organizations. The chair of the Provincial AIDS Committee is the Vice Chair of the People's Committee. The Committee Secretariat acts as Program Coordinator. The Committee is responsible for all HIV/AIDS control and prevention activities. Political and technical authorities in Vietnam are highly conscious of drug use and HIV infection. Therefore, the AIDS Committee is the main partner in rapid situation assessment for interventions.

To conduct a rapid situation assessment, and ensure that its findings are implemented, it is therefore important to:

- contact the Committee secretariat to discuss the need of conducting rapid situation assessment for intervention

- ask the AIDS Committee for commitment and approval
- establish the research team which includes at least representatives from the AIDS Committee, the University, NGOs and outreach workers
- discuss the plan of rapid situation assessment
- conduct rapid situation assessment
- inform the AIDS Committee about the progress of rapid situation assessment
- distribute and discuss the results of rapid situation assessment through workshop/meetings
- implement and evaluate interventions

Another potential barrier to community involvement is the perception of drug use within communities. Many community members see drug use as someone else's problem and something not desirable to have in a community. This attitude can make it extremely difficult to respond to the drug use situation and its associated harms. It often means that there are conflicts within the community as to how to 'deal' with the 'problem' of drug use. The importance of being flexible and involving key persons and institutions or organizations can mean that the RPAR team will have to balance the differing opinions of the police alongside that of a drug treatment worker. Part of the process of community participation will be to identify and bring these differing opinions together to help activate interventions at the community level.

Community Action Boards: Basic Questions for Training

4. What will the Community Action Board do at each of its meetings?

The CAB will serve as your connection to the community by providing you with key information about existing data, participants for the qualitative research and new and emerging issues that affect injection drug users. The CAB is also the key agent of change when the project moves from assessment to action planning. In order to keep the CAB engaged in the research process you should prepare a clear set of expectations for the members and keep the members involved in the research throughout the entire project. The RPAR tools material contains a schedule and sample agendas for CAB meetings. In order to encourage the CAB to become an active change agent, the meetings will also be used to engage the CAB members in thinking creatively about how to change the community for health. During the planned nine month schedule, the CAB will meet at least seven times to share information, feedback and action planning. The suggested purposes for the seven meetings are:

Community Action Board Meeting #1

When: As soon as possible after the beginning of the assessment

The goal for the first meeting is to:

- Get CAB input on sources of existing epidemiological and legal data
- Revise the research team's first version of the power map
- Generate one suggestion per CAB member for policy or practice change in the Problems and Solutions Exercise

Community Action Board Meeting #2

When: About the 12th week of existing data collection, when there are data to present but also in time to begin identifying key informants and focus group members

The second meeting of the Community Action Board is intended to:

- Identify candidates for focus group and key informant interviews
- Review and discuss implications of existing data collection
- Revise the power map
- Generate one suggestion per CAB member for policy or practice change in the Problems and Solutions Exercise

Community Action Board Meeting #3

When: About the 4th week of qualitative data collection, after the completion of focus groups and near the beginning of key informant interviews

The third meeting of the Community Action Board is intended to:

- Gather community level input on preliminary results of the focus groups
- Update or modify potential list of key informants based on community level feedback
- Revise the power map
- Generate one suggestion per CAB member for policy or practice change in the Problems and Solutions Exercise

Community Action Board Meeting #4

When: Near the end of qualitative data collection

The fourth meeting of the Community Action Board is intended to:

- Gather input on data yielded from finished key informant interviews
- Inform remaining system and interactor key informant interviews based on advice and suggestions from community members
- Revise the Power Map
- Introduce Root Causes Exercise (Module IV) to analyze problems identified in Problems and Solutions Exercises in meetings 1-3

Community Action Board Meeting #5

When: About the 4th week of action planning and analysis, after the research team has made substantial progress organizing the data

The fifth meeting of the Community Action Board is a half-day to full day workshop intended to:

- Conduct the Root Causes Exercise to analyze problems developed in RPAR data collection
- Identify solutions for risk reduction
- Conduct Priority-Setting Exercise

Community Action Board Meeting #6

When: About 2 weeks after CAB meeting 5

The sixth meeting of the Community Action Board is a half-day to full day workshop intended to

- Conduct the Priority-Setting Exercise Again
- Compare the two sets of results and agree on priorities for action
- Conduct Power Map Action Exercise to develop strategies for action

Community Action Board Meeting #7

When: About 3 weeks after CAB meeting 6, near the conclusion of the RPAR

The seventh meeting of the Community Action board is intended to:

