



Navigating the Rapid Policy Assessment and Response Tool Kit

The RPAR Navigation Guide summarizes the purposes and methods of the intervention, and explains how to use the tools and training materials

WHAT IS RPAR AND WHAT DOES IT DO?

RPAR is a set of tools for promoting healthy public policy at the local level. It works by finding out how policies are being implemented, identifying problems, mobilizing community stakeholders to craft solutions, and informing policy debates at the regional, national and international level. It is meant to be used by people who are facing local health policy problems. It can be used by people who do not have formal training in research, but who want to increase their capacity to use research and analysis to influence public policy.

RPAR can be used in many ways for many reasons:

- As a stand-alone intervention to identify unhealthy policies or practices in an emerging health crisis → RPAR provides all the tools needed to study and document the health impact of policy and policy implementation
- As a way to mobilize a community experiencing policy stagnation → RPAR uses data collection and analysis to bring stakeholders together to craft local solutions
- As part of a broader Rapid Assessment and Response Project → RPAR supports a stronger focus on policy aspects of health problems
- To inform national and international policy debates → RPAR shows how abstract policies take shape in the real world.

The Rapid Policy Assessment and Response model was originally designed with support from the International Harm Reduction Development Program of the Open Society Institute, and revised and tested under grant number R01 DA17002-02 from the National Institutes of Health/NIDA, U.S.A. (Zita Lazzarini, P.I.). The designers of the RPAR model were Scott Burris, Patricia Case, Zita Lazzarini and Joseph Welsh. The RPAR was strongly influenced by the Rapid Assessment and Response model designed by Gerry Stimson, Chris Fitch and Tim Rhodes at the Imperial College School of Medicine, London, for the World Health Organization. Portions of the training materials for the RPAR have been adapted from the RAR Technical Guide and the IDU-RAR technical guide.

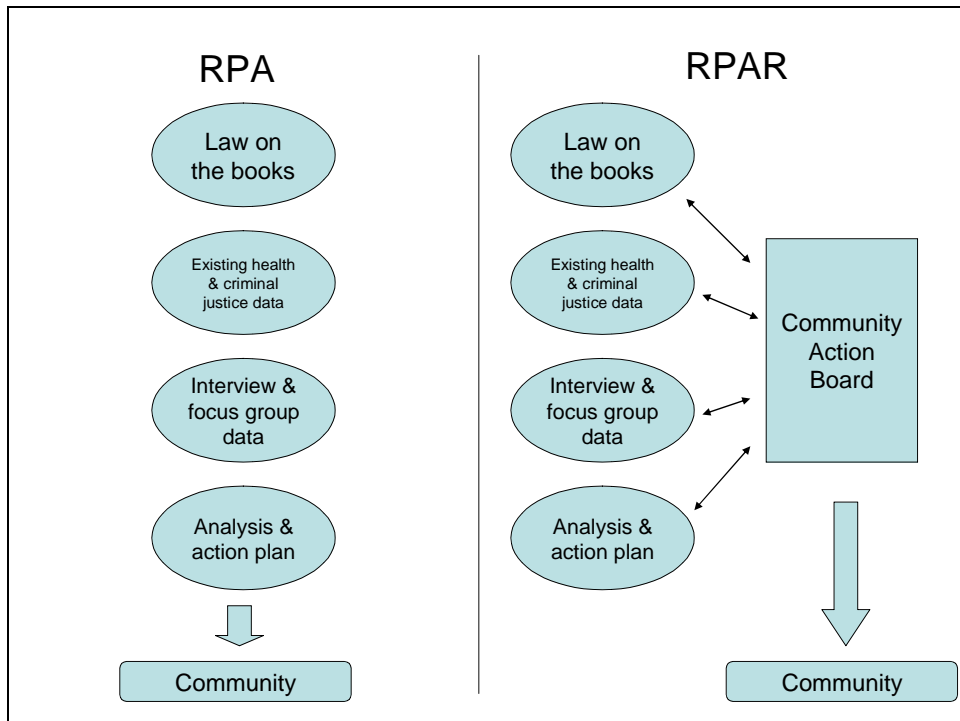
RPAR was created for work among populations whose health behavior is especially subject to the influence of law and law enforcement. The first RPAR projects focused on injection drug users and sex workers. But *RPAR can be used to understand any set of health issues in which policy has a powerful influence on outcomes, and in which local implementation of policy differs from the model set out in formal law.*

There are two kinds of Rapid Policy Assessment: RPAR involves a Community Action Board in the entire process of research, analysis and action-planning. RPA is research, analysis, and action-planning without a CAB.

FORMS OF RPAR

In Rapid Policy Assessment and Response (RPAR), a research team from a site city works with a Community Action Board (CAB) to collect three kinds of data: 1) laws and written policies relevant to health risks in the target populations; 2) existing data on the epidemiological situation and the operation of the legal system; and 3) qualitative interviews with police, judges, prosecutors, drug users, sex workers and others who can describe how the laws are put into practice. The data collection and interpretation are guided by the CAB, which develops an action plan and final report. RPAR is designed to be used by people who do not have extensive experience in policy or qualitative research.

Rapid Policy Assessment (RPA) is an abbreviated form of RPAR that omits the CAB. In an RPA, the research is conducted by or in collaboration with an existing NGO or other agency that takes responsibility for putting the results into action.



RPAR versus RPA

By combining the assessment of law on the books with research on how law is actually being applied on the streets, RPA(R) directly addresses the well-known gap between policy intent and implementation. By relying on local research capacity and leadership, the RPAR supports local capacity to produce change. RPA(R) emphasizes the link between formal policies and actual practices. It highlights the importance of and enables bottom-up change at the local level. It creates a means of holding governments accountable not just for their formal policies but for the real practices that influence people's daily lives. It offers a means to mobilize communities to increase their participation and effectiveness in governing their own lives.

