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AHEAD

ACTION FOR HEALTH AND EQUITY ADDRESSING MEDICAL DESERTS

Consensus building dialogues evaluation report

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D3.4 Consensus Building Dialogues Evaluation Report

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AHEAD

Action for Health and Equity - Addressing Medical Deserts

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Introduction

The issue of medical deserts, characterized by isolated or depopulated areas experiencing a decline in medical facilities and healthcare professionals, poses a significant challenge to the health and well-being of diverse communities. Addressing this complex societal problem requires a comprehensive and participatory decision-making approach involving various stakeholders. The "Action for Health and Equity: Addressing Medical Deserts" (AHEAD) project aimed to tackle health inequalities and combat medical desertification in Europe. The AHEAD team consists of six organisations based in Italy, Moldova, the Netherlands, Romania and Serbia, with expertise in the field of health and health workforce policy, and experience in research, including participatory methodologies, communication and media, social accountability, civic participation and policy advice. The project strives to achieve better access to health services, especially in underserved areas, and equitable access to sufficient, skilled and motivated health workers, starting with the five project countries mentioned above.

To foster innovation in health service delivery and enhance knowledge, AHEAD adopted a participatory decision-making process that engages a wide range of stakeholders. This approach, known as consensus building methodology, formed one of the cores of the project's efforts to address the challenge of medical deserts. Consensus building methods are utilized as a participatory decision-making process to reach a general agreement among relevant stakeholders regarding policy options aimed at countering and preventing medical deserts. By establishing a democratic space where stakeholders can openly express their viewpoints, agree to disagree, and ultimately work towards a consensus on contextually relevant and feasible policy options, AHEAD endeavoured to facilitate inclusive decision-making.

It was anticipated that this participatory process will contribute to more informed decision-making by enriching stakeholders' understanding of healthcare solutions. As such, it becomes crucial to evaluate the implementation of consensus building methodology employed in the AHEAD project, aiming to learn from experiences, gain insights and improve the methodology for better efficacy.

A formative evaluation, which implies that the purpose of the evaluation is to jointly reflect on and learn from the consensus building sessions for improvement, was undertaken. The evaluation took place during the implementation of the process of consensus building sessions with the aim of improving and refining their design and implementation and to enhance to possibility of reaching the project objectives. The evaluation allowed us to gain insight in how the process of consensus building session has been implemented in five European countries, to identify the factors influencing implementation and to formulate suggestions for improvement. The result of the evaluation enables us to develop a generic consensus building methodology that can be adapted and tailor-made for use in different settings.

This evaluation report delves into the role of contextually adapted consensus building methods in promoting inclusive decision-making for policy development. It assesses the effectiveness of the consensus building methodology implemented in the AHEAD project, shedding light on its impact on policy development. Through a comprehensive analysis, this report seeks to provide valuable insights into the potential of consensus building methods to address medical deserts and foster greater inclusivity in healthcare policy development. Furthermore, this report aims to present actionable recommendations derived from the evaluation findings. These recommendations will serve as a valuable resource for all stakeholders involved in the project, including policy makers, politicians, healthcare professionals, and other relevant stakeholders at the European Union level. By leveraging the insights gained from this evaluation, stakeholders can make informed decisions and enhance the

efficacy of consensus building methods, to help address medical desert and other persisting societal challenges. Ultimately, the aim is to advance the understanding and utilization of consensus building processes to promote participatory decision making for equitable and accessible healthcare for all.

Evaluation Scope

The scope of this evaluation encompassed the examination of the *input, process* and *contexts* involved in the participatory methodology implemented by the consortium members (see figure 1). The focus was on evaluating the effectiveness of the methodology itself, while the outputs, outcomes, and impacts resulting from the participatory consensus building methodology were deemed outside the scope of this evaluation and were addressed in the summative evaluation of AHEAD project conducted by an external evaluator, Q3 Strategy.

The assumption underlying this evaluation was that participatory consensus building among stakeholders was feasible, albeit with varying degrees of participation and diverse interests. It was believed that when policy makers were made aware of the community needs, as well as the needs of local authorities and healthcare workers, and were equipped with knowledge about local solutions to combat medical deserts, they would be motivated to take action. Given that addressing medical deserts typically requires the involvement of various stakeholders at the local, national, and EU levels, the selection of a fair representation of stakeholder groups became crucial. These stakeholders possess different types and levels of knowledge about medical desertification, hold varying interests, and wield differing degrees of power to influence policy. The goal of the consortium members was to ensure that a diverse range of stakeholders was included in the consensus building sessions, focusing on the specific type of medical desert identified by AHEAD project in that particular area.

The participatory process entailed the validation of the problem, exploration of policy options for problem-solving, and reaching consensus on which policy suggestions to present to national and EU stakeholders. The expected outcomes of this participatory process included shifts in knowledge among stakeholders regarding medical deserts, facilitated through awareness and learning during the participatory consensus building sessions conducted at the local and national levels. The impact resulting from this participatory approach encompassed ownership of addressing and preventing medical deserts, the (dis)empowerment of stakeholders, trust in policies, and the potential for alternative courses of action, such as the introduction of new policies, driven by the shifts in knowledge pertaining to access issues and potential solutions.

Figure 1 provides a visual representation of how the participatory consensus building sessions were anticipated to yield the expected outputs, outcomes, and impact as described. This formative evaluation focused on evaluating the input, process and context of the participatory methodology.

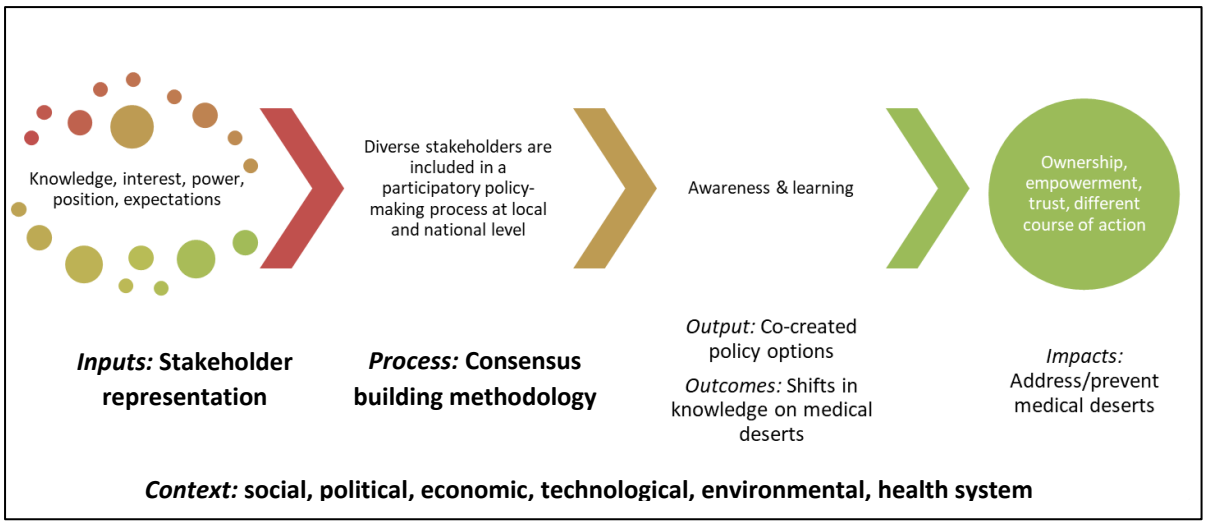

Figure 1: Expected pathway to impact (Athena's evaluation parts are in bold).

Evaluation Approach

The evaluation approach employed a multiple case study design to conduct the formative evaluation, allowing for an understanding of the methodology's implementation across different contexts. The cases were defined as one or multiple areas identified as 'medical deserts' in the Netherlands, Italy, Serbia, Moldova, and Romania, informed by quantitative data analysis and qualitative interviews conducted by project team.

