



# NIHR EI WP1 **Stakeholder Needs for Sustainable Solutions**

Training and Capacity  
Exchange Day

Kigali 13th February 2023





# Opening Address



**Introduction, overview,  
icebreaker**

# Introduction to Equi-INJURY WP1

## Involving stakeholders, building strategy

### Formative work:

- "Context matters"

### 5 WPs **[Justine PI overview]**

### Objectives

1. Understand how policy, systems and community contexts enable (or constrain) equitable access to improved injury care
2. Create strategies sustainably embedding more expansive approaches to EBM

**Equitable access to quality trauma systems in low-income and middle-income countries: assessing gaps and developing priorities in Ghana, Rwanda and South Africa**

The Equi-Trauma Collaborative, Maria Lisa Odland <sup>1,2,3</sup>,  
Abdul-Malik Abdul-Latif,<sup>1,4</sup> Agnieszka Ignatowicz,<sup>1</sup> Barnabas Alayande,<sup>5,6</sup>  
Bernard Appia Ofori,<sup>7</sup> Evangelos Balanikas,<sup>8</sup> Abebe Bekele,<sup>9,10</sup> Antonio Belli,<sup>8,11</sup>  
Kathryn Chu <sup>12,13</sup>, Karen Ferreira,<sup>12</sup> Anthony Howard,<sup>14,15</sup> Pascal Nzasabimana,<sup>16</sup>  
Eyitayo O Owolabi,<sup>12</sup> Samukelisiwe Nyamathe,<sup>12</sup> Sheba Mary Pognaa Kunfah,<sup>17</sup>  
Stephen Tabiri,<sup>7,17,18</sup> Mustapha Yakubu <sup>18,19</sup>, John Whitaker <sup>1,20</sup>,  
Jean Claude Byiringiro <sup>16,21</sup>, Justine I Davies<sup>1,12,22</sup>

# WP1 Aims and Objectives

## Involving stakeholders, building strategy

### Aim:

- Explore how stakeholders involved in policymaking, and, from this, how to embed research into policy. N.B.: the aim is not to explore barriers to access

### Objectives:

- Understand CEI, provider, policy, and finance and governance contexts and needs to enable improved equitable access to quality injury care in each partner country
- From synthesis of this knowledge, create a strategy for facilitating the sustainable embedding of research findings into policy and guidelines

# Application in context

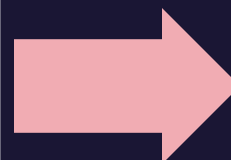


# WP1 Research Questions

## RQ 1

a WHAT/WHO: needs, barriers, facilitators for **stakeholder engagement** in injury care;

b. HOW: priority areas, processes, mechanisms for improving engagement



## RQ 2

STRATEGY: common priorities **across groups** to engage

## RQ 3

CONTEXT: policy, finance, and governance **contexts** for injury care in partner countries



# WP1 Research Questions

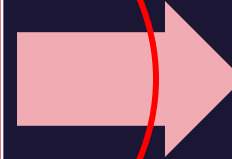
**1° data collection** eliciting/  
systematising perspectives of  
stakeholders, w/qual methods, on  
engagement

**NB: not about access!**

## RQ 1

a WHAT/WHO: needs, barriers,  
facilitators for **stakeholder engagement**  
in injury care;

b. HOW: priority areas, processes,  
mechanisms for improving engagement



## RQ 2

STRATEGY:  
common  
priorities **across**  
**groups**  
to engage

## RQ 3

CONTEXT: policy, finance, and governance **contexts**  
for injury care in partner countries



# Training Overview

## Learning outcomes:

1. Understand and discuss WP1 'stakeholder needs for sustainable solutions' design and application in the relevant context
2. Understand and apply key considerations for effective workshop facilitation (**focus**)
3. Orient to recruitment, data collection and analysis, rapid qualitative research methods