RPAR is based on a few key ideas:

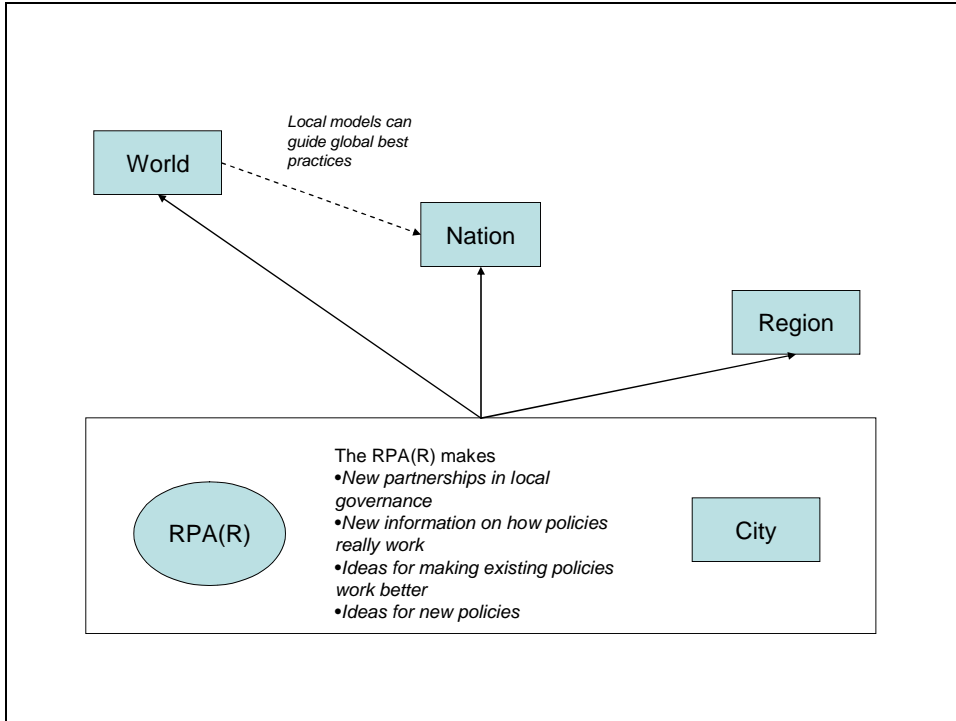
- Law influences health
- “Law on the books” is different from “law on the streets”
- People working at the local level can drive change locally, regionally and nationally

POLICY AND HEALTH: WHAT'S THE PROBLEM?

Researchers and interventionists dealing with the health of marginalized populations have long recognized certain basic facts about the law in public health:

- Law often determines what sort of programs are available (e.g., HIV testing, needle exchange, treatment availability, 100% condom campaigns)
- Law influences the behavior of people at risk – it can create an enabling environment for prevention, but it can also increase risk
- “Law on the books” is often very different from “law on the streets” – good policies don't always make for good practices
- Practices can often be changed to promote health in particular places even if national laws on the books cannot be addressed.

RPAR takes on these realities, by combining traditional legal analysis of the law on the books with rapid empirical data collection on the implementation of law in particular places. Interested people in a site city are trained to use a variety of simple tools including interviews, focus groups and surveys to find out how the law is being applied and how it influences the attitudes and behavior of people at risk. The research is guided by a Community Action Board (CAB) that works over a period of 6-8 months to analyze the research findings and turn them into an action plan for change at the local and national levels.



RPA(R): Policy from the Bottom Up

- RPA(R) Principles:**
- You can gather information – and information can make a difference!
 - What really happens in the community is the most important test of any policy.
 - People in the community can find solutions for the community.
 - The RPA(R) is just a set of tools – adapt them and use them as you think best!

THE RPAR TOOLKIT

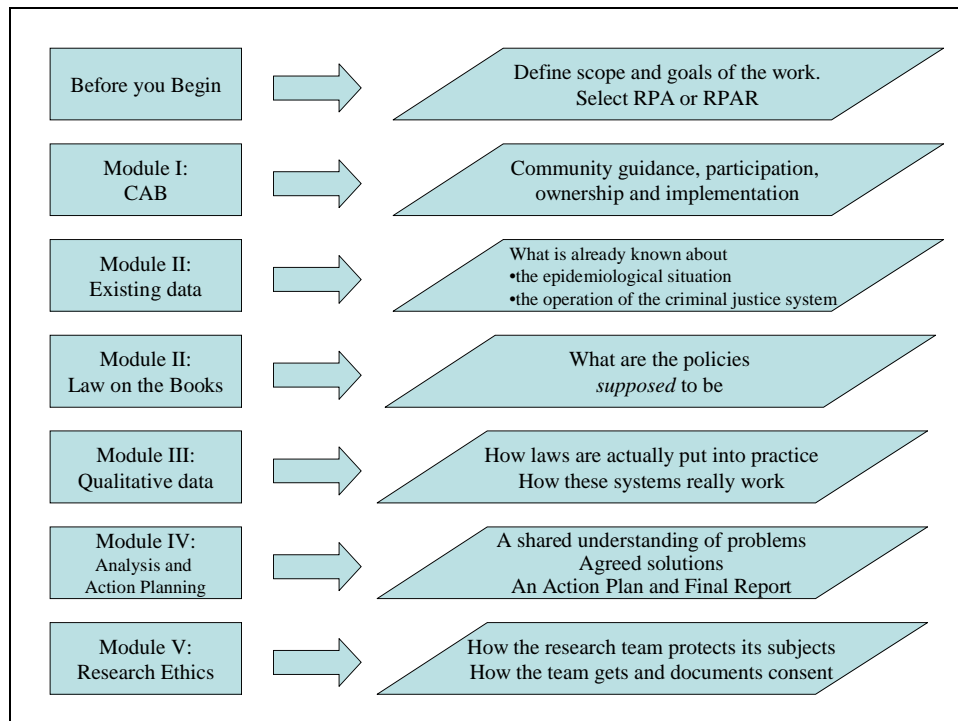
The RPAR Tools are divided into five modules. A corresponding set of Training Materials is also available.

- *Module I* guides the organization of the RPAR process, including preliminary outreach activities as well as guidance on the recruitment and the initial convening of the Community Action Board.
- *Module II* guides collection of the relevant law on the books together with the existing data on the operation of the justice system (e.g., number of prisoners, crime statistics) and pertinent epidemiological information from existing sources.
- *Module III* contains detailed guides and techniques for identifying interviewees, conducting interviews and focus groups, and organizing the gathered data.

- *Module IV* sets out the roadmap for data processing and the group-analysis process for the CAB.
- *Module V* is a special unit dealing with research ethics issues, designed to help the local research team comply with principles of research ethics and concern for human subjects in research.

An RPA can be conducted to identify important policies and how they are being implemented using Modules II, III, IV (parts), and V. without the CAB intervention components of Modules I and IV.

The Tool Kit is meant to be used flexibly and creatively. Local conditions will influence what information can be gathered and how. People conducting an RPA(R) should decide on the scope and methods of the research and adapt the tools as appropriate.