The formative evaluation embraced the principles of transdisciplinary research, which involve devising solutions to real-world problems through knowledge co-creation with multiple stakeholders. Country teams responsible for organizing the consensus building sessions were actively engaged in the planning and implementation of the evaluation activities. Additionally, a reflexive monitoring approach was adopted at the consortium level to foster mutual learning among the country teams striving to address medical deserts. The consensus building process for each case consisted of three phases: several single stakeholder consensus building sessions involving homogeneous stakeholders, a consensus building session with representatives from the initial homogeneous sessions to form a multi-stakeholder group, and finally, a national level consensus building session. These phases are depicted by the red boxes in Figure 2, which also illustrates the overall case study design.

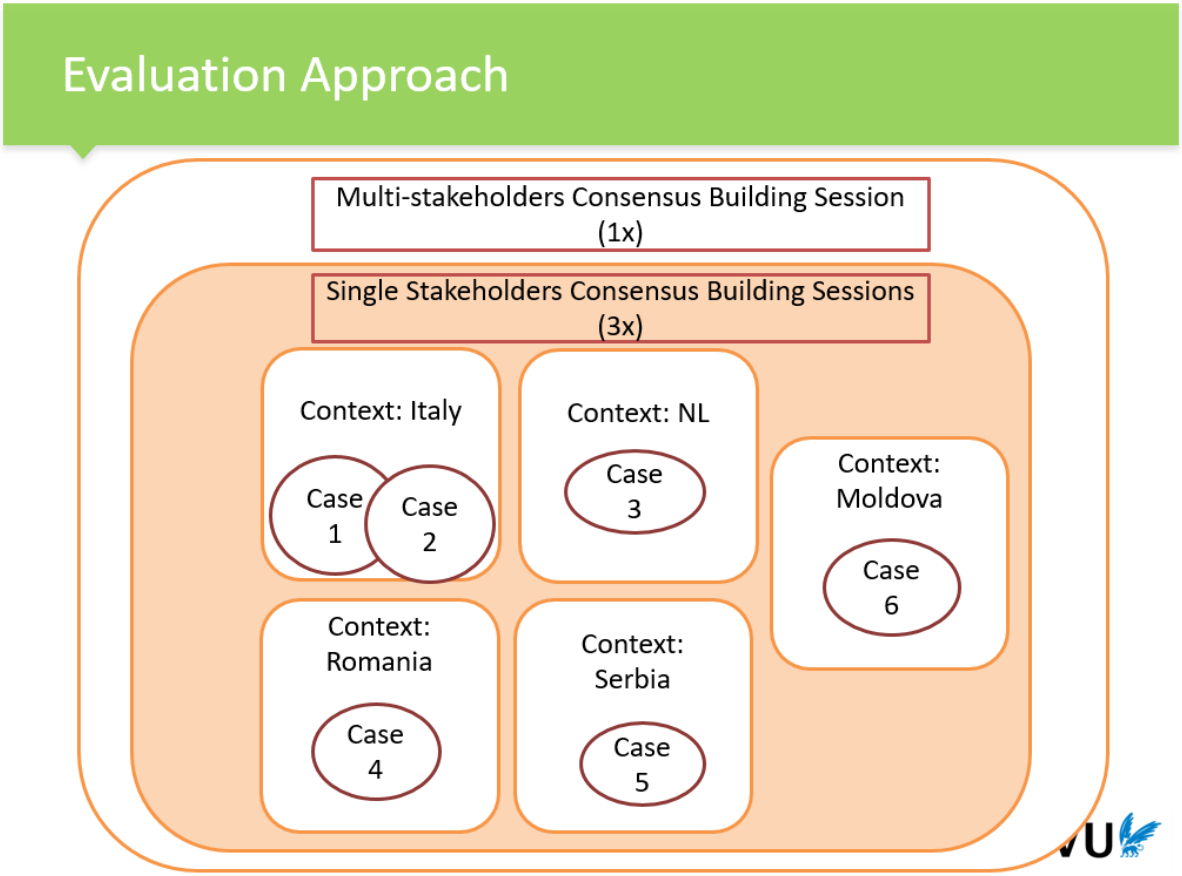

Figure 2: Case study design

The evaluation aimed to gain insights into three primary components that influence the results of the consensus building sessions, as outlined in Figure 1: input, process, and context. To address these components, the evaluation sought to answer the following sub-questions:

1. Input: How do power dynamics influence the consensus building sessions for addressing medical deserts? The evaluation activities focused on understanding power dynamics in terms of stakeholder representativeness, inclusion and exclusion criteria for participants, participants' knowledge, interests, and expectations, as well as power relations among the stakeholders, including within the homogeneous groups.
2. Process: How can optimal operationalisation of the consensus building methodology be ensured? This component aimed to gain insight into the process through which consensus building sessions could best achieve their goals. It involved collecting information on various conditions, such as the structure of the sessions, the facilitation provided (e.g., whether the sessions were welcoming, open, and democratic for all participants regardless of their background and power position), and the interactions among participants and facilitators (e.g., managing different participant roles). Additionally, data on participants' satisfaction and learning from the consensus building sessions were collected.
3. Context: How does the local context influence the consensus building methodology? Context played a significant role in the consensus building methodology, and this component sought to understand if and how socio-political, economic, technological, and environmental contexts influenced the organisation of the consensus building sessions and the level of participation among different stakeholders. Factors such as recent wars and geo-political

events in Europe, long-term socio-political and economic conditions specific to the case sites, and the local context of health infrastructure, existing health policies, and health beliefs were considered in analysing the participants' articulation in the consensus building sessions.

The evaluation activities were conducted in all the settings (cases) across the five countries and throughout the three core phases of the consensus building methodology: single stakeholder consensus building sessions with homogeneous groups, multi-stakeholder consensus building sessions, and national level consensus building sessions. Data for the evaluation was collected from four target groups: participants in the single stakeholder, multi-stakeholder, and national consensus building sessions; organisers of the consensus building sessions; facilitators of the consensus building sessions; and consortium partners. Various tools, including pre-session interviews with organisers, post-session interviews with facilitators, reflection sessions with consortium partners, in-session observations, and in-session/post-session surveys were employed to gather the necessary data.

Table 1: Data collection tools and objectives

Activities	**Objectives**	**Tools**
Interview with country team	To understand the decisions that have been made in the planning regarding the sequence of the different sessions and for each session: selection of participants, activities, power etc. and which contextual factors influenced decisions. To understand concerns and expectations regarding the session.	Interview guide (Please see annex 1).
Facilitator interviews	To understand (from the facilitator's perspective) how the session went, what worked well, what could be improved and how participants behaved and environmental factors.	Interview guide (Please see annex 1, part 4)
Participants poll	To gain insight on how the participants themselves experienced the sessions	Poll statement (Please see annex 4)
Participant observations	To observe both verbal and non-verbal interactions and behaviours of participants during the consensus building sessions	Observation Sheet (Please annex 5)
Consortium reflections	To learn from other consortium partners how their consensus building sessions are going and to share useful tips and suggestions to adapt the remaining consensus building sessions in action	Discussion Notes

Evaluation Analysis

The evaluation data gathered through various tools has been analysed to achieve the objectives of the evaluation exercise. The data sources include interview transcripts, observation sheets, poll data, and reflection session notes. Each of these sources serves specific objectives in understanding different aspects of the consensus building sessions. Interview transcripts were analysed to gain insights into the decision-making process, including the selection of participants, session activities, power dynamics, and the influence of contextual factors. Observation sheets were utilised to observe and analyse the verbal and non-verbal interactions and behaviours of participants, providing insights into power dynamics during the consensus building sessions. Poll data helped to gather participants' own experiences and perspectives on the sessions. Reflection session notes facilitated learning from consortium partners and the sharing of tips and suggestions to improve future sessions.

The analysis of the evaluation data from interviews, reflection sessions, observations, and polls were analysed. Qualitative analysis explored factors influencing the implementation and success of the consensus building methodology. Thematic analysis was employed for qualitative data analysis, and descriptive analysis was used for closed-ended polling questions.

