Module IV: Analysis, Action Plan, & Report

Tools
Analysis, Action Plan, & Report

**Tools**

**Purpose:**

The purpose of this module is
1. To organize the data obtained from the other modules, and
2. To work with the CAB to produce the Action Plan and Final Report.

**Process:**

During the process you will:

- Organize main findings for presentation to the CAB
- Work with the CAB 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.

The Five Steps of Policy Analysis in RPAR
Organizing Data for the CAB

When: Before CAB meeting # 5

Purpose: To convey the chief findings of the RPAR research to the CAB.

Process:

Record (1) key findings from the Data Organization Forms and (2) relevant results of earlier Problems and Solutions and Root Causes Exercises into the Key Findings column on the Analysis and Action Form 1.
**RAPID POLICY ASSESSMENT AND RESPONSE**

**Analysis and Action Plan Form 1**

<table>
<thead>
<tr>
<th>Key Findings</th>
<th>Law or Policy Problems</th>
<th>Root Causes</th>
<th>Possible Responses</th>
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1 Adapted from RAR materials developed by the Centre for Research on Drugs and Health Behaviour Department of Social Science and Medicine, Imperial College, London, as part of its projects on rapid assessment and response.
Root Causes Exercise

When: CAB meeting # 5

Purpose: To describe a web of factors contributing to HIV risks in the target population, and to identify “pressure points” where significant gains could be made from policy or practice change.

Process:

1) The CAB reviews the chief findings set out in Analysis and Action Plan Form 1.

2) The most serious problems (e.g., HIV and Hepatitis among IDUs) are entered into the bottom row of the Root Causes Form.

3) Causes of the risks are entered higher on the form, and then causes of causes and so on, until participants feel they have mapped the issues.

Prompts and Probable Responses:

Prompt: Why are IDUs at risk of HIV?
Response: Because they share needles. [Add “needle sharing” to Root Causes Form]

Prompt: Why do they share needles?
Response: Because they are afraid to carry new ones. [Add “fear of carrying needles” to Root Causes Form]

Prompt: Why are IDUs afraid to carry needles?
Response: They fear arrest or police interference. [Add “fear of police action” to Root Causes Form]

4) Identify policies and implementation practices that are acting as important “root causes” of the problems in column 1 of Form 1. Enter results in columns 2 and 3 of Form 1.

Prompt: What policies and practices on this root-causes picture seem to be causing the most harm?

5) Identify changes in laws, policies or practices that are needed to alter root causes of problems. Record possible responses in column 4 of Form 1.
RAPID POLICY ASSESSMENT AND RESPONSE

Root Causes Form
Priority-Setting Exercise

When: CAB meeting # 5 & 6

Purpose: To identify the most useful and attainable policy and practice changes available to the CAB

Process:

The process of setting priorities among possible targets and methods of change can be more or less formalized. The exercise described in the body of the text below uses a more formal set of steps in which the CAB as a group performs the prioritization using Analysis and Action Plan Form 2. A less formal approach is set out in the text box. The research team should decide what approach or combination of approaches makes the most sense for a particular CAB.

Using Analysis and Action Plan Form 2, list possible responses drawn from Form 1. Through group discussion:

1) Evaluate each potential response for relevance. Relevance is expressed in a score, with “1” being very relevant and “3” being the least relevant.
2) Describe obstacles (political, economic, and social) to successfully implementing the response.
3) List resources needed to implement the response.
4) Evaluate feasibility by considering both obstacles and resources. Feasibility is expressed as a score with “1” being the most feasible and “3” the least.
5) Prioritize each response by combining Relevance and Feasibility.
The highest-scoring items represent the group’s preferred action options for change in policy or practice.

**Dot-Voting: An Alternative Approach To Setting Priorities**

1) Using Analysis and Action Plan Form 2, list possible responses drawn from Form 1. The responses should also be entered onto one or more flip chart pages and displayed on the wall.

2) Discuss the Priority Setting Criteria as a group.

3) Ask each individual CAB member to determine their own ratings, using Analysis and Action Plan Form 2 if they wish.

4) After ten or fifteen minutes, give each member of the research team and the CAB five small adhesive dots. Instruct the participants to place dots next to the solutions they think have the highest priority. They may select five different solutions or weight their preference by putting two or more dots at the same point. The “score” for each solution represents the group’s aggregate assessment of its priority. The product is a set of preferred action options.
RAPID POLICY ASSESSMENT AND RESPONSE

Analysis and Action Plan Form 2

<table>
<thead>
<tr>
<th></th>
<th>Relevance (1)</th>
<th>Obstacles (2)</th>
<th>Resources (3)</th>
<th>Feasibility (4)</th>
<th>Priority (5)</th>
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<td>Response 1</td>
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2 Adapted from RAR materials developed by the Centre for Research on Drugs and Health Behaviour Department of Social Science and Medicine, Imperial College, London, as part of its projects on rapid assessment and response.
Power Map Action Exercise and Action Plan

When: CAB meeting # 6 & 7

Purpose: To develop strategies to successfully bring about policy and practice changes, and to incorporate them into a draft Action Plan

Process:

1) Distribute or display the latest version of the Power Map

2) Review the priority responses identified using Form 2 and the Priority-Setting Exercise. Enter the priority responses in column 1 of the Power Map Action Exercise Form.

3) For each priority response, use the Power Map and the Power Map Action Exercise Form to list organizations that must cooperate in order to bring about the change in policy or policy implementation.

Prompts:
What are the organizations whose practices we want to change?
What organizations do we need to support us?
What organizations can influence the organizations we want to change?
Are there any important groups that don’t have an organization to work through – “missing organizations”?