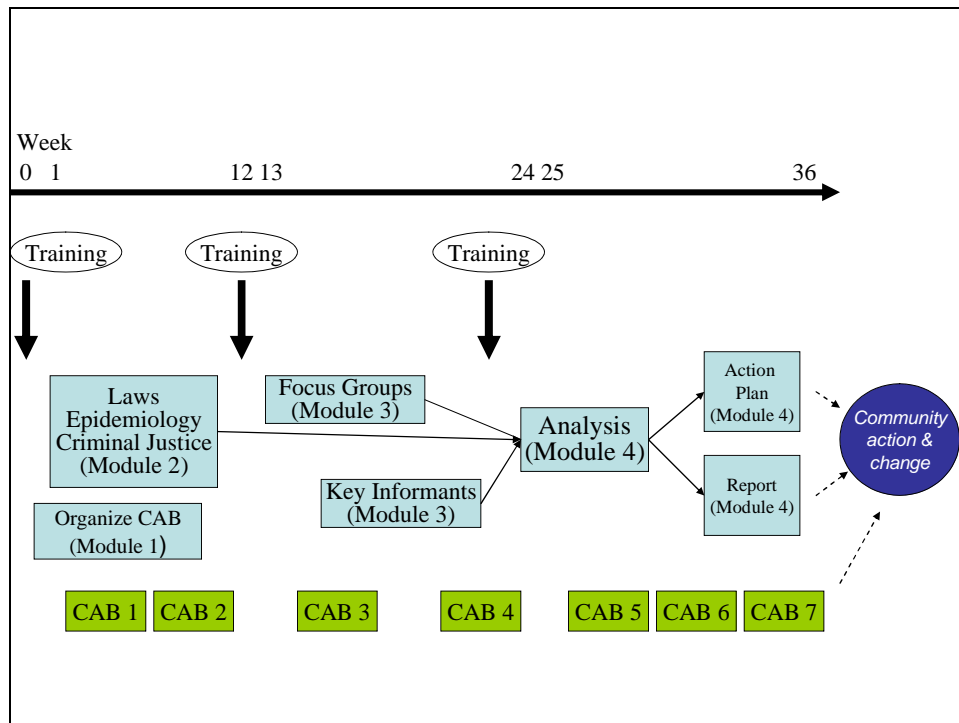
RPA(R) Tools and What the Do

This section briefly describes the nine steps a team takes in developing and completing an RPA(R) Project:

1. Selecting a Topic and a Method
2. Initial Consultation
3. Recruiting a CAB
4. Collecting Existing Data on Health and the Legal System
5. Collecting Laws on the Books
6. Conducting Focus Groups and key Informant Interviews
7. Working with the CAB/Analyzing the Data
8. Disseminating Results
9. Building on the RPA(R)'s Success

THE RPA(R) PROCESS – STEP BY STEP

An RPA(R) project usually takes 6-9 months from start to finish. Each RPA(R) is unique. A team can use the methods and adapt the tools to address any local issue where laws or law enforcement practices seem to be interfering with health services or worsening health outcomes.



RPAR Time Line

1) *Selecting a Topic and a Method*

RPA(R) projects have investigated many different kinds of issues:

- How to improve the health of drug users in Russia, Ukraine and Poland
- Whether sex-worker organizations in India can help reduce the health risks of prostitution
- If participating in HIV prevention research exposes drug users in China and Thailand to too much legal and social risks

The project begins with the selection of a topic to investigate. RPA(R) can be used to deal with any kind of health matter where laws and local law enforcement practices seem to be interfering with health services or increasing the risks of particular behaviors in particular populations. The RPAR tool kit is a resource, designed to be used flexibly. A team can choose to use just the “law on the books” tools in connection with

some other project, like an epidemiological rapid assessment using the WHO’s RAR tools. Or, a team that has already identified relevant laws can use only the qualitative interview tools to study how the laws are being implemented on the streets.

Choosing between a full RPAR and an RPA depends upon several factors.

RPAR	RPA
Collect law on the books	<i>Same as RPAR</i>
Interviews and focus groups to document law on the streets	<i>Same as RPAR</i>
Use a CAB to guide and facilitate research	<i>Rely on team’s knowledge, or help obtained in other ways</i>
Use CAB to help analyze the data	<i>Rely on team’s knowledge, or help obtained in other ways</i>
Use CAB to help develop and implement recommendations	<i>Rely on team’s knowledge, or help obtained in other ways</i>
CAB takes a great deal of time and effort to organize and manage	<i>Cheaper and faster – but fewer helpers</i>
CAB is designed to help win the support of community leaders and lend legitimacy to the activity	<i>The team must find another way to do this.</i>
Mobilizing community action is a primary goal of RPAR	<i>RPA can be used when the main goal is gathering knowledge to guide the team’s or sponsors’ future activities.</i>

2) Initial Consultation → See Module I

Once the team has a topic and has decided on what kind of assessment to do, the next step is talking to people in the area about the topic and the assessment. Module I explains how to conduct an initial assessment of the situation and the people and organizations that are influencing it. Even if the team is familiar with the city and its politics, some form of initial assessment can be useful in making sure there are not important networks that team members are not connected with. The initial assessment can be as simple as a series of telephone conversations and as elaborate as one or more community meetings. **Both RPARs and RPAs can usually benefit from some sort of preliminary assessment.**

3) Recruiting a CAB → See Module I (RPAR Only)

One of the main purposes of RPAR is to foster active problem solving by people in the community. The CAB is a device for getting as much help, advice and independent action from important stakeholders as possible. 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

Module I describes how to recruit a CAB, and provides a sample meeting schedule and agendas. *As with all aspects of the RPAR, these are just a starting point.* Most RPAR teams adjust the number and purpose of meetings as they plan and execute their project.

Module I also has some initial exercises for working with CAB. These are discussed further below (in step 7).

4) *Collecting Existing Data on Health and the Legal System* → See Module II

Important points in collecting Epidemiological and Criminal Justice data:

- Identify sources
- If you don't ask for data, people will not give you data. So *Ask!*
- You don't need to find everything
- Write down what you know are the limitations of the data
- Identify *Key Findings*

Gathering what is already known about the subject of the RPA(R) provides a foundation for the interviews and focus groups the team will do later. The kind of information sought depends upon the topic and scope of the project, but usually will include

- Existing data on the relevant health conditions and behaviors;
- Existing data about crime and the operation of the criminal justice system.

Existing data means information that other people have already collected. It may appear in published articles, reports or books. Sometimes it is held by a government agency and is only available upon request (or repeated request!). Finding out what is already known allows the RPA(R) team to focus its own data collection on answering the questions no one else has answered yet.

Being Practical About Existing Data

The collection of existing data runs into two common problems:

- Sometimes there is too much – the team cannot collect every piece of data ever gathered about every potentially relevant issue
- Sometimes there is too little – the government may publish national data but not local.

The RPA(R) team should define the key topics for existing data collection, should not worry about completeness for its own sake, and should *not* spend too much time trying to get hard-to-find data.

It is very important to carefully document *the sources* of data, and make critical judgments about its reliability. It is important for later analysis to identify any problems with the reliability of the data that the researchers are aware of. For example, if official estimates of the numbers of drug users are based solely on those “registered” in treatment clinics, it should be noted that the number probably under-estimates the true problem.