The focus was on qualitative analysis to gain insights into contextual factors that influenced the implementation and outcomes of the consensus building sessions. Lessons learned from this analysis provided valuable insights for adapting the consensus building methodology to different contexts. The outcomes of the analysis provided valuable insights into the effectiveness of the consensus building methodology, identify areas for improvement, and support the ongoing refinement of the approach for addressing medical deserts. These findings contribute to the case study reports and inform the enhancement of the consensus building methodology to foster inclusive decision-making in healthcare policy development.

Evaluation Results

The evaluation of the consensus building methodology yielded valuable insights and led to adjustments and adaptations that enhanced its effectiveness in addressing medical deserts. The methodology, built on the principles of equality, quality, legitimacy, and acceptability, remained consistent in its core structure and process throughout its implementation. However, the evaluation identified areas where changes were necessary to better align the methodology with the unique contexts in which it was applied.

The result is presented in three major components based on the primary objective of the formative evaluation.

Inputs: Power Dynamics

The evaluation of the consensus building methodology revealed valuable insights into the power dynamics present within the sessions. Participant selection played a crucial role in minimizing power imbalances, but it was evident that power dynamics were influenced by various intersecting factors, including knowledge, position, experience, expertise, and gender. The evaluation emphasised the complexity of these dynamics and highlighted the need for flexibility and adaptability in the methodology to effectively address them.

Despite taking all the necessary precautions, it was observed that there were people in the consensus building session who tried to dominate the discussion.

“One of the participants was a former defense staff member. He frequently used management jargon in his interventions. While he had insightful ideas and displayed clarity of thought, he tended to dominate the conversation and enjoyed hearing himself talk." - Consortium Partner.

During the implementation of the consensus building methodology, the facilitators played a pivotal and indispensable role in effectively handling challenging situations within process. Recognising the potential barriers and dynamics that could arise, the methodology had already incorporated training programs to equip facilitators with the necessary skills and strategies. A particular facilitator shared an inspiring narrative during the evaluation interview that highlights the impact of their role. During one session, a patient who had first-hand experience with the issue medical deserts initially appeared hesitant to actively engage in the consensus building process. Sensing her hesitation, the facilitator created a safe and inclusive space, encouraging her to share her unique perspective. As the facilitator provided the patient with the opportunity to voice her experiences, something remarkable unfolded. She gradually opened up, expressing her challenges, insights, and feasible solutions that stemmed from her lived experiences. Her contribution added a valuable and much-needed dimension to the discussion, shedding light on critical aspects that might have otherwise been overlooked. This anecdote underscores the significance of skilled facilitation in addressing the power dynamics and enabling them to contribute meaningfully. Through their guidance and support, facilitators can create an atmosphere of trust and openness, allowing individuals to overcome their initial reservations and share their perspectives, ultimately enriching the consensus building process.

To mitigate power imbalances arising from differences in knowledge, innovative approaches were implemented.

For example, during the consensus building sessions, two consortium partners took the initiative to ensure knowledge empowerment and information sharing among participants. These initiatives played a crucial role in addressing knowledge gaps and fostering a more inclusive and informed dialogue. In one country, the team created a leaflet specifically designed to unpack technical terminology related to the topic, such as "medical desert”. This resource served as a valuable tool in promoting a common understanding among participants. By providing clear explanations of complex terms, the team aimed to bridge the knowledge asymmetry and ensure that all participants had access to relevant information.

Furthermore, the team went beyond providing explanations and took an additional empowering step. They compiled a brief list of solutions derived from their research on medical deserts. This comprehensive list was shared with participants at the end of the session, enabling them to further reflect on potential solutions and contribute their insights to the consensus building process.

The initiatives undertaken by both the teams exemplify their effort to knowledge empowerment and fostering an inclusive environment. By equipping participants with essential information and resources, they tried to address the knowledge-based power dynamics and thus they promoted equity and ensured that all participants can participate and meaningfully contribute to the consensus building process and find solutions to counteract medical desertification. The flexibility in the methodology helped the consortium partners to take such initiatives depending on the local context resulted in addressing power dynamics and thus make the consensus building methodology more effective.

Continuous adaptation and improvisation of methodology based on the needs also helped optimising the effectiveness of the methodology. During the evaluation exercise, it was felt that the facilitation guide needed to be adapted based on feedback from consortium partners. A script was created for

facilitators to follow during sessions, enhancing their ability to manage power dynamics and create an environment conducive to equitable participation. The facilitators played a proactive role in encouraging discussions and dialogue among participants, ensuring that all voices were heard.

The evaluation further highlighted the importance of understanding power dynamics from the participants' perspective. This insight helped inform the design and implementation of strategies that promote equal opportunities, inclusivity, and the active engagement of all stakeholders. The evaluation findings underscored the significance of continuously working towards addressing power imbalances and fostering a sense of empowerment among participants. It highlighted the significance of not only comprehending the power dynamics among participating stakeholders, but also recognising the participants' societal positions. It was crucial to provide them with reassurance that their involvement in the consensus building process aimed to address a complex societal issue and would not bring harm to them. A facilitator shared an anecdote illustrating this point, where participants initially hesitated to open up until he explicitly assured them of anonymity.

> *"When it was explicitly communicated that no recordings would be made and no names would be published, a remarkable shift occurred. Participants began to open up even more, sharing their experiences and providing real-life examples."* - Facilitator

The evaluation revealed the significant differences in communication and dynamics when engaging with stakeholders who are in higher positions of power, for example directors from urban centres who have extensive connections, compared to their counterparts in rural centres. These contrasting contexts were taken into consideration when organizing multi-stakeholder sessions and when comparing the processes and outcomes of the consensus building method. To address this kind of power imbalance, the consensus building method employed a multi-voting approach, utilizing a special methodology where each vote carries equal weight. This ensured that the opinions and input of individuals, regardless of their position as directors, residents, or consumers, hold significant and equal power. Through multiple voting sessions, a range of policy options was generated. The anonymity of the voting process played a crucial role. Participants were able to express their preferences without any fear of reprisal or bias. Additionally, prior to the decision-making moment, ample time was provided for everyone to suggest and explain various policy options. This inclusive approach allowed for a comprehensive exploration of what would work in the actual reality, resulting in proposal adjustments to accommodate diverse perspectives and needs.

The dedication and commitment of the consortium partners and facilitators were clearly reflected in the results of the participant survey. The survey findings revealed that participants in the consensus building sessions across the five countries expressed a positive and favourable perception of the sessions. They felt that the sessions created a safe and inclusive environment where they could confidently contribute their knowledge and expertise. Importantly, participants felt empowered and recognised that they had equal opportunities to actively engage and freely participate in the sessions.

Process: Optimal Utilisation of Consensus Building Methodology

The evaluation findings provided valuable insights into the utilisation of the consensus building methodology, revealing the need for various modifications and adaptations to align with the specific contexts in which it was implemented. These adjustments aimed to optimise the methodology's effectiveness, taking into account the diverse social, cultural, political, and geographical factors at play.

One significant modification involved refining the participant recruitment process to ensure a comprehensive representation of perspectives. Recognising the importance of tailoring the number

and category of stakeholders involved, each case underwent a careful assessment of its unique needs. In some instances, the sessions involved a smaller number of participants to foster focused discussions, while in others, additional stakeholders were recruited to capture a broader range of viewpoints and ensure inclusivity.

The process of adapting the general understanding community empowerment to suit the unique contexts of each country allowed for a more nuanced understanding of its implications. It became evident that community empowerment encompassed a broader scope than simply collecting feedback for policy-making purposes. In one particular country, a deliberate choice was made to exclude health recipients from single-stakeholder sessions. This decision was made to create dedicated spaces for rural healthcare practitioners to voice their concerns, aspirations, and ideas regarding the issue of medical deserts. By focusing on empowering these practitioners as key actors in the consensus building process, their expertise and perspectives gained greater recognition and influence. The involvement of rural healthcare workers in the consensus building process brought about a significant shift in dynamics. For many participants, it was a transformative experience as they finally felt that their ideas and insights were being heard and valued, rather than simply receiving top-down instructions. This flexibility to utilise the potential of the consensus building methodology instilled a sense of empowerment among the local stakeholders, giving them a newfound confidence to actively engage in the discussions and decision-making processes.