- Gather feedback on final report
- Allocate responsibility for disseminating and implementing the Action Plan and Final Report
- Plan future meetings of implementation group
- Conclude RPAR and describe evaluation activities

Community Action Boards: Basic Questions for Training

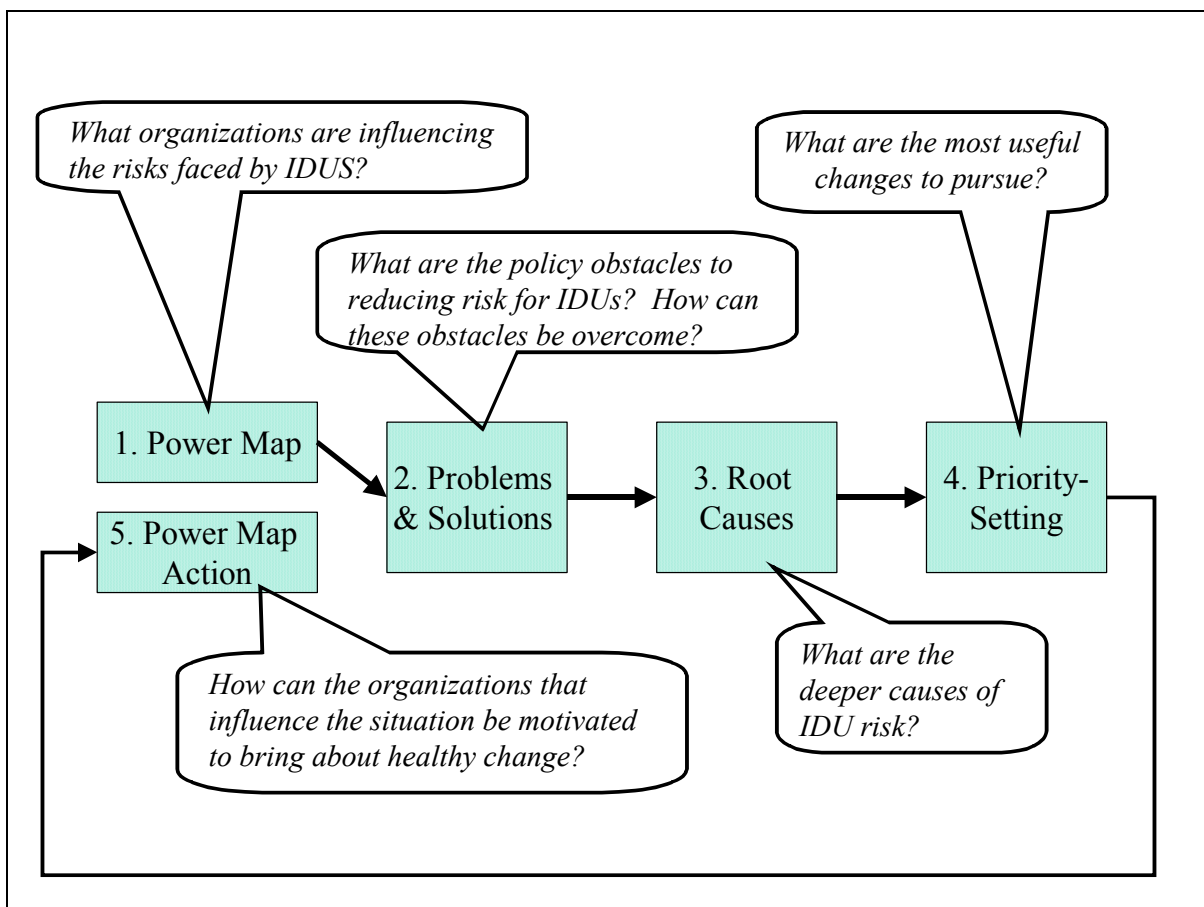
5. What does the research team take away from the meeting?

The CAB provides essential guidance throughout the process. At all meetings, there are specific topics on which the CAB will provide input, and the RPAR includes forms for investigators to use in recording the information the CAB provides. It is essential to document the CAB's input on the appropriate forms at the completion of each meeting. This process will insure that you can recall the important information and perspectives of your board for future research, meetings and policy analysis.

Community Action Boards: Basic Questions for Training

6. How will the CAB analyze policy and practice questions to develop an action plan?

The RPAR is designed to give communities information and analytic techniques that will help them take action to change policies and practices that interfere with HIV/AIDS prevention. Over the course of the intervention, the research team will go through five analytic steps with the CAB, using tools presented here and in Module IV. The steps and their purposes are shown below.