While the tools for Epidemiological and Criminal Justice Data encourage teams to collect information over many domains (of disease, behavior, and crimes) and across many years (up to ten where possible), it is *not* necessary to collect everything. Teams should devote minimal independent research to this portion of data collection, *because this is not the primary focus of this assessment.*

The step of identifying *Key Findings* is critical to the RPA(R). A key finding is information that tells us something important about the topic of the RPA(R). The process of identifying key findings in the existing data encourages the team (and later the CAB and other users) to focus on the particular findings that are most important to the local situation, to begin to draw conclusions based on local information, and to prioritize areas for further investigation in the qualitative

interviews and focus groups. Throughout the RPAR, the team must identify *Key Findings* in order not to be overwhelmed by data. *Key Findings* will also be reported to the CAB, included in the final report, and form the basis for additional exercises. → See *Modules I & IV*

5) *Collecting Laws on the Books* → See *Module II*

RPA(R) differs from other forms of rapid assessment in health because it places special emphasis on law and policy. In this step, the team works with a lawyer to identify and analyze the relevant laws and policies as they exist on paper. The qualitative research discussed below focuses on how laws and policies are put into practice on the streets. Gathering the “law on the books” is the starting point for any discussion of policy effects on health.

The completed “Law on the books” section will include descriptions of all available laws related to the specific topic of the RPAR. For example, the RPAR focused on IDUs, included 14 domains of law, from laws governing possession, sale and

manufacture of illicit drugs, to HIV testing, to the rights of criminal defendants. An RPA(R) on health care access might gather laws on health insurance and hospital regulation.

The RPAR toolkit contains **forms** designed to help you collect the law. These forms include separate boxes for each specific type of law in each domain relevant to your RPAR. The box includes subsections labeled: citation, type of provision, text of law, summary of the law, and questions that might be raised by the implementation of the law. These subsections reflect both the importance of carefully documenting all data, and of using the legal research process to identify laws whose health effects should be studied during the qualitative research phase of the RPA(R). Like other RPA(R) forms, they are meant to be adapted by the team as needed for the specific purposes and conditions of the research.

Identifying *Key Findings* from law on the books is just as important as identifying them in the Epidemiological and Criminal Justice data. *Key Findings* from “law on the books” may identify places where the law creates opportunities or barriers to public health efforts, or areas of law where you are particularly interested in determining how the law is or is not implemented. Or, *Key Findings* may be parts of laws that important people in the community may be unaware of.

Being Practical About Law on the Books

The team must define the scope of the legal research carefully. It is usually not possible to know what laws will turn out to be important before the “law on the streets” research has been conducted, and the team must be aware of a wide range of laws before interviews begin. It is usually better to err on the side of collecting *more* laws on the books. If the team’s legal expert is willing, it is also possible to go back and fill in gaps in the legal research as new issues emerge in the interviews.

In some countries, the “law on the books” in one or more of the domains of the RPAR has already been compiled and analyzed by lawyers or academics. If existing analyses of the laws are up-to-date, the team can use them and avoid repeating work that has already been done.

Important points for collecting law on the books:

- Use existing collections or analyses if they exist and are reliable
- Adapt the scope and forms to the needs of the specific RPA(R)
- Identify Key Findings

6) Conducting Focus Groups and Key Informant Interviews → See Modules III and V

The RPA(R) collects qualitative data through 1) Focus Groups, 2) “System and Interactor” Individual Interviews, and 3) “Street-level” Individual Interviews. Qualitative methods are used to interview people about law and policy. Qualitative interviews are flexible, free-ranging and conversational. They are used in the RPA(R) to discover new information and to chart new directions in law and policy.

Through the focus groups and interviews, we hear the actual voices of the people affected by the problem, and by the laws and policies designed to address it. Interviews deal with:

- People who experience laws and policy as they are implemented
- People who implement laws and policies
- People whose work is affected by laws and policies

The purpose of **focus groups** is to interview key players using a flexible group format. Focus groups produce important preliminary data about key domains. Information from focus groups helps the research team to understand:

- Police behavior towards the group of interest
- Perceptions about these groups
- access to services
- Social attitudes or stigma towards these groups
- Social or health risk behaviors involving these groups

Focus groups are effective in:

- Producing a lot of information more quickly and at less cost than individual interviews
- Identifying and exploring beliefs, attitudes and behaviors
- Identifying questions for individual interviews
- Indicating the range of beliefs, ideas or opinions in a community

A focus group is a group meeting of about 6 – 10 people, who are interviewed together because they have common experience and a similar professional background. This “focuses” group members on their shared experience and beliefs. Focus groups are usually the first interviewing activity of Module III in the RPAR process, because the feedback and information collected may help clarify the interview topic guides that will be used later. **TIP:** If the RPAR project involves a stigmatized population like IDUs, members of that population usually are not interviewed in focus groups, only individually, to protect their confidentiality.

A key part of beginning the focus groups is to identify the appropriate people. Our RPARs examined law and policy with respect to injection drug users, and as part of the process, three focus groups were conducted the following groups: 1) law enforcement personnel; 2) risk interventionists such as outreach workers, public health providers,

Challenges for Focus Groups

- Group dynamics can influence who speaks and what they say. Participants who are uncomfortable with speaking in groups are at a disadvantage.
- The number of questions that can be addressed is smaller than in individual interviews.
- It is hard to facilitate a focus group. It is important to know how to manage the group so that all participants are able to share their views.
- Taking good notes during focus group discussions is difficult, and transcribing from tape recordings is time consuming and costly.
- The researcher has less control over the discussion’s flow (compared to the individual interview).
- Focus groups can only represent the opinions of the people in the group and cannot give information

harm reductionists and others; and 3) drug treatment providers and clinicians treating drug users. The “right” types of participants should be determined for each new RPA(R) during the planning phase. Likewise, there is a sample “topic guide” for focus groups included in the RPAR Tools, but all the materials contained in the RPAR package can and should be adapted for each new project.

Facilitating a focus group can be challenging. There are sometimes problem people in focus groups, such as

“experts” (people who must tell everyone everything they know), “non-participants” (people who remain quiet); and “limelight hogs” (people who need attention and will talk louder than the other participants). Module III has detailed instructions on things to look out for, ways to solve problems, and tips for constructing questions so that they are non-judgmental and neutral. In the past, RPA(R) teams have rehearsed several times before convening their first real focus group.

Data from focus groups are recorded and organized in a systematic way. Focus group findings are important, and should be organized as soon as possible after the focus group meeting. . Module III presents many ways and tools that are useful in organizing data, or an RPAR team can devise their own way to organize data.

The next step after conducting focus groups is to conduct **individual interviews** with key informants. Often, the most effective way to collect data in a rapid assessment is to simply *ask* someone a question. The collection of data through systematically asking questions and carefully listening to the answers given is called *interviewing*. Individual interviews are critical as they produce in-depth, unique, detailed information.