> *"They (rural health care provider) were thinking that finally someone is coming to listen, not only to give orders." - Facilitator*

Furthermore, the inclusion of single-stakeholder representatives in the multi-stakeholder sessions further reinforced the idea of empowerment. Seeing their ideas and viewpoints being elevated to a higher level, with the potential to influence national-level stakeholders and policies, bolstered their sense of agency and efficacy. This assurance that their voices mattered, and their ideas had the potential to shape meaningful outcomes had a positive impact on the local stakeholders. It fuelled their motivation and commitment to actively contribute to addressing the challenges of medical deserts in their respective communities. It is worth noting that these local stakeholders, in addition to their roles as representatives of patients and medium-level managers, carried a sense of authority and responsibility. This existing position of influence, combined with the empowerment garnered through the consensus building process, further strengthened their resolve to drive positive change and find effective solutions.

The process of active engagement of rural healthcare workers and the inclusion of single-stakeholder representatives, contributed to a transformative experience for the local stakeholders. It empowered them to speak up, share their experiences, and advocate for the needs of their communities. By amplifying their voices and providing them with a platform to contribute to the decision-making process, the consensus building approach yielded positive outcomes and fostered a greater sense of ownership and commitment to addressing the issue of medical deserts.

Drawing on the evaluation findings, certain activities in the consensus building process were eliminated from the methodology based on their perceived effectiveness. For example, the 'thinking hat game' was deemed ineffective in one country and was subsequently removed from the sessions. Similarly, the evaluation methodology also underwent some changes for example, the social mapping was discontinued as it did not yield the anticipated outcomes. These adjustments ensured that the methodology remained streamlined and focused on the most impactful approaches.

The facilitators and their roles within the sessions emerged as critical factors influencing the dynamics of interaction and dialogue among participants. Through observations, it became evident that proactive facilitators played a vital role in creating an engaging and vibrant atmosphere, fostering discussions, and encouraging active participation. Their ability to navigate and moderate the sessions effectively was instrumental in generating meaningful outcomes.

The significance of seating arrangements in shaping the nature of dialogue and engagement during consensus building session was documented through the observations. Notably, the choice of seating, such as an elevated stage, was found to create a power dynamic that limited the facilitator's role and hindered open discussion. Alternative seating arrangements, such as a roundtable format, was found to promote a more egalitarian environment, minimize power differentials, and foster a sense of equality and inclusivity among participants. This understanding was conveyed to the consortium partners and necessary changes were made to make the consensus building methodology more effective.

Concerns were also raised regarding the participation of new members in multi-stakeholder sessions. While inclusivity was valued, there was a need to strike a balance and ensure that the progress already achieved in terms of consensus on certain policy options was not compromised. Maintaining a cohesive and focused approach while incorporating new voices and perspectives became a challenge that required careful navigation.

The evaluation findings emphasized the importance of adaptability in the consensus building methodology. By tailoring the methodology to specific contexts, considering participant recruitment, empowerment, facilitation, and seating arrangements, the sessions could be optimized to yield more impactful outcomes. The role of cultural context and its influence on dialogue, as well as the ongoing refinement of the methodology based on feedback and observations, were essential for creating an environment conducive for optimal utilisation of the consensus building methodology.

Context

The evaluation findings provided valuable insights into the profound influence of various contextual factors on the consensus building sessions aimed at addressing medical deserts. It became evident that the social, socio-cultural, political, and geographical contexts played crucial roles in shaping the dynamics and outcomes of these sessions, highlighting the need for context-specific approaches. In terms of the socio-cultural context, different countries showcased diverse communication styles and levels of reliance on authority.

Romania, for instance, presented a socio-cultural setting where participants initially exhibited hesitancy and were more inclined to defer to authority figures. Overcoming this initial barrier required additional efforts from the facilitators to encourage active participation and create an inclusive environment. The discussions in Romania initially focused on solutions at the central level, reflecting the socio-cultural emphasis on centralised decision-making.

On the other hand, Italy showcased a contrasting socio-cultural context. Participants in Italy were characterized by their vocal and passionate engagement with the issue of medical deserts. The discussions were lively and animated, driven by a strong sense of urgency and commitment to finding effective solutions. This socio-cultural context fostered an environment of open dialogue and encouraged participants to explore a wide range of policy options. The political context exerted its influence on the organisation and progress of the consensus building sessions.

In Serbia, for example, the prevailing political situation, including ongoing elections, posed challenges to the timely execution of the sessions. The political climate diverted attention and resources, leading to delays in the process.

Similarly, in Italy, regional elections occurring prior to the consensus building sessions influenced the discussions and decision-making processes, as participants brought their political perspectives and priorities to the table. One of the multistakeholder consensus building sessions was attended by members of the political parties who were participating in the upcoming election.

The geographical context also played a significant role in shaping the understanding and approach to medical deserts. Each region faced distinct challenges and opportunities based on its specific geographic characteristics. Moldova, for instance, selected a medical desert located in a border area, which introduced unique considerations into the discussions. The proximity to a border raised issues related to cross-border healthcare access, collaboration with neighbouring regions, and the need for tailored solutions to address the specific challenges faced in border areas.

The evaluation underscored the critical importance of taking into account the socio-cultural, political, and geographical contexts when designing and implementing consensus building sessions. Understanding and adapting to these contextual factors is essential for creating inclusive environments, fostering meaningful dialogue, and formulating effective policy options to address the complex issue of medical deserts in diverse settings.

Actionable Recommendations for Replication

Addressing complex societal problems such as medical deserts requires a comprehensive and participatory decision-making approach. Consensus building methodology offers a powerful framework for engaging diverse stakeholders, promoting inclusivity, and fostering participatory decision-making. However, to effectively utilise this methodology, it is crucial to consider various factors that influence the process. In this regard, based on the findings of formative evaluation of consensus building methodology deployed in the AHEAD project, this set of actionable recommendations aims to provide practical guidance under three key dimensions: inputs, process, and context. By addressing power dynamics, optimising the operationalisation of the methodology, and considering the local context, these recommendations aim to enhance the effectiveness and fairness of consensus building sessions in addressing complex societal challenge like medical desertification.

a. Inputs - How do power dynamics influence the consensus building sessions?
    - **Identification and selection of stakeholders:** Identify relevant key stakeholders at various levels who have stake, power or influence in decision-making processes related to addressing the problem. In the case of AHEAD, stakeholders at various stages, including single stakeholders, multi-stakeholders, and national-level stakeholders, were engaged. During multi-stakeholder and national-level consensus building sessions, representatives from these stakeholder groups were involved, alongside other key stakeholders such as policy makers, politicians, and experts. Engaging them early in the consensus building sessions to ensure their perspectives are considered to minimise potential power imbalances.
    - **Be prepared to address power dynamics:** Addressing power dynamics is one of the most important challenges in successful implementation of consensus building methodology. It requires keeping room in the project planning for additional training and sensitisation for

facilitators and participants to raise awareness about power dynamics and their potential impact on the consensus building process. Equip them with skills and strategies to navigate power imbalances, promote equitable participation, and foster collaboration among diverse stakeholders. Devise strategies (as demonstrated in the result section) to minimize the power imbalances by removing knowledge asymmetry and introducing democratic tools like anonymous voting.

- **Create a safe space for dialogue:** Create a safe, welcoming and democratic space during the consensus building sessions so that participants feel at ease to express their thoughts and prospective solutions. Promote active listening among participants to counteract power dynamics. Encourage participants to genuinely listen to each other's perspectives without judgment or interruption. This can help level the playing field and create a more inclusive environment for consensus building.

b. Process - How to ensure optimal operationalisation of the consensus building methodology?