The Power Map

Laws and formal and informal policies that government entities use to implement laws are basic tools for the exercise of power. But government is complicated, even at the city level: different parts of government have different kinds and levels of power, and are often in competition. Moreover, much power in the community is outside government, wielded by non-governmental organizations ranging from legitimate charitable foundations to drug gangs. The RPAR is aimed at understanding how power in the site city is used to manage drug use, sex work and public health. The RPAR will consistently study *all sources of power*, both in the government and outside it. One of the basic tools for this research is the “power map.”

A power map is a picture showing the *formal and informal organizations* that wield influence over (or “govern”) the conditions of the drug and sex markets and the behavior of drug users and sex workers. The map documents four important kinds of information:

- 1) The formal and informal organizations that wield influence
- 2) The connections between these organizations – i.e., what organizations can influence other organizations in the governance system and the relative strength of each connection
- 3) The internal characteristics of each organization – its culture, its resources, the tools it uses to get things done
- 4) The people in the system who *are not* part of an organization that can speak for them and wield power on their behalf – i.e., who is excluded from the governance of the community

The power map will be used throughout the RPAR process to capture and share the accumulating knowledge of the city. It will grow through the contributions and revisions of the team leaders, the team members, the CAB and the research participants.

The Power Map is created in four steps.

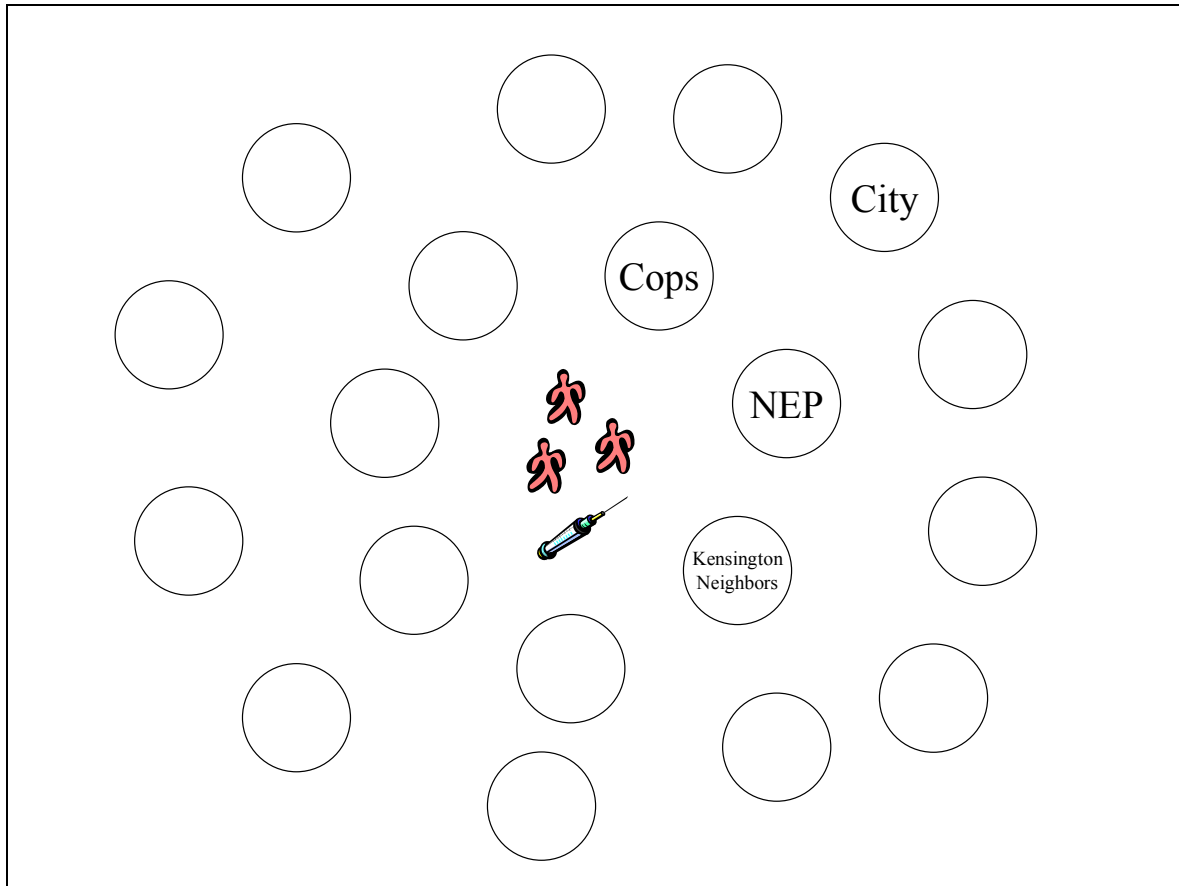
Step 1: Identify the formal and informal organizations that wield influence