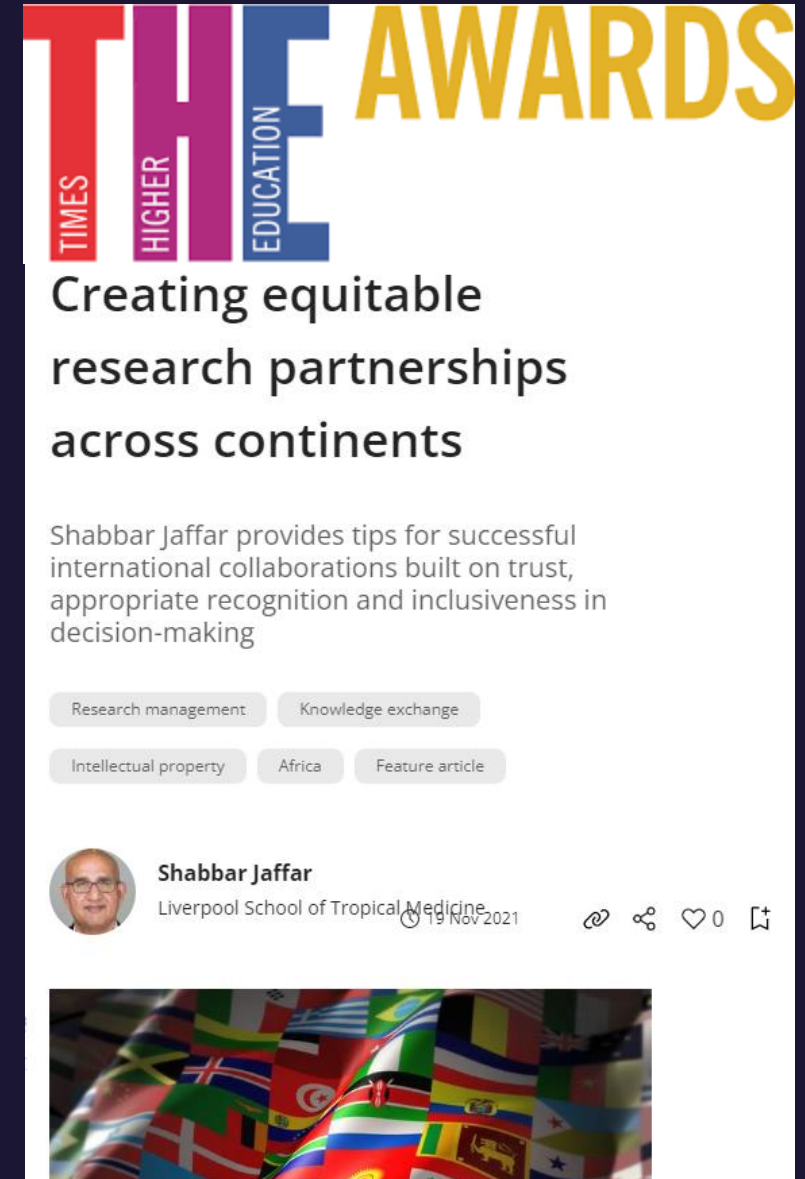
## Activities:

1. Workshop facilitation
2. Building learning cross-contexts
3. Vox-pops, podcast, commentary

Recruitment, data collection, analysis orientation (recordings)

# Learning Principles

1. We have a '**safe to fail**' learning environment, promoting peer-learning and exchange
2. We prioritise **synergies** between research teams working across diverse contexts
3. We promote and advance **South-South** learning and exchange
4. We foster **equitable partnerships** in global health research



# Ice Breaker

- **Who are we?** Name, pronouns, institution, role with EI/912, expectations for Training Day
- **What unites us?**  
Embracing/expanding diversity.  
Areas of connection, areas of difference



# Any Questions?

- What is meant by “n.b.: engagement not barriers to access”?
- Who are stakeholders?
- What are equitable research partnerships? How can we support and expand?
- What are your needs and expectations for the programme?