- **Process as Intervention:** Consensus building methodology is not just a participatory decision-making tool; rather, it gives the opportunity to empower the community, especially those who are often left out of the decision-making process. Make sure that the participants feel that they have gained from the consensus building sessions.
- **Develop a structured agenda:** As consensus building methodology suggests, create a well-structured agenda for the sessions, clearly outlining the topics to be discussed, time allocations, and desired outcomes. This will help keep the sessions focused and ensure that all necessary aspects are covered within the allocated time.
- **Assign competent and neutral facilitators:** The role of the facilitator holds significant importance in steering consensus building sessions and establishing a conducive atmosphere for constructive dialogue. When organisations are in the process of selecting facilitators, careful consideration should be given to their skills, experience, and their aptitude for managing diverse stakeholder dynamics. It is advisable to refer to the facilitator's guide provided as an annex in the consensus building methodology as a valuable resource during this selection process. Opting for facilitators who possess neutrality and expertise in consensus building methodologies is essential. With a neutral facilitator at the helm, discussions can be guided impartially, power dynamics can be effectively managed, and the process can maintain its integrity in terms of fairness, inclusivity, and productivity. By prioritising the appointment of neutral facilitators with relevant expertise, consensus building sessions can be propelled towards meaningful outcomes.
- **Use visual aids and interactive tools:** Incorporate visual aids and interactive tools, such as charts, diagrams, or digital collaboration platforms, to facilitate understanding and active engagement among participants. These tools can help simplify complex information, encourage participation, and enhance the overall experience in the consensus building process.
- **Allocate sufficient time for deliberation:** Allow ample time for participants to deliberate and explore different perspectives. Complex societal problems require thoughtful consideration, so ensure that there is sufficient time for in-depth discussions, reflection, and potential revisions of initial positions. In the context of AHEAD, it was found that some of the

participants are very passionate about the issue as it relates to their lived experience. Hence, sufficient time should be earmarked to listen to their perspectives.

- **Formative evaluation:** As demonstrated in the AHEAD project, formative evaluation of the consensus building process is essential to identify areas for improvement and make necessary adjustments. Seek feedback from participants and stakeholders to gauge their satisfaction, address concerns, and refine the methodology to better suit the needs of the participants.

c. Context - How does the local context influence the consensus building methodology?
   - **Conduct a comprehensive context analysis:** Conduct a thorough analysis of the local context, including social, cultural, economic, and political factors that may influence the consensus building process. This analysis will provide insights into specific challenges, opportunities, and contextual nuances that need to be considered. In case of AHEAD, a thorough study was conducted using various innovative tools for example Medical Deserts Diagnostic Tool (MDDT), country report, health system and stakeholder analysis to understand the context better.
   - **Pay attention to local context:** To address a context specific complex problem, paying attention to local contextual reality is very important. Make sure that local contextual aspects (such as socio-cultural or geopolitical climate) of the problem are respected while planning and implementing the consensus building methodology.
   - **Customize communication strategies:** Tailor communication strategies to effectively reach and engage with the local community. Utilise culturally appropriate channels, languages, and mediums to disseminate information, gather input, and ensure that the consensus building process is accessible and inclusive to all stakeholders.

In conclusion, the successful application of consensus building methodology for addressing complex societal problems such as medical deserts relies on careful attention to inputs such as power dynamics, process optimization, and contextual considerations. The evaluation finding of AHEAD's consensus building methodology suggests that by actively engaging relevant stakeholders, fostering active listening, and addressing power imbalances, the inputs to the consensus building sessions can become more inclusive and equitable. Through structured agendas, visual aids, and neutral facilitators, the process itself can be optimised to encourage meaningful dialogue, deliberation, and collaboration. Finally, by analysing the local context, and tailoring communication strategies, the consensus building process can align with the specific needs and aspirations of the community. By implementing these actionable recommendations, we can enhance the potential for consensus building to drive positive change and address the complex challenges, such as medical deserts.

Annexes

Annex 1. Interview guides

Part 1. Assessing organisers perceptions/planning of consensus building sessions

The interview guide is developed to gain insight on how country team organisers will implement the methodology for consensus building sessions, for local homogeneous groups and local multi-stakeholder sessions. The interview guide opens with a few questions on the background of the interviewee. Then, it proceeds with assessing and checking whether the planning of consensus building logistics is in place and has been defined by each country team. Following, the interview guide is divided into the three criteria of formative evaluation: inputs, processes and contexts. Each criterion has a series of insights and follow-up questions that can assess how organizers expect the consensus building session to look like.

Consultancy meeting (planning, adaptation, context and recruiting):

- How would you define the context of your country in relation to the AHEAD project and medical deserts?
    - *What are other context dependable issues that define your locality? (economic issues, social issues…)*
- How important is this topic politically, at both local and national level?
    - *If there is a difference: What does this difference mean for the process in the consensus building sessions?*
    - *How should this be taken into account in the sessions?*
- What is your timeline of the consensus building sessions?
- How many participants do you plan for per session? Do you have a certain (average) number of participants per stakeholder group in mind?
- How do you think you will select and recruit them?
- How will you group your subgroups? What professions/backgrounds will you consider and include for the homogeneous sessions?
    - *Follow-up: Do you think it is important for your groups to be balanced in terms of gender and age?*
- How will you organize your sessions (number per day- online- location- time)?
- Who will facilitate and take notes?
- How much time between single & multi-stakeholder groups? Why?
    - *If we have time: To what extent can you ensure that the place/location, time and date, duration of the sessions did not exclude anyone based on accessibility or comfort?*
    - *If the facilitator is the organiser then this question should be asked during the facilitator interview if not then should be asked in this.*
- (Now that the planning of the sessions has been defined) Do you perceive any factors specific to your context that are likely to influence the intended plan of consensus building sessions?

Part 2. Interview guide for reflection with organisers

Introduction / rapport building:

- How are you doing? *Spend some time to settle down in interview*
- Can you give a brief description of what characterizes medical deserts in your country?
- What is your professional background and how is it related to the [AHEAD] project?
- What is your experience with working with areas facing medical desertification?
- What is your experience with working with participatory approaches?
- Why was it relevant for your organisation to join the project?

Planning:

- How would the organisation of multi-stakeholder consensus building sessions be influenced by different sized stakeholder groups (based on confirmation of participation)?
- To what extent can you ensure that the place/location, time and date, duration of the sessions did not exclude anyone based on accessibility or comfort?*
    - *If the facilitator is the organiser, then this question should be asked during the facilitator interview, if not, then should be asked here.

Inputs

Main research question: What are relevant stakeholders per country/area and to what extent may power dynamics influence the success of participatory policy-making for addressing medical deserts?

Interview questions:

- Have you worked with the participants already in other activities of the project or outside of the project? *What do you perceive to be the relation between those activities and consensus building activities?*
    - *Follow-up: If not, which stakeholders are invited into the consensus building activities?*
- According to which criteria were stakeholders selected? And how were they recruited?
- What are the most important/pressing needs and interests of stakeholders in defining policy options to counteract medical deserts?
    - To what extent do the needs of stakeholders converge?
- How do you plan on ensuring variety in views/opinions?
- Are there any stakeholders already acquainted with one another?
    - *Follow-up: If yes, which?*
- What is the level of trust among stakeholders?
    - What is the level of needed trust among stakeholders?
        - How do you ensure that needed trust among stakeholders?
- To what extent do you believe that the consensus building activities ensure inclusion of different perspectives considering the involved stakeholders?
    - How could different sized stakeholder groups influence the process and inclusion of different perspectives?

- If certain stakeholders do not join, how will this impact the process in the sessions and thereby the outcome?
    - *Follow-up: what could be done to mitigate this?*
- How would participation of stakeholders look like in consensus building sessions?
- How do you think participation might differ between different stakeholders?
- To what extent do you expect stakeholders to be at ease with participating in the consensus building activities?
- To what extent do you expect that the focus of deliberation excludes anyone because issues are deemed irrelevant or because of more highly-regarded expertise?
- What amount of resources do you expect to invest? Or: what is/was the amount of resources (money, time, etc) invested? (pre and post consensus building session)

Process

Main research question: How can the implementation and quality of the consensus building methodology be enhanced?