4) For each organization, identify:

- Any key individuals
- Existing organizations that could influence the target organization to change or support change
- Organizations that don’t exist (“missing organizations”) but could potentially be created to give voice to important people who are now unrepresented in governance, such as sex workers
- “Resource strategies”: Ways to influence the target organization by changing the flow or its resources (e.g., finding money for poor organizations, or rewarding prisons for effective TB treatment)
- “Tool strategies”: Ways to influence the target organization by changing the tools it uses to get things done (e.g., creating a program to divert drug suspects from jail to treatment)
• “Mentality strategies”: Ways to influence the target organization by changing its culture (e.g., educating police about drug use and HIV, officially adopting harm reduction as prison policy)

5) Using Analysis and Action Plan Form 3, take the solutions and strategies developed in previous steps and begin to form an Action Plan. For each of the responses and strategies listed in the Power Map Action Exercise, decide:

• The specific steps that must be taken to implement the response
• The resources needed to implement the response
• What individuals and organizations agree to take action to implement the response
• The time frame for action
• And indicators that will show whether there has been success or not

The Action Plan combines the ideas for change with specific assessments of the resources and commitments needed to carry out effective advocacy. The Action Plan can take a variety of forms, but regardless of the form, it represents a commitment by the community to begin implementing identified responses.
<table>
<thead>
<tr>
<th>Response number</th>
<th>Target organization and key people</th>
<th>Organizations and key people that could influence the target</th>
<th>Resource strategies</th>
<th>Tool strategies</th>
<th>Mentality strategies</th>
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<td>Existing</td>
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RAPID POLICY ASSESSMENT AND RESPONSE

Analysis and Action Plan Form 3

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<tr>
<th>Response number</th>
<th>What needs to be done (specific steps)</th>
<th>Resources Needed</th>
<th>Time Frame</th>
<th>Responsible person or agency</th>
<th>Indicators of Success</th>
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3 Adapted from RAR materials developed by the Centre for Research on Drugs and Health Behaviour Department of Social Science and Medicine, Imperial College, London, as part of its projects on rapid assessment and response.
The Final Report

When: Weeks 1-36

Purpose:
- To assist research team assemble and review key information and issues during the RPAR
- To present data to and highlight policy issues for the CAB meetings 2-7
- To produce a final report summarizing findings, making recommendations for solutions or interventions, and describing an action plan for implementation.
- To provide a document that can be used for local, regional or national advocacy

Process:

Step 1: Identify key findings from existing and qualitative data collection modules (Modules II and III) and present to CAB as described in Module I
- Existing data: law on the books, epidemiology, and criminal justice
  - Present at CAB meetings #2 & 3 (weeks 1-18)
- Qualitative data: focus groups, key informant interviews
  - Present at CAB meeting #4 (weeks 14-26)

Step 2: Identify policy problems related to HIV prevention among IDUs in the community
- Use the power map and problems and solutions exercises and root cause analysis developed with the CAB at regular meetings #1-6 (weeks 1-29)

Step 3: Organize the findings, issues, policy problems into a preliminary draft report
- Discuss draft report at CAB meeting # 5 (weeks 23-27)

Step 4: Integrate prioritized solutions and plans for implementation into the draft report
- Use the Priority-Setting Exercise (CAB meetings #5 and 6)
- Distribute revised draft report at CAB meeting #6 (weeks 27-29)

Step 5: Draft and distribute final report (weeks 32-36).
- Collect feedback on draft report from CAB at meeting #7
- Include details of final action plan
- Distribute report through the HIV and drug policy network and through local, regional national networks as appropriate

These steps are intended to help the research team organize the collection of data for and drafting of the report. They are not meant to limit the team to a single form for the final report, or a single method for collecting information and drafting the report.

First, the time frame for each step is estimated, but some steps will overlap throughout the RPAR. For example, the team should be able to identify most of the key
findings from the existing data (Step 1) during or soon after completion of existing data collection at week 13, but new sources of problematic law or policy may be identified later during the qualitative data collection.

Second, other steps may include using information that is developed in an iterative process by the CAB at more than one meeting. For example, the power map and problems and solutions exercise will be conducted at almost every CAB meeting and the draft and final reports should reflect the changing results.

The Form of the Final Report

There is no single best model for a final report in every country. The research team should outline the final report in a form that best meets their local needs for communicating data and supporting advocacy. The research team should review relevant models of reports and advocacy documents for ideas and guidance. The following are a few guidelines to creating an effective report:

- Organize the report to emphasize the most important policy issues
  - The report is not an epidemiological summary or a descriptive piece about the law
  - The report should illustrate the relationship between HIV risks in the community and law, policy and practice problems
  - Findings and recommendations should be clearly related and succinctly set out
  - Usually, an effective report focuses on a few key problems and recommendations, but when little has been done in the past a comprehensive and detailed report with a long list of recommendations may be useful

- Offer detailed plans for action and implementation
  - The report provides an opportunity to explain the recommendations, plan for action and implementation developed by the CAB
  - It is intended to guide the decisions and actions of people who may not have been involved in the CAB or even had a prior knowledge of the HIV problem
  - Detailed recommendations may look, and be, more feasible
  - Document community involvement in the process and action plan

- Link the goals of this project to other projects for HIV prevention among IDUs and other populations
  - Indicate how data from this project might be used by other projects
  - Describe other gaps in law, policy, practice and / or locally important data that are relevant to HIV, drug policy, and IDUs and identify those that need additional resources, advocacy or research