# **Background, Aims, Study settings**

# Background to WP1

## Involving stakeholders, building strategy

- **Formative work:** context matters
- **Objectives**
- Understand contexts: needs of community, HCW, policy/finance/governance to enable policy for improved injury care
- Create strategy for sustainable embedding of stakeholders into policy making and of research findings into policy and guidelines

**Equitable access to quality trauma systems in low-income and middle-income countries: assessing gaps and developing priorities in Ghana, Rwanda and South Africa**

The Equi-Trauma Collaborative, Maria Lisa Odland , <sup>1,2,3</sup>  
Abdul-Malik Abdul-Latif, <sup>1,4</sup> Agnieszka Ignatowicz, <sup>1</sup> Barnabas Alayande, <sup>5,6</sup>  
Bernard Appia Ofori, <sup>7</sup> Evangelos Balanikas, <sup>8</sup> Abebe Bekele, <sup>9,10</sup> Antonio Belli, <sup>8,11</sup>  
Kathryn Chu , <sup>12,13</sup> Karen Ferreira, <sup>12</sup> Anthony Howard, <sup>14,15</sup> Pascal Nzasabimana, <sup>16</sup>  
Eyitayo O Owolabi, <sup>12</sup> Samukelisiwe Nyamathe, <sup>12</sup> Sheba Mary Pognaa Kunfah, <sup>17</sup>  
Stephen Tabiri, <sup>7,17,18</sup> Mustapha Yakubu , <sup>18,19</sup> John Whitaker , <sup>1,20</sup>  
Jean Claude Byiringiro , <sup>16,21</sup> Justine I Davies <sup>1,12,22</sup>

# WP1 Aims and Objectives

## Involving stakeholders, building strategy

### Aim:

- Explore how stakeholders involved in policymaking, and, from this, how to embed research into policy. N.B.: the aim is not to explore barriers to access

### Objectives:

- Understand community, provider, policy, finance and governance contexts and needs to enable improved equitable access to quality injury care in each partner country.
- From synthesis of this knowledge, create a strategy for facilitating the sustainable embedding of research findings into policy and guidelines.



# WP1 Research Questions

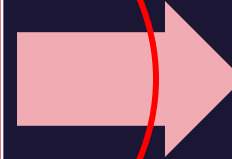
**1° data collection** eliciting/  
systematising perspectives of  
stakeholders, w/qual methods, on  
engagement

**NB: not about access!**

## RQ 1

a WHAT/WHO: needs, barriers,  
facilitators for **stakeholder engagement**  
in injury care;

b. HOW: priority areas, processes,  
mechanisms for improving engagement



## RQ 2

STRATEGY:  
common  
priorities **across**  
**groups**  
to engage

## RQ 3

CONTEXT: policy, finance, and governance **contexts**  
for injury care in partner countries

# WP1/RQ1 Methods Overview

The WP consists of:

- Individual Stakeholder Workshops (RQ1)
- Multi-stakeholder workshops (RQ2)
- Situation analysis including a Governance Survey (RQ3)
- Manual concerns RQ1, with references to RQs 2 and 3



# Study Settings

- Stakeholder involvement for injury care in study setting
- Rapid review peer-reviewed and grey literature
- Social, political, health systems and policy making processes
- Framework for desk review
- Framework for baseline stakeholder analysis
- SA experience...