Interview questions:

- To what extent do you think the consensus building activities are clearly structured?
- What do you think are potential threats to the quality of the dialogue in the consensus building sessions?
- What do you think are potential drivers of the quality of the dialogue in the consensus building sessions?
- What do you think are potential barriers to implementation of the consensus building methodology?
- What do you think are potential facilitators to implementation of the consensus building methodology?
- *Potential concluding question:* Do you expect the proposed consensus building activities to have the potential to achieve consensus?

Context:

- What do you think is the level of experience in participatory policy making in your country?
- Which contextual factors do you expect will have an influence in adapting the methodology?
    - *Why?*
- Which contextual factors do you expect will have an influence in the process of the session?
    - *Why?*
- Which context-specific barriers and facilitators do you expect to influence the implementation of the methodology? (pressure, immigrants, elections, conflicts, presence of trust, etc)
- Would the adaptation of the methodology be similar at local and multi-stakeholder levels?
- Is it possible to adapt the methodology to different local contexts? What adaptations can be made?

Part 3. Interview guide for reflection with facilitators on the single stakeholder consensus building sessions

Introduction:

- How did it go? How did it feel for you? What was the atmosphere/energy in the sessions? What did you like most?

Input:

- What were the attitudes of the participants?
- Were there any indications of stakeholders being acquainted with one another?
- Are there stakeholders who were not able to join? * *Could be deleted when attendance lists are available complementary to a list of invitees*
- To what extent do you feel that the participants had an opportunity to contribute to the consensus building activities?
- What is equal participation to you in relation to the consensus building methodology and do you think this was present during the sessions?
    - *Follow-up question if answer is yes/no*
        - *How, as a facilitator, did you ensure equal participation in the session? Why not? Can you give examples?*
- Do you think that participants had an equal opportunity to share, discuss and negotiate their interests and proposed solutions?
        - *Do you think that participants talked for about the same amount of time or frequency?*
        - *What differences did you notice?*
        - *Can you give examples?*
- Did participants change their perceptions in regard to policy options?
- Did participants come to understand each other better and/or appreciate each other's interests and proposed solutions more?
    - *How did they show further understanding of each other?*
    - *If not, why do you think participants did not come to appreciate each other's interests?*
- Did participants ask each other critical questions?
    - *Such as, for example?*
    - *What impact did these questions have?*
- Were there any individuals who had more knowledge or expertise on medical deserts?
    - *Follow-up if yes: How did this influence the process and deliberation in the group? Do you have any examples? Did you differentiate your role as a facilitator towards them? How?*

Processes:

- What were the numbers, type and frequency (time spacing) of consensus building sessions that took place?
- Did you experience any challenges?
    - *What?*
    - *How did you deal with these?*

- (Taking into account the homogenous groups) Were there opposing or differing opinions, interests and proposed solutions during the consensus building process between the participants?
- Do you believe that the consensus building activities ensured inclusion of different perspectives, considering the involved stakeholders?
- Was there any conflict/hostility between participants and/or sub stakeholder groups?
    - *Follow-up if yes: How was this noticeable?*
    - *How did you (or other participants) try to deal with this?*
- Do you believe that the consensus building activities were useful in the dialogue and achieving consensus?
    - *Follow-up if yes: Why do you think so? Can you give examples of this?*
    - *Follow-up if no: Why not?*
- Do you think consensus building activities stimulated participants to understand each other better and/or appreciate each other's interests and proposed solutions more? (quality)
    - *How?*
    - *If not, why do you think activities did not lead to better understanding?*
- Do you think that consensus on solutions was truly achieved between the participants, meaning that they all support the solutions satisfactory?
    - *How did you notice this?*
    - *Was there not any unspoken conflict? Or participants who you felt were hiding perspectives or opinions?*
- Do you think any persuasive communication was used by the participants (based on facts, truths, topicality, symbols, narratives, norms and values)?
    - *Follow-up if yes: How was this done? And what response did it get?*
- Was there side-lining going on of issues that were labelled as irrelevant, subjective or not feasible?
    - *Can you give examples of this?*
    - *What reactions did you see?*
    - *How did you handle such situations?*

(Wider) Context: context meaning societal aspects (social, cultural, legal, political, economic)

- Did organisational aspects (location, participants' seating positions, online vs presence etc.) had an influence in achieving consensus?
    - *How?*
    - *And how was it dealt with during the session?*
- Did you perceive participants to be referring to country-specific or local-specific characteristics during the consensus building session?
    - *Follow up if yes: Can you give examples?*
    - *Did you perceive these characteristics to influence the conduct of the session?*
- Were there situations in which contextual factors represented a challenge for you as a facilitator?
- Were there situations in which contextual factors represented a challenge for reaching consensus?

Part 4. Interview guide for reflection with facilitators on the multi-stakeholder consensus building sessions

Introduction:

- How did it go? How did it feel for you? What was the atmosphere/energy in the sessions? What did you like most?

Input:

- What were the attitudes of the participants?
- How many participants were present of each stakeholder group?
- Are there stakeholders who were not able to join? * *Could be deleted when attendance lists are available complementary to a list of invitees*
- Were there any indications of stakeholders being acquainted with one another?
- To what extent do you feel that the participants had an opportunity to contribute to the consensus building activities?
- Do you think that participants had an equal opportunity to share, discuss and negotiate their interests and proposed solutions?
- What is equal participation to you in relation to the consensus building methodology and do you think this was present during the sessions?
    - *Follow-up question if answer is yes/no*
        - *How, as a facilitator, did you ensure equal participation in the session? Why not? Can you give examples?*
        - *Do you think that participants talked for about the same amount of time or frequency?*
        - *What differences did you notice?*
        - *Can you give examples?*
- Did participants change their perceptions in regards to policy options?
- Did certain representatives have more influence on the deliberation than others?
    - *Follow-up if yes: Can you give examples?*
    - *How did you try to deal with this?*
- Did participants come to understand each other better and/or appreciate each other's interests and proposed solutions more?
    - *How did they show further understanding of each other?*
    - *If not: Why do you think participants did not come to appreciate each other's interests?*
- Did participants ask each other critical questions?
    - *Such as, example?*
    - *What impact did these questions have?*
- Were there any individuals who had more knowledge or expertise on medical deserts?
    - *Follow-up if yes: How did this influence the process and deliberation in the group? Do you have any examples? Did you differentiate your role as a facilitator towards them? How?*

Processes:

- What challenges did you experience?
    - *How did you deal with these?*
- What was the level of participation of the stakeholders?
- Were there opposing or differing opinions, interests and proposed solutions during the consensus building process between the participants?
- Did people let each other finish their sentences or were there a lot of interruptions?
- Was there any intra conflict/hostility within stakeholder groups?
    - *Follow-up if yes: How was this noticeable?*
    - *How did you (or other participants) try to deal with this?*
- Was there any inter conflict/hostility between stakeholder groups?
    - *Follow-up if yes: How was this noticeable?*
    - *How did you (or other participants) try to deal with this?*
- Do you think that the consensus building activities were useful in the dialogue and achieving consensus?
    - *Follow-up if yes: Why do you think so? Can you give examples of this?*
    - *Follow-up if no: Why not?*
- Do you think that consensus on solutions was truly achieved between the participants, meaning that they all support the solutions satisfactory?
    - *How did you notice this?*
    - *Was there not any unspoken conflict? Or participants who you felt were hiding perspectives or opinions?*
- Do you think any persuasive communication was used by the participants (based on facts, truths, topicality, symbols, narratives, norms and values)?
    - *Follow-up if yes: How was this done? And what response did it get?*
- Was there side-lining going on of issues that were labelled as irrelevant, subjective or not feasible?
    - *Can you give examples of this?*
    - *What reactions did you see?*
    - *How did you handle such situations?*

(Wider) Context:

- Did organisational aspects (location, participants' seating positions, online vs presence etc.) had an influence in achieving consensus?
    - *How?*
    - *And how was it dealt with during the session?*
- Did you perceive participants to be referring to country-specific or local-specific characteristics during the consensus building session?
    - *Follow up if yes: can you give examples?*
    - *Did you perceive these characteristics to influence the conduct of the session?*
- Were there situations in which contextual factors represented a challenge for you as a facilitator?
- Were there situations in which contextual factors represented a challenge for reaching consensus?