In this step, participants first think about and discuss what organizations “govern” the issues of interest to the project: the drug scenes, the sex trade, HIV prevention and treatment, etc. Key concepts in this step include:

- Formal and informal organizations: for our purposes, an organization is any group of people who see themselves as part of a stable group working together to achieve specific ends. The organization can be formally constituted – like a police department or a legally established NGO – or it can be informally established – like a drug gang or a group of sex workers who together regulate prostitution in a certain street or park.
- Governance: governance is defined as organized activity aimed at managing the course of events in a social setting. A governing organization is able to wield

influence over what individuals and other organizations do in that social setting. Some groups have less influence – less power – than others, but the map should start with as complete a picture as possible.

In the sample power map below, participants have begun to identify groups that govern drug use in Philadelphia.

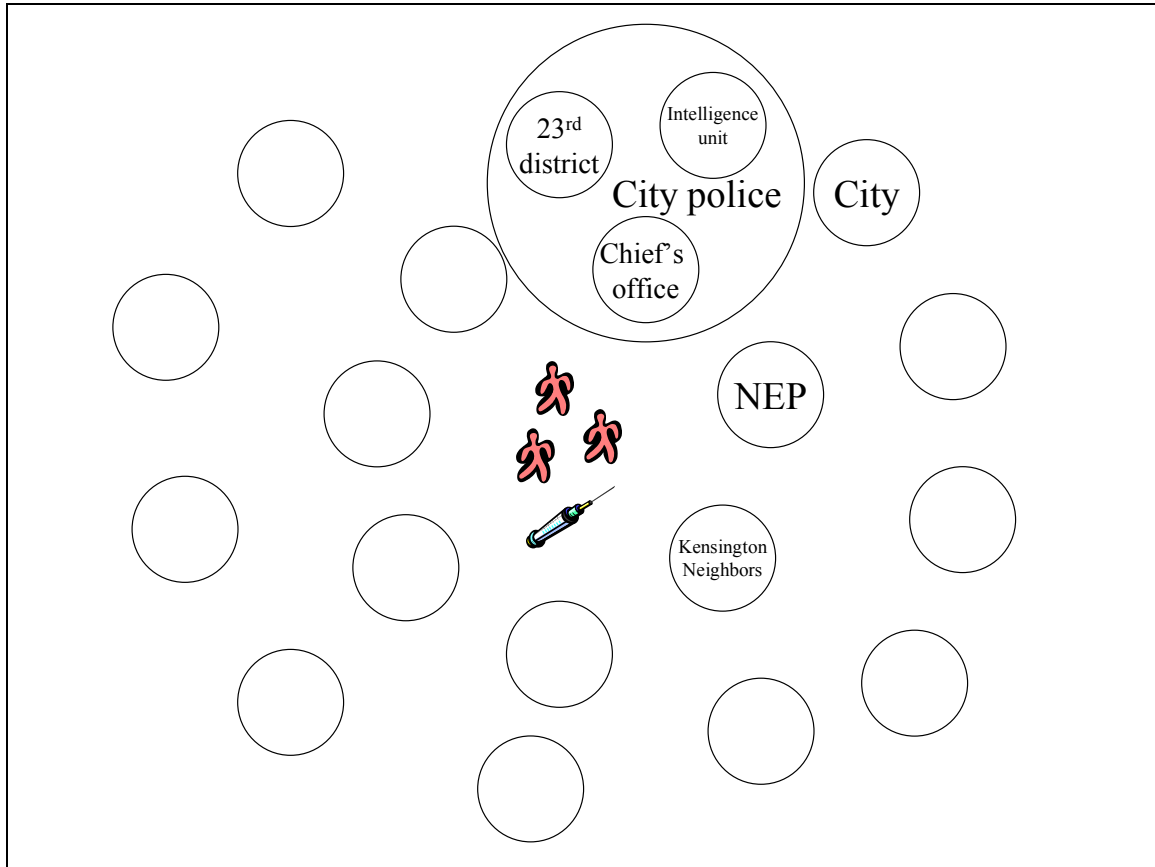


Participants in a mapping session would continue to identify organizations until no new ideas are offered. At that point, participants are asked to look at the map again and refine the roster of organizations in two ways:

- 1) Are there organizations that, after discussion/reflection, should be added or removed?
- 2) Which of these organizations are really made up of some number of smaller units tied in a mini-network?