Panel 1: Situation analysis framework

Section	Details	Length
Context	Name of country, map, population, demography, socio-cultural factors, international policy/strategy, other contextual factors (where relevant e.g., extreme weather events, conflict) and population health profile	Table + 0.5-page narrative
Health system and policy context	<ul style="list-style-type: none"> <li>Finance: % GDP spent on health, OOP for health, external expenditure on health</li> <li>HRH: numbers of healthcare workers per population - note that number of Surgeon and anaesthetist providers is available from WFSA (desegregated by provider type)</li> <li>No. hospital beds per population</li> <li>Maternal and Neonatal mortality rate</li> <li>Service readiness indices: SPA or SARA survey s/dates</li> <li>See also World Bank (WB), WHO, or Demographic and Health Surveys (DHS) data</li> </ul>	Table + 0.5-page narrative
Research into injury care	<ul style="list-style-type: none"> <li>Evidence on background severity, number affected, magnitude; inequities related burden followed by more specific relevant information</li> <li>See also GBD, any other survey (national or subnational survey by whom) on injury prevalence and outcomes</li> </ul>	1 page
Policy recognition and change for injury care + Stakeholder involvement and policy processes	<p>Main policy/strategy for injury care:</p> <ul style="list-style-type: none"> <li>Is there a standalone national policy for injury prevention or care or is injury prevention or care covered as part of the main healthcare policy?</li> <li>Timeline of key processes, events and policy outcomes including any windows of opportunity or situation changes that enabled policy change.</li> <li>Record how problems are defined, including by community and patient groups, agendas set, policy formulated, decisions made, and policy evaluated and implemented.</li> <li>Levels of involvement of: communities, patients, and carers in policy processes. Includes civil society, advocacy, lobby, and support groups.</li> <li>Where, and how local and national policy making for injury is done</li> </ul>	2-page narrative
Stakeholder analysis	Power/interest grid for baseline stakeholder analysis. Framework explores: Those with vested interests; Those who hold power; Those who benefit or suffer from the situation; People or groups included in the grid may or may not be	
Sources	Reference list Supplementary material (no limit- please add)	

Help

Recap: actors, interests and institutions

I draw on a paradigm – social constructionism – used by only a handful of scholars concerned with global health to suggest that the rise and fall of a global health issue may have less to do with how “important” it is in any objective sense than with how supporters of the issue come to understand and portray its importance

Shiffman 2009

ARNDT 2010

2:15

28:48

1x Speed

Quality

PARADEEN

BU5594: Health Policy and Systems Research (HPSR)

Recap: a framework for health policy analysis

Context of policy

- Health is political because, like any other resource or commodity under a neoliberal economic system, some social groups have more of it than others.
- Health is political because its social determinants are amenable to political intervention and are thereby dependent on political action (or inaction).
- Health is political because the right to a standard of living adequate for health and well-being is, or should be, an aspect of citizenship and human rights.