Annex 2. Informed Consent Form for: interviews with AHEAD country team organisers on consensus building methodology adaptation

Athena Institute – Vrije Universiteit – Amsterdam

This informed consent form is for organizers of AHEAD country teams, whom we are inviting to participate in the research titled, WP5/3 Consensus Building Methodology and Evaluation, for the AHEAD project. The investigator being _____, employed at the Athena Institute of Amsterdam.

Part I: Information Sheet

Introduction

I am _____, from Athena Institute, VU Amsterdam. I am conducting interviews to assess the opinions and expectations of AHEAD country-team organizers in implementing and adapting the methodology to their own consensus building sessions.

This informed consent form includes a small section describing what the study entails, what the research asks consent for and a following section to sign and confirm the consent to this research.

Purpose of the research

The Athena Institute developed a methodology for consensus building activities to be conducted for the AHEAD project on preventing and counteracting medical deserts. The methodology of consensus building sessions will be employed in each country in partnership with the AHEAD project. Therefore, adaptation of the methodology is expected to happen. Thus, this research wants to investigate the ways in which country teams organizers aim to implement the methodology to their own context. The implementation of the methodology relates also to planning and structure of the sessions. This will be achieved with in-depth interviews with AHEAD country-teams organizers, responsible for setting up consensus building sessions, first with local homogenous group of stakeholders, and after with local multistakeholder groups.

I would like to know how country organizers expect to adapt, schedule and structure their methodology, what factors contribute to their decisions, what barriers and facilitators they expect to encounter in adapting the methodology.

Type of Research Intervention

This research will involve your participation in an open-ended interview that will take about 40 minutes to 1 hour.

Participant Selection & Benefits

You are being invited to take part in this research because your experience and role as a country team organizer for the AHEAD project, can contribute to two-way benefits. The researcher will investigate the extent to which the methodology has to be adapted and modified for each country, shedding light on cross-country comparison. The country team can benefit from the interview by improving appropriate tailoring of the methodology, and receiving a country adapted methodology, to achieve successful conduct of consensus building sessions.

Voluntary Participation

Your participation in this research is entirely voluntary, it is your choice whether to participate or not. If you decide to not participate, the researcher kindly asks to refer another person that may conduct the interview instead. You may change your mind later and withdraw from the interview anytime, even if you agreed earlier.

Procedures & Confidentiality

During the interview, I will ask questions regarding your opinions and expectations for adapting the methodology to your country-specific characteristics. Questions will ask for expectations in three different dimension: first inputs, to understand the role of stakeholders in the project and what are your expectation for recruitment, inclusion and participation; second process, to explore the quality of consensus building activities; third and final is context, in order to identify country societal characteristics that may have an influence in the conduct of the sessions and in the attainment of the AHEAD project.

You may choose the setting to conduct the interview, such as whether you'd prefer it online or offline, with Zoom or Microsoft Teams. The interview will be recorded with an audio-recording device, therefore your image will not be taken nor kept. The information recorded is confidential and only me and the AHEAD team at Athena Institute will have access to the recording, transcript and notes. In case you prefer to keep anonymity, your name will not be recorded nor your personal information; you will be defined as per your job title, role in the AHEAD project and country. In such case of anonymity only the researcher and the AHEAD team in Athena Institute will know to whom the interview is referring to.

The recording will be uploaded on a secure, password-protected Surf Drive folder and kept until the transcription of the interview is completed (this would take approximately 1 to 3 days), after that the recording will be deleted. The interview transcript will also be stored for data analysis in a secure Surf Drive folder, only accessible through password. The password will be known only by the researcher and the AHEAD team at Athena Institute. The Athena Institute is responsible for the security protocols of the Surf Drive, to ensure security of data. Therefore, neither the researcher nor the AHEAD team at Athena Institute will share your information with internal and external parties.

Timeline

The research takes place between the months of February and July, 2022. During that time, I will contact you twice, first to have a consultancy call, to get introduced, explore schedule and planning of

the next months. Then, I will contact you for a more formal interview, that follows a topic guide and includes more specific and detailed questions on opinions and expectations from your side. Both sessions will have a range duration of 40 minutes to 1 hour.

Incentive
You will not be provided any incentive to take part in the research.

Sharing the Results

The information and knowledge from this research will be shared with you before conducting the consensus building sessions, as your information on the adaptation of methodology will be necessary to develop the deliverable of consensus building methodology tailored to your own context. This deliverable will be necessary to develop the facilitator guide to train your country-specific facilitators for consensus building sessions. A specific timeline is still not defined, as it will depend also on your planning for consensus building sessions.

Whom to Contact

If you have any questions, you can ask them to the interviewer

Or

Jessica Coetzer from the Athena Institute, - j.a.coetzer@vu.nl

or Abdul Kalam Azad, - a.k.azad@vu.nl

Part II: Certificate of Consent

I have been invited to participate in research on exploring opinions and expectations of AHEAD country-team organizers in implementing and adapting the methodology to their own consensus building sessions, at the local level. I, as a country team organizer from AHEAD, will provide information on the best way to tailor the methodology for consensus building session for my own local context.

I have read the foregoing information. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print Name of Participant _____

Work Package / Team of the Participant _____

Name of organization of Participant _____

Country of Participant _____

Signature of Participant _____

Date _____

Day/month/year

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. Interviewing (open-ended)
2. Audio recoding
3. Storing of data (transcripts and findings)

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.

Print Name of Researcher/person taking the consent_____

Signature of Researcher /person taking the consent

Date _____/___/ 2022

Day/month/year

Annex 3. Informed Consent Form for: interviews with AHEAD country-team facilitators of consensus building sessions with local homogeneous groups of stakeholders

Informed Consent Form for interviews with AHEAD country-team facilitators of consensus building sessions with local homogeneous groups of stakeholders

This informed consent is for facilitators employed in the organisations in partnership with AHEAD project, whom we are inviting to participate in the research titled, Consensus Building Methodology and Evaluation. The investigator being_____, employed at the Athena Institute of Amsterdam.

Part I: Information Sheet

Introduction

I am_____, from Athena Institute, VU Amsterdam. I am conducting interviews to assess the evaluation and feedback of consensus building sessions at local level with groups of stakeholders. The interviews aim to assess the tailoring and conduct of consensus building sessions though the eyes and words of facilitators.

This informed consent form includes a small section describing what the study entails, what the research asks consent for and a following section to sign and confirm the consent to this research.

Purpose of the research

The research aims to evaluate consensus building sessions in their contextual adaptation and in the success of the reaching consensus in the local realities. In the process of organizing and conducting consensus building sessions, this research wants to investigate the opinions of facilitators in adapting the methodology to their local context and how they experience such sessions, under three main aspects, thought the use of interviews.

From this research, facilitators are expected to provide feedback on their contextual characteristics on how to best improve the conduct of consensus building sessions. Moreover, facilitators are expected to provide feedback and evaluation of the session, respectively on how did they perceive, what challenges or barriers they encountered and how participants contributed to the discussion.

Expected Participation

This research will involve your participation in an open-ended interview that will take about 40 minutes to 1 hour.

Participant Selection & Benefits

You are being invited to take part in this research because your experience and role as a country team facilitator, can contribute to the formative evaluation of consensus building sessions. Your feedback will be important in helping us improve the consensus building approach for the AHEAD project for future sessions.