Some large organizations, like the police department, can be better understood as networks of smaller entities, such as specific bureaus (narcotics, homicide), police stations or even work teams. As knowledge is added to the map throughout the RPAR process, many large organizations may come to be seen in this way. An example of how




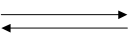
to map this is below, where the police are now seen as a network made up of at least three separate units:



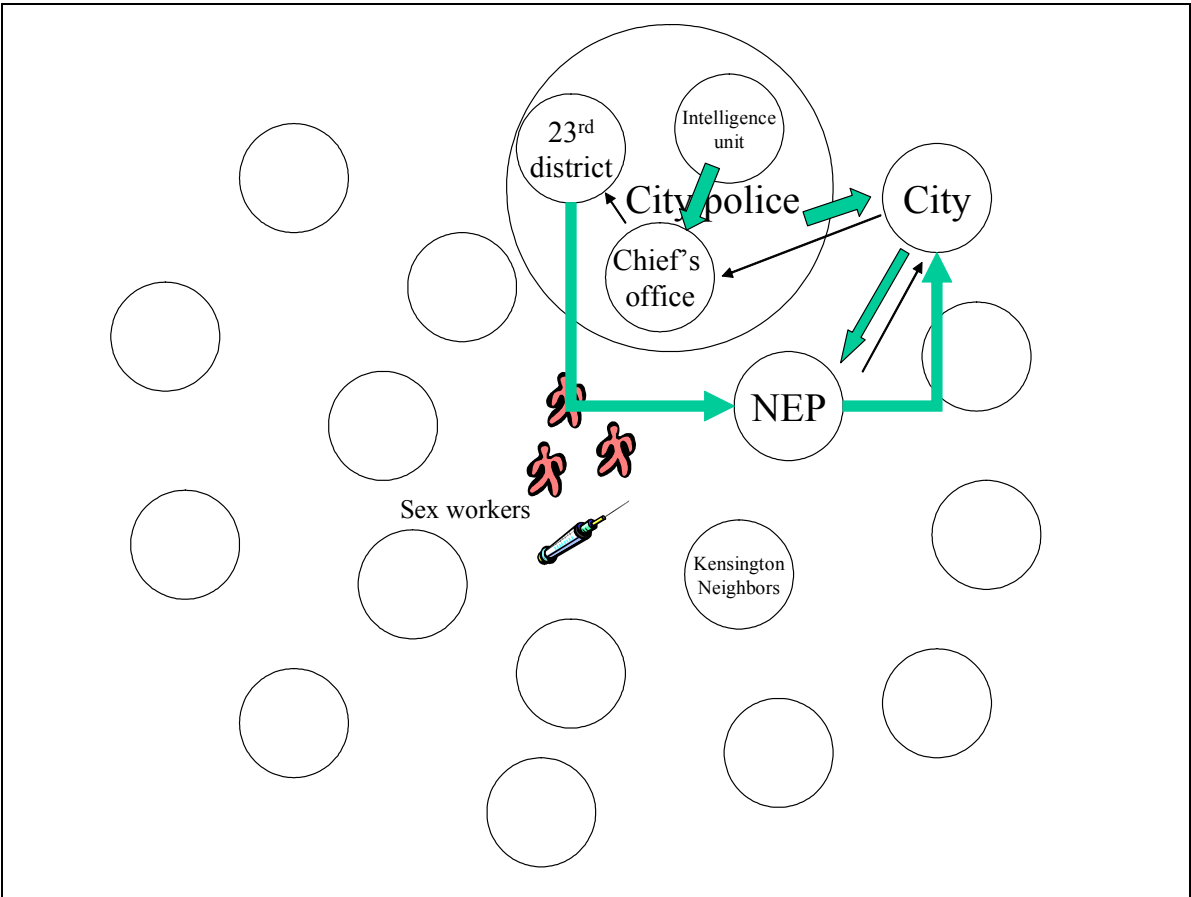
Step 2: Chart the “influence connections” among the organizations