Interviews:

- *Provide access to information.* Interviews offer access to a range of experiences, situations and knowledge that researchers would not be able to study otherwise. Informants may describe private or sensitive behaviors, events that happened before the rapid assessment began, or key locations inaccessible to outsiders.
- *Uncover meanings.* Interviews allow the meanings and definitions that individuals give to events and activities to be explored and understood. This is particularly

useful for understanding how individuals define ‘risk’ behaviors or what the law requires.

- *Facilitate interventions.* Local problems usually have local solutions. Talking and listening to local people is important for highlighting what may support or impede possible solutions to local problems

In the RPA(R), there are three kinds of individual interviews. We conduct these different kinds of interviews because each category plays different roles in the actual implementation of law and policy. As part of the RPA(R) process, the team will conduct:

(1) Systems Interviews: A systems key informant is someone who has an overview of a whole system, such as a judge, a project director, or a police chief. The central goal of the systems interview is to understand the system in its entirety. While individuals interviewed at a system level may not have had much direct contact with population members the RPA(R) is focusing on, they will have access to general indicator information, the policy environment within each system, and the nature of how laws and policy are formally or informally put into practice. Our experience has shown that early contact with persons in these positions can be instrumental in rapidly acquiring institutional information from highly bureaucratized systems. Generally, these individual interviews are done first. The topic guide can be flexibly revised following a group of interviews to build on new information.

(2) Interactor Interviews: An interactor key informant is someone who is on “the front lines” in systems that may affect the target population. These people have daily direct contact with members of this population. They could be police officers that work on the street, narcological staff members, or prison guards. Prior experience with these kinds of interviews has demonstrated that these individuals can provide very practical on-the-ground information about the implementation of law and policy.

(3) “Street-level” Interviews: In addition to Systems and Interactor interviews, a sample of people from the target population will be interviewed. In our RPARs, we focused on injection drug use, so 14 IDUs were interviewed in each city. These interviews give very specific information about how law and policy affect the population at risk of HIV. Efforts must be made to recruit a highly contrasting sample in order to get a diversity of information. For example, the team might want to interview men and women, heterosexuals and homosexuals, upper class and impoverished, students and the uneducated in the target population in order to try to get as complete a picture as possible.

The importance of risking discomfort...

We interview members of the target population in order to learn about the local social meaning of risk behaviors, policies, law enforcement practices, and the health consequences of all these things. It is essential for the team to *risk discomfort* in interviewing – that is, to recruit and interview even the most stigmatized kinds of people in the target population. It may be intimidating or practically difficult at first to reach the most marginalized people in the community, but making the effort usually pays off – and it essential to getting valid results from the RPA(R).

The sample topic guide is designed for use in interviewing IDUs. It is “structured” – meaning that its questions follow a logical order according to the domains of interest in the RPA(R). These questions are “open-ended” – meaning that the people being interviewed are allowed to give any answer they like, and are not restricted to a set of answers offered by the interviewer. On the RPA(R) topic guide, **open-ended questions** (in bold) are supplemented by *prompts* (in italics). Prompts can be used when the respondent is stuck or the researcher needs clarification.

The topic guide is not a script. It is not meant to be read word-for word.

- Questions can be rephrased in more appropriate language
- Prompts do not have to be used if the respondent is doing fine without them
- Questions that have been answered in response to earlier questions need not be repeated
- If a respondent expresses no knowledge of a domain, interviewers can move on to the next

Adapting the sample topic guide to your population is a critical step in conducting individual interviews. While topic guides may be very detailed, they should be sufficiently open so that respondents can give new or unanticipated information. Adapting the topic guide will take time. The research team must go through and modify the interview guide, by re-writing, adding, changing the order of, or eliminating inappropriate or irrelevant questions with attention to:

- Local terminology
- Local culture
- Regional laws and policy
- The specific situation of your population

It may be tempting to eliminate questions that are embarrassing because “everybody knows” the answer. For example, the team may be tempted to not ask male IDUs whether they have sex with men for money because “everyone knows” they do not. Assumptions like this can undermine the validity of the research. As a general rule, the fewer assumptions the research

Be Aware of Who You Are in the Interview

The researcher’s behavior influences the interview. If the researcher discloses her own history or tries to identify with the informant by presenting herself as “knowledgeable,” the respondent may assume the researcher does not want to hear basic information. The researcher may or may not know all about a topic, but we are interested only in what the informant knows. Researchers should limit self-disclosure or attempts to identify with the informant. The best stance a researcher can take is one of “student” to the informant’s “teacher.” The best researchers start each interview fresh with an open mind, even if they have heard the same information from other informants.

team brings to the adaptation task, the better. When in doubt, ask the question, because the researcher may receive important new information.

Individual interviews are audio recorded and analyzed after the interview is completed. If there are sufficient funds, transcribing interviews provides the most accurate source for analysis and later reference. Transcription can be expensive, so the tools provide alternatives to transcription. In the RPA(R) we are recommending the use of tape recorders. If an informant insists on not using a tape recorder (which rarely happens, even among IDUs) the researcher will have to take notes. Unless a colleague is available to do this, the interview will take longer to conduct.

Confidentiality must always be considered, especially when interviewing “street-level” key informants. A plan to protect confidentiality should be established before interviews are conducted. We are concerned with confidentiality precisely because we are usually interested in groups or populations who have been negatively affected by stigma, law enforcement, or are economically disenfranchised. In order to protect them, a high standard of confidentiality must be maintained. (→ *See Module V*)

As with focus group data, it is essential to organize the data immediately after the interview. *Label and date any materials:* This includes any notes, maps or other items. This will make it easier to identify and locate the materials at a later date. *Reflect and take notes:* immediately after the interview, reflect on what happened. Review notes and ask yourself: Are there any weaknesses in the way the interview was conducted? Were any topics of discussion missed? What useful issues arose that hadn’t been previously considered? Make brief notes on the interview itself. This must happen immediately after the interview. Make notes about the type of setting where the interview was conducted (do not include specific locations of drug users’ homes, drug-markets, or places where sex workers congregate), how the participant responded, his or her mood, and anything else that is relevant. In addition, start organizing the data by using the data organization form. These tasks may require repeated listening to the tape.

Protecting human subjects:

The RPA(R) involves research on human beings. Researchers are bound by various codes of research ethics to respect and defend the human rights of interview and focus group participants. Vulnerable people – like drug users, sex workers, or people with HIV – require particular care to ensure they are not harmed by participating in an RPA(R).

RPA(R)s include interviews and focus groups, which means that it can be thought of as research involving *human subjects*. People participating in research are making a contribution to the community and have a fundamental human right to decent treatment. “Ethics” are the principles that guide researchers in upholding the rights of the people they study. In many countries, there are laws or other policies setting out specific rules for the conduct of research on human beings. Module V sets out basic principles of

ethics in research and describes the regulations governing research funded by the U.S. government or conducted by U.S. organizations.

