ARISE
Accountability in Urban Health

What does it take for success? Seven competencies to enhance the quality of community-based co-production research partnerships for health

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Background

• Decolonising health research requires a shift to inclusive processes, and actively engaging with communities.

• Community-based participatory research (CBPR) fosters collaboration among communities, researchers, and implementers to produce contextual knowledge for action.

• Enhancing co-production skills and competencies has been shown to improve research quality and validity, while CBPR principles have been developed (Israel, 1988), limited guidance exists on the skills needed to adhere to these.

• There is a need for frameworks to guide equitable and meaningful contributions from both community and external partners.

Aim:
To advance CBPR methodology by exploring core competencies and conditions for CBPR partnerships that help share power in knowledge production, application, and dissemination.

Methodology
The Accountability and Responsiveness in Informal Settlements for Equity (ARISE) consortium aims to enhance accountability and improve the health and wellbeing of marginalised populations living and/or working in informal urban settlements in Bangladesh, India, Kenya and Sierra Leone.

We mapped literature together with experiential and applied knowledge of researchers, activists, and ten local and international implementation partners and community researchers from Kenya, Bangladesh, India, Sierra Leone and the UK who are involved in ARISE.

| Phase 1: Broad scoping review | Phase 2: Adding experiential and empirical evidence | Phase 3: Developing and publishing 'Competencies and conditions for co-production in research partnerships: A framework' | Phase 4: Positioning the competency framework within a research project | Phase 5: Synthesising cross-cutting competencies and conditions |

Phase 1 - Scoping review:
Conducted a broad search strategy scoping review to map existing frameworks and programs for participatory and co-production research, aligned with Israel's eleven CBPR principles (Israel et al., 1988).

Phase 2 - Adding experiential and empirical evidence:
Sought experiential and empirical evidence from ARISE consortium partners and refined the principles based on feedback.

Phase 3 - Developing the framework:
Adapted language for accessibility and alignment with cross-country experiences, resulting in the publication of the 'Competencies and conditions for co-production in research partnerships: A framework.'

Phase 4 - Positioning the framework within the project:
We worked with community researchers in each country to refine the framework, exploring its practicality and application.

Phase 5 - Synthesising cross-cutting competencies:
Consulted with community researchers and consortium partners to synthesise findings, and develop seven cross-cutting competencies and conditions for CBPR.

Major Findings

Capacity to interpret and respond to individual and relational identity, connection, uniqueness, and inequities
In Kenya, marginalised populations actively collected data, fostering engagement, advocacy, and connections with peers. Reflexivity sessions held with researchers and co-researchers helped to address strengths and challenges faced by different groups during the process.

Ability to work closely with communities in the most suitable, inclusive and synergistic way
In India, waste workers used performative arts to interact with governance actors. Songs and skits, created through workshops, were used for community performances and discussions on rights.

Aptitude for generating safe and inclusive spaces for multidirectional knowledge and skills exchange that goes beyond the research focus
Community researchers from Sierra Leone visited community researchers in Kenya to engage in cross-cutting learning and knowledge exchange.

Expertise in democratic leadership and/or facilitation to balance competing priorities and ensure shared decision making
In Bangladesh, marginalised communities advocated for budget allocations in pre-budget meetings with governance actors like mayors. This enhances accountability and ensures community participation in decision-making on health and wellbeing issues in the communities such as poor drainage and water quality, gender-based violence and drug use in the community, etc.

Capacity to analyse readiness for action, successes and areas for improvements throughout the research process
In India, a health and well-being survey in Mumbai and Ahmedabad informed the development of discussion tools for focus groups with community members to plan the next course of action.

Understanding and ability to instigate sustainable change processes within the political dimensions of systems, policies and practices using advocacy, lobbying or activism approaches
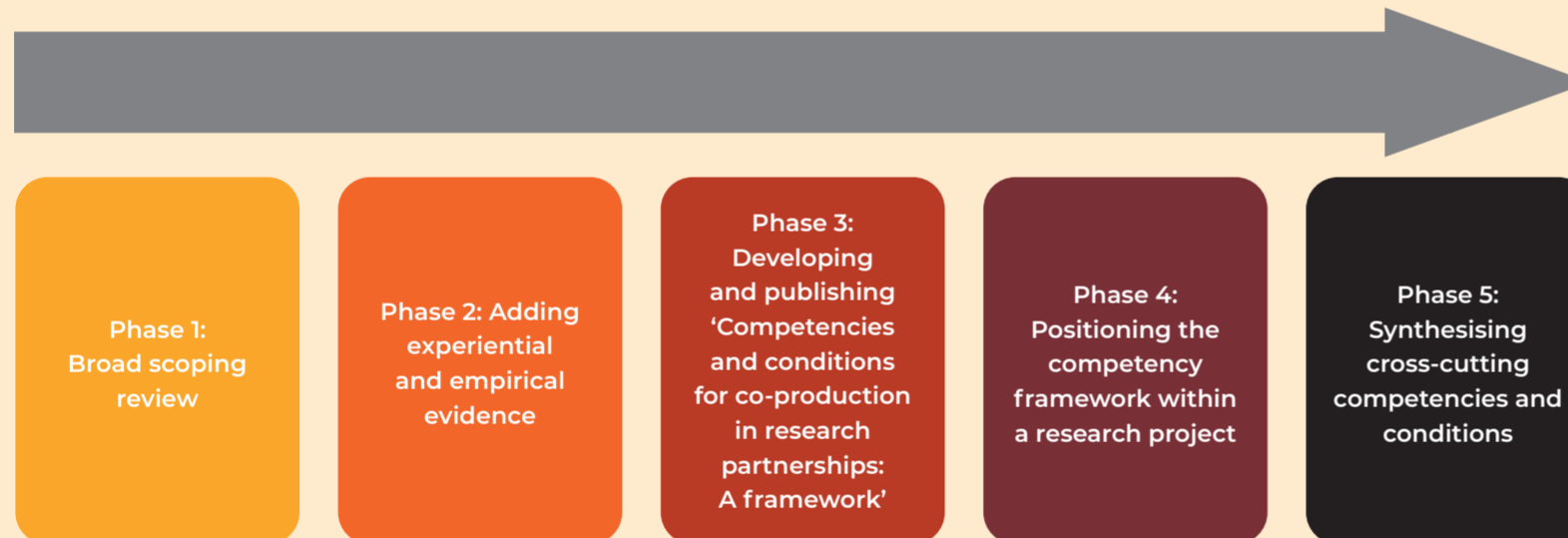In Sierra Leone, community researchers used participatory empowerment and advocacy to include drainage construction plans in the Freetown City Council's Work Plan, preventing flooding.

Skills to interpret and disseminate findings and outputs that are understandable, respectful, and promote community ownership
In Bangladesh, a community researcher participated in a panel session at the 7th Global Symposium on Health Systems Research 2022, called "Accountability from Below? Learnings from Participatory Research Processes on Water and Sanitation in Informal Urban Settlements" discussing WASH challenges and accountability arrangements in her community in Dhaka.

Lessons Learned:

• Rapidly changing contexts demand innovative approaches to community-engaged co-production research and an openness to learning new hard and soft skills.

• Implementing practical tools to assess competencies/conditions will enable partnerships to allocate resources and time effectively, responding to diverse conditions for sustainable community-led change.

UKRI Economic and Social Research Council

GCRF Global Challenges Research Fund