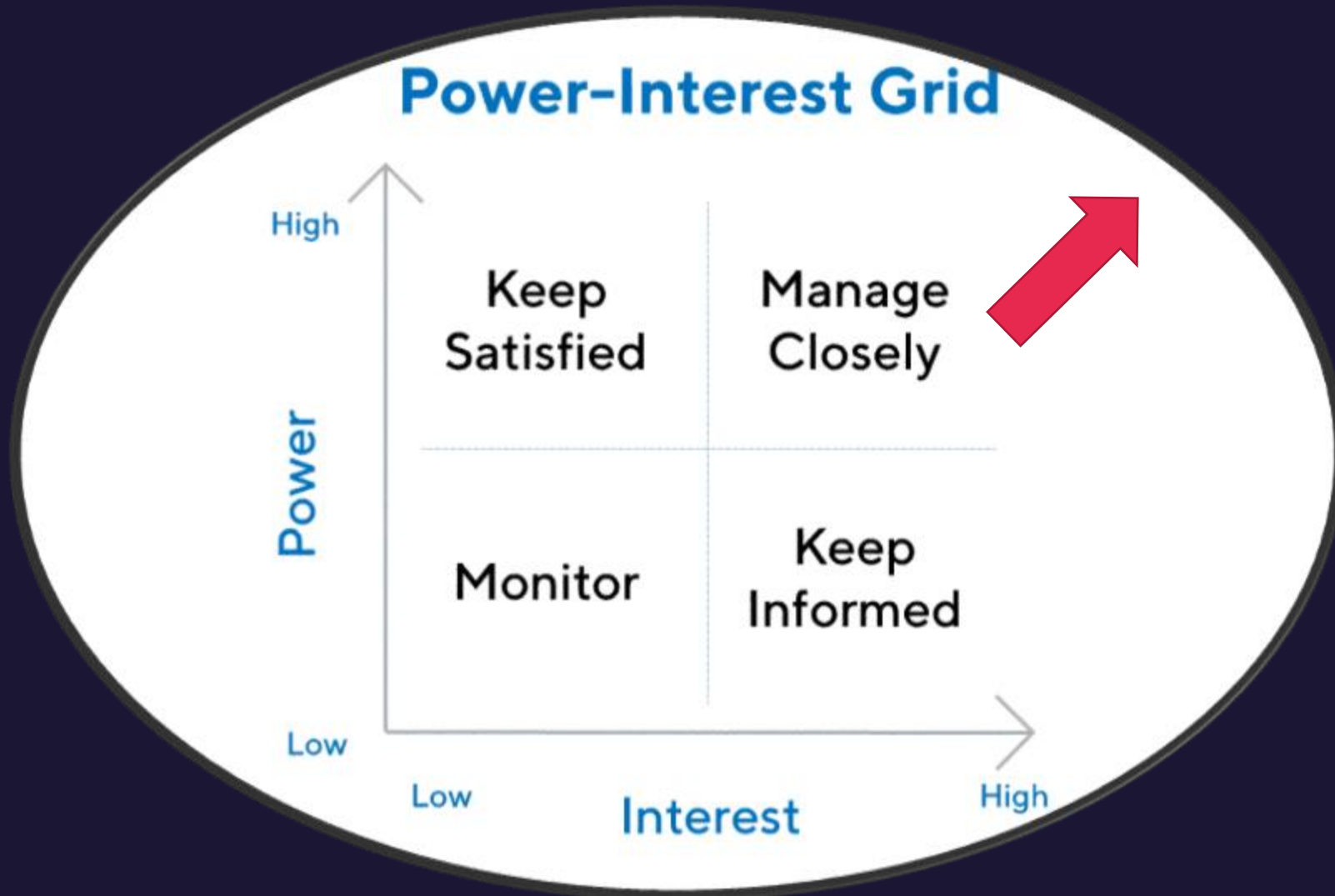
Recap: a framework for health policy analysis

Context of policy

- How actors interact and influence policy (individuals, groups and organisations)
- Processes through which such influence either fail or is realised
- The context in which different actors and processes interact

# How actors interact and influence policy

(individuals, groups and organisations)



# Individual Stakeholder Workshops





# Who are Stakeholders?



## **Community/ pt** (~ 25 pax)

- Community members (n ~8)
- Pts who accessed injury care (in-pt >12h) but not acute care (n ~8)
- Pts w/mod to severe injuries not accessed care (n ~8)

## **HCW** (~ 25 pax)

- Doctors (n ~8)
- Nurses (n ~8)
- Clinical officers (n ~8)
- Others, dependent on context

## **Policy/civil servant** (~ 25 pax)\*

- Health facility managers (n ~8)
- Policy makers and civil-servants, including people involved in making local healthcare service policy (n ~ 16)

\* In-depth interviews planned when workshops not possible

# Individual Stakeholder Workshops

## Simple discussions → listing and prioritising

### **RQ1 (needs and priorities) will be answered with Individual Stakeholder Groups**

- Avoid influences owing to social, professional, and other hierarchies.
- Elicit and combine different perspectives on stakeholder engagement.
- Not Focus Group Discussions but series of 'Roundtables' of approx. 5 pax.
- Pax. discuss, list, and prioritise responses, which are presented and deliberated over in 'Plenaries'

### **RQ 2 (strategy for policy action) Multi Stakeholder Process deliberating on outputs from RQ1 ISW**

- Develop strategy to enable and embed alliance working for evidence-informed policy support and recognition.