Module III includes research involving human subjects (interviews and focus groups). In most cases some of these subjects are from vulnerable populations who have been affected by stigma. In practice, codes of research ethics require researchers to respect their subjects' rights in several ways:

1) *Obtaining informed consent before an interview or focus group*: participants are entitled to a dialogue with the researchers covering the important things they need to know in order to make an informed decision to take part. These include:

- The purpose of the study;
- Reasonably foreseeable risk and discomforts to the subject;
- Potential benefits to subjects;
- How risks will be minimized including protection of confidential information;
- Participation is voluntary and the subject may withdraw at any time.

Other elements may be required by applicable law.

Example: Confidentiality in Research

Interviewers may know their research subjects from other settings such as street outreach, health clinics or therapy groups. Interviewers may even encounter research subjects socially at a later time. Interviewers should never acknowledge the identity of a subject as a participant in a study in any setting, unless the subject identifies himself as such.

2) *Protecting the confidentiality of respondents*. Given that “street level” interview participants are often from stigmatized groups, confidentiality must be protected. There are numerous ways that confidentiality can be maintained. In the RPAR, interviews conducted with “street-level” key informants are *anonymous*; names and contact information are not recorded. Interviews are held in a *private space*. Specific addresses or locations should not be recorded. If someone mentions names during the interview, those names are erased, not written down or published. Identifiable features such as hair color or height are not described to others. Confidentiality is critical and researchers will work to develop a plan that protects interview participants from any potential harm as a result of participating in RPAR interviews.

3) *Reducing or eliminating potential harm to participants as a result of being in the study*. Although policy research focusing on behavior is relatively low risk in comparison to some types of clinical trials or behavioral research, any research related to drug use or other illegal behavior poses some risks to subjects. Harm can come from breaching confidentiality, but also by revealing information (such as the location of a drug market) that leads to adverse action against subjects individually or as a group. As they design and conduct the RPA(R), researchers should be aware of the ways in which

their work may cause harm, and should ensure to the greatest extent possible that any risks of harm are sufficiently balanced by the prospect of benefits to the study population.

Special Rules for Research Funded by the United States

U.S. law sets out detailed requirements for research funded by the United States government or involving U.S. institutions. Under these regulations, most research involving human subjects must be reviewed and approved in advance by an Institutional Review Board (IRB) in the U.S. If the RPA(R) project is not based in the U.S., an additional review is required by a local board. Participating researchers must individually complete a web-based training course in research ethics.

While it sounds daunting, obtaining approval from IRBs for policy research can be straightforward and achievable. Figuring out whether an RPAR project requires IRB approval is an important preliminary step. Whether funded by the U.S. or not, almost all RPAR projects will require some form of institutional review.

Ethics Documents and Sources:

- The Belmont Report. National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. April 18, 1979, available at: <http://ohsr.od.nih.gov/guidelines/belmont.html>
- Code of Federal Regulations (US) 45 CFR Part 46, available at: <http://www.nihtraining.com/ohsr/site/guidelines/45cfr46.html>
- Council for International Organizations of Medical Sciences (CIOMS) International Ethical Guidelines for Biomedical Research Involving Human Subjects. CIOMS, World Health Organization, 2002, available at: http://www.cioms.ch/frame_guidelines_nov_2002.htm
- Nuremberg Code, 1947. available at: <http://ohsr.od.nih.gov/guidelines/nuremberg.html>
- Universal Declaration of Human Rights, 1948. available at: <http://www.un.org/Overview/rights.html>
- World Medical Association, Declaration of Helsinki, available at: <http://www.wma.net/e/policy/pdf/17c.pdf>

7) Working with the CAB/ Analyzing the Data → See Modules I & IV

During this stage of RPA(R) the team will:

- Organize main findings for presentation to the CAB or the research team
- Work with the CAB or the RPA team to
 - Identify problems in law and policy that interfere with HIV prevention and harm reduction;
 - Identify the root causes of policy problems in the Root Causes Exercise;
 - Identify possible solutions to policy problems and root causes;
 - Prioritize and evaluate possible solutions in the Priority Setting Exercise;
 - Develop strategies to successfully bring about policy and practice changes in the Power Map Action Exercise
- Plan implementation of these strategies and recommendations
- Produce a final report summarizing findings, making recommendations for solutions or interventions, and describing an action plan for implementation.

Modules I and IV offer tools and a process for turning RPA(R) data into a shared plan of action and analytic report. They suggest using basic methods of group facilitation to get all the participants in the CAB or the research team to set aside their first reactions and assumptions and engage the new information the research is uncovering.

Facilitation tools are useful because:

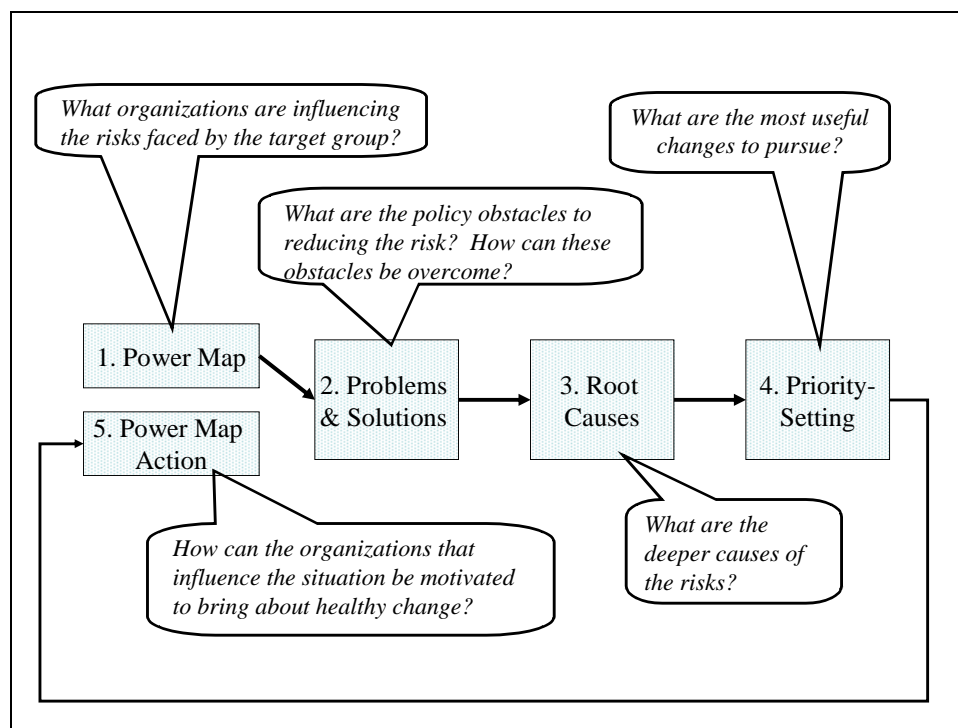
- People, particularly in groups, often find it difficult to change their opinions
- People in groups often are uncomfortable challenging the opinions of more powerful or confident people
- Discussions need some structure or they go on too long or produce no results