Voluntary Participation

Your participation in this research is entirely voluntary, it is your choice whether to participate or not. If you decide to not participate, the researcher kindly asks to refer another person that may conduct the interview instead. You may change your mind later and withdraw from the interview anytime, even if you agreed earlier. Your decision to participate or not will have no negative consequences to your employment.

Procedures & Confidentiality

During the interview, I will ask questions regarding your experience in conducting the consensus building session with the group participants, such as for challenges you encountered or success you had. Additional questions will relate to the attitudes of participants, their participation in the activities, as well as the opportunities they had to share and discuss in the session. Moreover, questions will relate also to contextual aspects that may have had an influence in conducting the sessions (context here meant as both as location and as societal aspects).

You may choose the setting to conduct the interview, such as whether you'd prefer it online or offline, with Zoom or Microsoft Teams. The interview will be recorded with an audio-recording device, therefore your image will not be taken nor kept. The information recorded is confidential and only me and the AHEAD team at Athena Institute will have access to the recording, transcript and notes. A pseudonym will be used to keep you anonymous, so that they are not identifiable, only the researcher and the AHEAD team in Athena Institute will know to whom the interview is referring to.

The recording will be uploaded on a secure, password-protected Surf Drive folder and kept until the transcription of the interview is completed (this would take approximately 1 to 3 days), after that the recording will be deleted. The interview transcript will also be stored for data analysis in a secure Surf Drive folder, only accessible through password. The password will be known only by the researcher and the AHEAD team at Athena Institute. The Athena Institute is responsible for the security protocols of the Surf Drive, to ensure security of data. Therefore, neither the researcher nor the AHEAD team at Athena Institute will share your information with internal and external parties.

Timeline

The research takes place between the months of February and July. During that time, I will contact you once after the conduct of consensus building sessions. The interview will have a range duration of 40 minutes to 1 hour.

Incentive

You will not be provided any incentive to take part in the research.

Sharing the Results

The information and knowledge from this research will be shared with you after the interviews and data analysis of findings, to contribute to the formative evaluation of the AHEAD project, in conducting the consensus building sessions with a country-specific applied methodology. More likely, the research findings will be shared at the end of this research, in July.

Who to Contact

If you have any questions, you can ask them to this interviewer:

or you may contact either

Jessica Coetzer from the Athena Institute, - j.a.coetzer@vu.nl

or Abdul Kalam Azad, - a.k.azad@vu.nl

or you may also contact your country-team organizer.

Part II: Certificate of Consent

I have been invited to participate in research of assessing the conduct of consensus building sessions in regard to the experience of conducting such sessions, the participants participation and on factors that may have influenced the success of the session. I, as a country team facilitator from AHEAD project, will provide exhaustive information on my experience with the consensus building session, its activities and the success of the session.

I have read the foregoing information. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print Name of Participant _____

Work Package / Team of the Participant _____

Name of organization of Participant _____

Country of Participant _____

Signature of Participant _____

Date _____

Day/month/year

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. Interviewing (open-ended)
2. Audio recoding
3. Storing of data (transcripts and findings)

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.

Print Name of Researcher/person taking the consent_____

Signature of Researcher /person taking the consent

Date _____/___/ 2022

Day/month/year

Annex 4. Poll statements

Before the sessions

Concept	Indicator	Statements
Knowledge	Perception of knowledge	I am confident in my knowledge on this topic
Interest	Perception of interest	I have a high interest in this topic
Position	Perception of position	I am very willing to collaborate to address this problem
Power	Perception of power	I will be able to vocalize and protect my interest
Structural Power	Ease of/comfort with obtaining consensus	I am comfortable with the consensus building approach
	Ease of/comfort with sharing perspectives	I am comfortable with sharing my perspective
	Ease of/comfort with negotiating	I am comfortable with negotiating
	Clarity of the objectives of the dialogue	The objectives of the sessions are clear to me
Power with/to	Attitude towards other subgroups (homogenous sessions) or stakeholder groups (multi-stakeholder sessions)	I expect to have fruitful dialogues with …

After the sessions

Concept	Indicator	Statements
Structural power	Satisfaction of the process	I am satisfied with the process in the session
	Comfort with the activities	I was comfortable with the activities during the session
	Satisfaction with the organisation	I am satisfied with the organisation of this session
	Satisfaction with the facilitator	I am satisfied with how the facilitator guided the session
	Satisfaction with the results	I am satisfied with the results (policy options) of the session
	Comfort with sharing perspective	I was comfortable with sharing my perspective
	Comfort with negotiating	I was comfortable with negotiating
Opportunity to equal participation	Perception of chances for equal participation (opportunity to contribute to the discussion)	I had equal opportunities compared to other participants to contribute to the discussion
	Perception of chances for equal participation based on the explanation retrieved through the stakeholder interviews	I had equal chances of participation in the session
	Perception of equal influence of participants on dialogue	I had equal influence compared to other participants on the dialogue
	Perception of inclusivity of different perspectives in the sessions	The process ensured inclusion of different perspectives

	Perceptions on the representation of stakeholders	The participants of the sessions are representative for the stakeholders of the issue
	Coverage of their interest in the policy options agreed upon by consensus	My interests are covered in the policy options agreed upon
Power with/to	Come to understand others' interests	I came to understand others' interest better
	Come to appreciate others' interests and proposed solutions	I came to appreciate others' interest more I came to appreciate others' proposed solutions more

Annex 5. Observation Sheet

Concept	Indicator	Variable
Structural Power/ Setting	1.The focus of deliberation did not exclude anyone because issues were deemed irrelevant or some expertise more important 2.The working methods in the sessions did not exclude anyone	1.Counts of sidelining of issues due to them being judged irrelevant or not having the right expertise to judge this issue 2.Observations of people looking confused or insecure
Relational Power	1.Use of persuasive communication 2.Presence of expert knowledge 3.Use of "legitimate/credible" information	1.myths & narratives being used in communication (referring to personal stories, use of "I once" or "I know somebody who") 2.(acclaimed) expert knowledge ("Because of my professional background") 3.(acclaimed) facts, truths, knowledge or refers to topicality
Behavior	1.Everyone is giving the same speaking time, attention and respect by the facilitator 2.The coalitions created in the sessions are acting hostile or unfriendly	1.Counts of when facilitator cuts somebody short, shows little acknowledgement of what is said and pays less respect to participant(s) 2.Counts of participants acting in a group showing hostile or unfriendly behavior (noticeable in tone, eye contact, face expressions, physical attitude to others)
Verbal Communication	1.Use of jargon 2.Sidelining of issues by labelling them as irrelevant, subjective or not feasible 3.Humor to make fun of 4.Humor only understandable for few 5.Humor to make atmosphere less formal or make people at ease 6.Humor as a means for competition	1.Counts of jargon being used 2.Counts of sidelining of issues by labelling them as irrelevant, subjective or not feasible 3.Counts of jokes which make fun of a participant (or stakeholder group) 4.Counts of jokes which not all stakeholder groups understand 5.Counts of jokes which make atmosphere less formal or make people at ease 6.Patterns of jokes which indicates competition
Attitudes	What are the physical attitudes of participants when speaking and when listening?	Identification of different physical attitudes of participants (including making eye contact with group, with certain participants, no eye contact)
Speaking	1.Were there participants who did not say anything? 2.How often and how long did everybody speak? 3.Who interrupted, got interrupted and how often?	1.Counts of participants (stakeholder groups) who did not say anything 2.Frequency and length of speaking per participant and stakeholder group 3.Frequency and patterns of interruptions happening to and by whom
Power with/to	1.Coalition is created for action without domination or manipulation 2.Actors come to better understand each other 3.Actors come to appreciate each other's interests and proposed solutions more	1.Participants start mentioning "we" when they talk about experiences, interests, needs and policy options. 2.Participants directly and indirectly speak out their understanding of others 3.Participants directly and indirectly speak out their appreciation of interests and proposed solutions

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