The next step in mapping is to identify how these various organizations relate to each other in terms of power/influence. We ask participants to say which organizations each organization influences, and what organizations it is in turn influenced by; and we ask whether this influence – this ability to get other organizations to do what they are told – is relatively stronger or weaker. This is indicated on the map by the arrows defined here:

Strength and Direction of Influence

	More Influence	Less Influence
One way		
Two way		

Applied to Philadelphia, it looks like this:



This map now describes several points about governance in Philadelphia's harm reduction system. It shows that

- One police district has considerable power over the needle exchange program
- The NEP has no influence on the police directly, but must go through the city
- The city is also influenced by a neighborhood association that has no connection at all with the needle exchange
- The city has a little influence over the chief of police, but not as much as the police's internal intelligence unit
- The chief has relatively slight authority over the 23rd district

Step 3: Write down what is known about the internal characteristics of each organization on a separate page/slide

The next step is to gather information about the key characteristics of each organization that determine its capacity to wield influence in the setting. These are:

- Material resources: money, facilities, and equipment are important factors in an organization's ability to wield influence. Poor organizations are not always weaker than rich ones, but resources are clearly helpful.
- Mentality: every organization has a way of thinking about the issues it deals with that is more or less shared by its members and which helps the members to interpret what is happening in the environment and to collaborate in efforts to govern. Every organization has a way of thinking about how decisions are made within the group.
- Tools of influence: every organization has techniques or tools it uses to get others to obey them: legal organizations file lawsuits; police organizations arrest people; NGOs use personal connections or persuasion or expertise. Some tools are obvious, such as police use of force. Others are more subtle: any government agency can seek to get people to obey by using a social tool called "legitimacy," which is the belief people have that they should obey the government just because it is the government.

In some organizations, many or all members of the organization can represent it in its dealings with other organizations. In others, there is one or a few people who actually make contact with other organizations, and so have an extra importance within the organization or the community. The form you will use also includes space to identify these key network operators.

Organization: Needle Exchange

- Resources
 - City budget of \$280,000; \$100,000+ in foundation grants and contributions; a mobile van; drop-in center and office; staff of 18 full time and 30 volunteers
- Culture
 - Harm reduction ethos, but getting bureaucratic with success
- Tools of Influence
 - Expertise on IDU health (staff and collaborating academics); media advocacy; participation through supporters in political campaigns; NGO networking; membership on regional HIV planning council
- Key people
 - Casey Cook, exec director

Step 4: On the main slide/map, identify important groups (e.g., IDUs) if any who do not have an organization they can exert influence through

The map is designed to show what organizations are governing the areas of interest to the assessment, but it also can be used to show important persons in the community who do not have access to any sort of governing organization. This is important information: it indicates important voices that are not being heard and needs that are not being articulated. As we discuss further in the analysis and action planning discussion, one potentially useful strategy for change is to create access for such individuals to new or existing organizations.

In the map above, sex workers are identified as an important group of individuals in Philadelphia who do not have access to a governing node.

“Step 5”: Revise, revise, revise

The power map is a fluid document. The power map will be used again and again throughout the RPAR process to refine or add information. As more information comes in from more perspectives, it will change. The research team should prepare a new edition of the map after each use.

Problems and Solutions Exercise

The Community Action Board will ideally reach the stage of self-mobilized participation in the course of the RPAR project, but it may not begin there. Along with Power Map, the Problems and Solutions Exercise is a means for the research team to get the CAB members used to having and freely exchanging their own ideas about what policy and practice changes are needed and how to achieve them.

Equipment Needed

PowerPoint and/or flip charts, pens and tape, Research Team Data Form

Process

In this exercise, each member of the CAB is asked to quickly identify one problem that increases the risks of drug use, sex work and other behaviors addressed in the RPAR, and a possible solution related to policy or policy implementation. The researcher conducting the exercise emphasizes that this is a creative exercise, designed to get many ideas out on the table without judging how correct or important they are. Even speculation about possible problems is useful and welcome. The exercise should take only a few minutes, and there is no discussion of or comment on the problems and solutions offered.

Participants may be uncomfortable with such brainstorming, so the exercise should be conducted quickly, with humor and energy. The researcher can make clear that everyone is obliged to offer something, and that all ideas will be written down without attribution to a particular person. The researcher conducting the exercise writes down the problems and solutions on flip charts or PowerPoint, while another member of the team notes the problem and the solution on the Research Team Data Form. The problems and solutions collected will be fed back to the CAB in later meetings and used as one of the inputs into the analysis and action plan.