The RPAR facilitation/analysis process uses five exercises:

- **The Power Map** (Module I) is used to identify and analyze important organizations that have or could have influence over the health and policy problems being investigated. It begins to address the question of who needs to change, and who the team’s main allies and antagonists will be. The power map technique is used throughout the RPAR as a planning tool.
- **The Problems and Solutions Exercise** (Module I) is used at the beginning the RPAR to accomplish several things. First, it can get everyone in the CAB to begin to talk. Second, it teaches the idea of “brainstorming,” offering ideas that the speaker may not fully believe, as a means of exploring new possibilities. Third, it can guide the research team towards issues of possible importance.
- **The Root Causes Exercise** (Module IV) is essential to developing a proper social diagnosis and action plan. People often start with very simple explanations for problems (e.g., drug users share needles because they don’t know better.) The

Root Causes Exercise tries to get people to take a deeper look, by asking them again and again to consider what “causes the causes.”

- By the time the team and the CAB have gathered and analyzed the RPAR data, there are likely to be many ideas for action. **The Priority Setting Exercise** (Module IV) is designed to help the group come to a consensus on which ideas are the most useful to pursue. It also forces individuals to reflect on whether the ideas they initially think are important are feasible. This exercise produces agreement on *what* to do.
- **The Power Map Action Exercise** is the final step in the analytic process. Now that the group has decided *what* to do, this exercise aims to focus the CAB’s deliberations on *how* to produce the changes and *who* will do it.

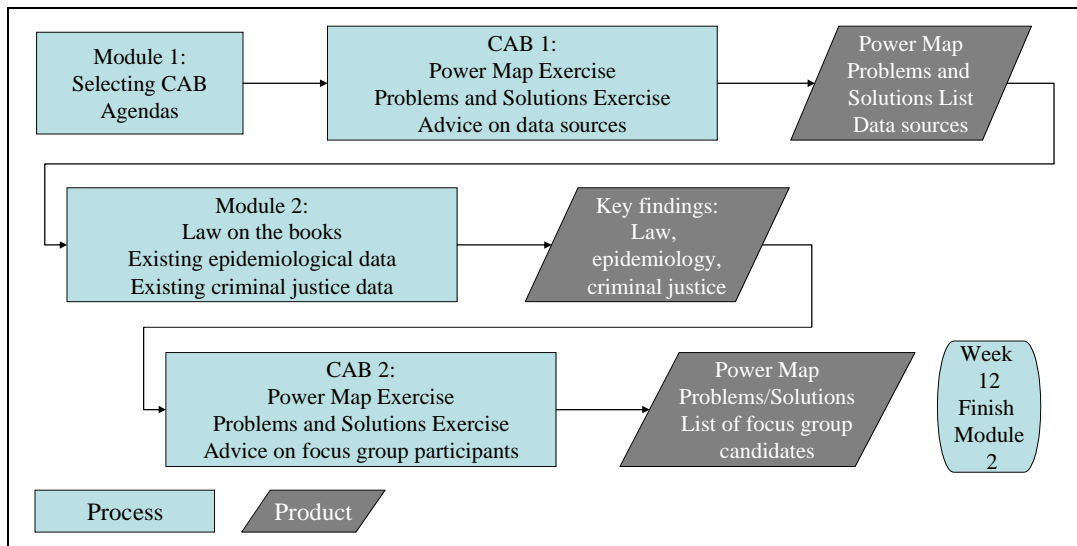


The Five Steps of Policy Analysis in RPAR

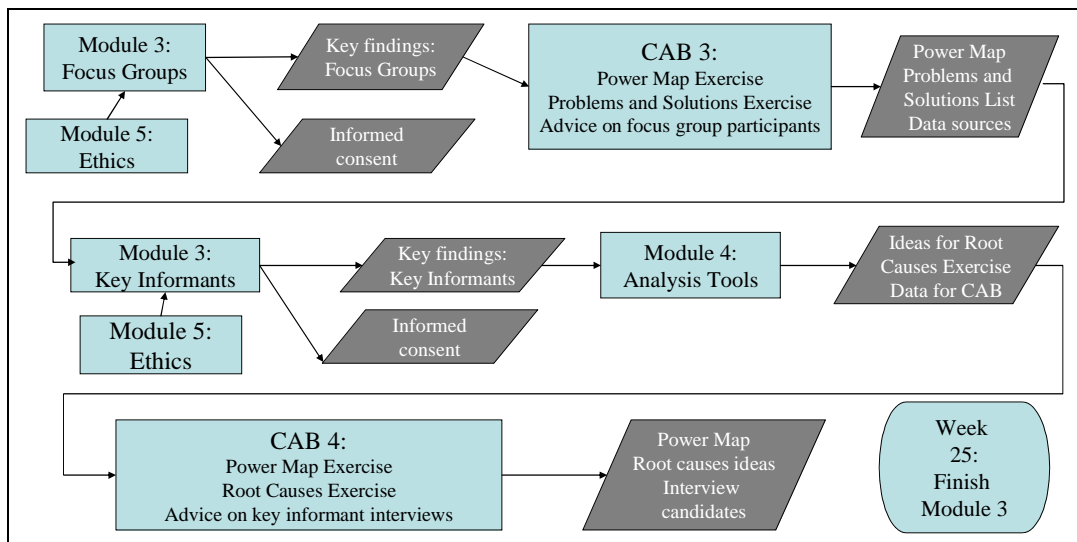
The exercises are a challenge. The exercises can make people uncomfortable or frustrated at first – they don’t want to change their minds or listen to others. It is important to stick to the process: in the end, research team and CAB members usually agree they were helpful. But, like all RPAR tools, these exercises are meant to be adapted for local needs. Past RPAR projects have taught useful lessons on using the exercises:

1. Teams sometimes change the way the exercise is done, or the timing of the exercise.
2. The team uses the exercises strategically -- to learn from the CAB, but also to guide it.