Notes - Focus is involvement in policymaking NOT about what people would like to see policies or services for, nor policies which people may wish to see developed or implemented. Discuss as exemplars to explore generalities



# WP1 Manual

## EQUI-INJURY

Work Package 1/Research Question 1: STAKEHOLDER NEEDS FOR SUSTAINABLE SOLUTIONS

**MANUAL:** RQ 1 WORKSHOPS and INTERVIEWS

**\*ADAPTED FOR SOUTH AFRICA**

**AUTHORS:** WP leads and members

Version 09/01/2023

- Dec 2022 WP1 Manual (generic) developed by CIs
- Jan 2023 Country Partner adaptations
- Key working document
- Initial, adaptive framework
- Develop equivalents for RQ 2 and 3 (Multistakeholder Workshops and Contextual Analysis)
- To Add to WP1: Governance Survey and eMenti modules

# Responsible Team, Outputs (e.g: SA)

Country PI	Oversight of all deliverables, oversight of selection and recruitment, data oversight (collection, analysis, and governance), budget
CEI coordinator	Overall oversight of CEI activities across project; for site-specific/country-based work, coordinating WP1 activities with support from CEI leads (WC and EC)
CEI lead, WC	Leading recruitment, facilitation, contextual adaptation for WC site
PDRF (qualitative/ WP1 lead)	Lead of WP1 for country, lead selection and recruitment, lead development of tools, lead workshops/interviews, oversight of data quality and uploads, lead analysis, write up, publication development, team exchange and capacity building development, engagement material advisor Lead for RA team, main point of contact for all operational matters, lead of data management governance and fieldwork support, publication development, engagement material lead
PDRF (quantitative /deputy WP1 lead)	Support lead PDRF in all roles and responsibilities.
RAs	The RAs may support in the team analysis meetings. Engage in capacity building, analysis, and project management
Team	Regular meetings/exchange. Development of training materials. Data collection, analysis and write up. Co-authorship of papers (country and synthesis).
WP Leads	Oversight of design, data management and governance, analysis development, capacity building and CEI. Standards for equitable research partnerships. Contribution to engagement activities.

Brief Description of Activity	Intend Start Month	Actual Start Month	Intend End Month	Actual End Month	Pro gress	WP leads and assist	assigned local (junior)	assigned local (senior)	Com pleted	Project Year 1												Year 2				
										Projec	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
										####	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Workpackage 1: stakeholder needs for embedding sustainable						LD/Al/ Khaya																				
Study sites established	Oct 22		Jan 23			All Local lx						X	X	X												
RQ 1: What are the needs (desires), barriers, and (solutions) facilitators																										
Workshop 1 (community and patients)	Jan 23		Feb 23			CEI lead	PD 2								X	X										
Workshop 1 write up	Feb 23		Mar 23			CEI lead	PD 2									X	X									
Workshop 2 (providers)	March 23		April 23			CEI lead	PD 2										X	X								
Workshop 2 write up	April 23		May 23			CEI lead	PD 2											X	X							
Workshop 3 (policymakers)	May 23		June 23			CEI lead	PD 2												X	X						
Workshop 3 write up	June 23		July 23			CEI lead	PD 2													X	X					
RQ2: Are there common priorities (solutions) across groups that can																										
Research team to synthesise results from above workshops	July 23		Aug 23			All local lx	PD 2														X	X				
National workshops convened	Aug 23		Sept 23			CEI lead	PD 2															X	X			
National workshop write-up	Sept 23		Dec 23			CEI lead	PD 2																X	X	X	X
RQ3. What are the policy, finance, and governance contexts for injury care in																										
Governance survey	Jan 23		July 23				PD 1								X	X	X	X	X	X	X					

# Any Questions?

- What is meant by 'n.b.: engagement not barriers to access'?
- Who are stakeholders?
- What are your needs and expectations for the programme?