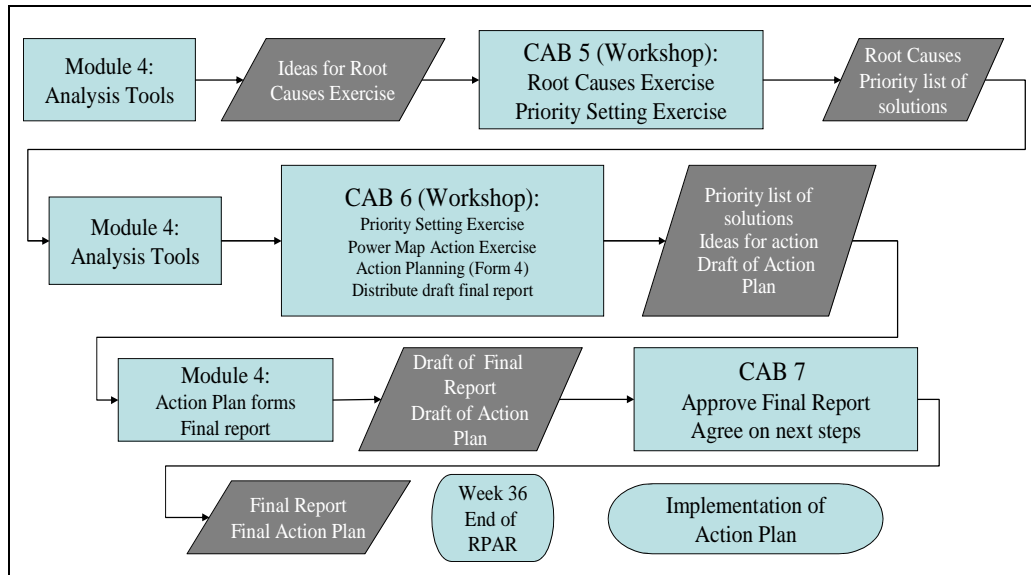
3. The forms in the tool kit are offered to show the team exactly what information it should be trying to get and how to get it. RPAR teams often do not actually use the forms with the CAB.
4. Teams almost always focus the later exercises on just some of the data and issues.



RPAR Flowchart: Modules 1 and 2



RPAR Flowchart: Modules 3 and 5



RPAR Flowchart: Module 4

8) *Disseminating Results* → See Module IV

The final step of the RPA(R) is spreading word about what the team has learned. The target audiences vary according to the topic, but will usually include people in the site city, the region, the nation and even the international level. The RPA(R) model includes two basic dissemination documents, an **Action Plan** and a **Final Report**. RPA(R) teams also sometimes write articles for professional journals. These activities are crucial because all the information that has been produced in the research and analysis phase must be described in a way that others can understand and use.

The **Action Plan** is a practical step-by-step plan for accomplishing the community interventions or other measures the CAB (or the researchers, in the case of an RPA0, have identified and prioritized.

The **Final Report** is a more complete summary of the RPA(R), usually including: background information on the health problems in the community that were the focus of the RPA(R); summary of key findings from the research; and a report of the highest priority solutions identified by the CAB (or the researchers, in the case of an RPA). Ideally, these are consolidated into a readable, persuasive document that can both report results and provide support for additional advocacy by the CAB and RPA(R) researchers. However, there is no single model for how the Final Report should be organized.

Other ways to disseminate the results of the RPA(R) are limited only by the imagination and ingenuity of the team.

One way is to disseminate information through scientific meetings and publications by submitting abstracts and manuscripts for articles. This kind of dissemination is important because it can lead to formal recognition of the health problem, the proposed solutions, or the need for additional research among the community of scientists and advocates that attend meetings and read journals.

Another way is to use the media to report the results of the RPA(R) either by holding a press conference to announce the results or by contacting journalists who may be interested in writing a story about some aspect of the RPA(R). Members of the media, may, however, have their own agenda and may not always publish or broadcast what the research team desires.

The research team may also use the final report to educate public officials about the results of the RPA(R) through direct distribution. These efforts are more likely to succeed, that is officials might read the report and pay attention to it, if the report comes with the endorsement of the city or region which hosted the RPA(R). This may lead to interest in new RPA(R)s in other municipalities or regions.

The research team may contribute information gained in the RPA(R) to local or national government efforts that are already ongoing to address a health problem. For example, results of an IDU-focused RPAR could be reported to a national committee that was already looking at drug law reform.

Practical Information about the Action Plan and Final Report

The *Action Plan* emphasizes very practical details such as:

- Who will take responsibility for each proposal?
- What resources are necessary?
- What resources are available?
- How will additional resources be found?
- How long is the proposed project expected to take?
- What “milestones” or deadlines must be met along the way?

There is no single model for the *Final Report*. It should be viewed as a flexible document that can be adapted to fit the needs of the RPA(R) and the local community.

The *Final Report* can help the team achieve several goals:

- A way to disseminate results
- Provide CAB with a summary of their activity
- A reference point for future potential funders
- Persuasive summary of the problem and proposed solutions

9) *Building on the RPA(R)'s Success*

So what happens next, after the RPA(R) has been completed? Again, there are many possibilities and each team may find themselves pursuing slightly different goals.

One place to start is for the team to follow up on the various elements of the *Action Plan*. Are the potential solutions being implemented? And if not, what are the barriers? Often times the need for additional resources is one of the barriers to completing the list of local priorities. Seeking additional resources, either from government sources, foundations, international agencies, or private donors may be a logical next step. Most teams apply for grants or contracts to carry on the work of the RPA(R).

Using the method of the RPA(R) to collect data about health problems in other communities is a natural next step. For example, an IDU-focused RPAR in Poland found evidence of significant differences between urban and rural drug use as well as gaps in HIV prevention and harm reduction services. After being presented with the results, smaller municipalities wanted to use the qualitative data collection method of the RPAR to investigate drug use and risk behaviors in a variety of communities.

Another possibility is to work with the government or an interested agency or organization to apply some of the results of the RPA(R) more broadly. For example, a sex work-RPA(R) that found that organizing sex workers into collectives has positive disease prevention outcomes, might lead to organization of sex workers in other communities with the endorsement of local public health officials.

After the RPAR

The first RPAR was conducted in Szczecin, Poland, in 2005. It produced important findings about the lack of coordinated services for IDUs in the city, insufficient use of laws allowing drug treatment instead of jail for people prosecuted for drug crimes, and an emerging amphetamine epidemic in the surrounding rural areas. After the RPAR, members of the research team and the CAB carried on with a wide range of activities:

- The CAB evolved into a service and training network providing an “Integrated Assistance Strategy For Drug Addicts And People Endangered by Drug Addiction In West Pomerania.” Funding was obtained from the national government.
- RPAR Researchers and an NGO represented on the CAB became the Polish member of a new sex workers’ advocacy network, SWAN.
- With government and foundation funding, RPAR researchers helped train stakeholders in 30 municipalities on the how to set up a municipal drug treatment program.

The RPA(R) is a *flexible* set of tools for probing how laws and policies really influence health at the local level. It is adaptable to virtually any place, health issue or type of law. It is meant to be used by trained researchers and lawyers, but also by local governments, NGOs and advocacy coalitions. If accurate data about how policy and law influence health can help stakeholders in a community solve problems, an RPA(R) intervention is a good way to promote healthy public deliberation.

For RPAR Tools and
Reports, visit www.rpar.org

