**Stakeholder Mapping Tool for Applying Research to Policy and Practice for Health (ARCH)**

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**Abstract**

This tool contains a step-by-step guide to stakeholder mapping in research uptake. This methodology has been adapted from several methodologies identified in a stakeholder mapping methodology scoping exercise.

***Contents***

Abstract……………………………………………………………………………………………...2

Purpose of stakeholder mapping………………………………………………………………….4

Part 1: Meaning of Research Uptake……………………………………………………………..4

Part 2: Stakeholder Identification and Snowballing……………………………………………..5

Part 3: Power Interest Matrix………………………………………………………………………5

Part 4: Stakeholder Mapping Output……………………………………………………………...6

References………………………………………………………………………………….............8

**Purpose of stakeholder mapping**

To build a common understanding on significant stakeholders within the research uptake landscape and who may impact on programme success.

1. To categorise stakeholders according to their (potential) role in the landscape and to understand methods of engagement
2. To set a plan for engaging with stakeholders throughout the project

**Part 1: Meaning of Research Uptake**

*What does research uptake mean to you?*

Our current working definition of research uptake characterises this as the ecosystem in which research findings are transformed into recommendations and taken up into policy and practice, including the systems, people, and processes of research uptake.

This is a working definition, and we warmly invite your perspectives on terminology and definitions.

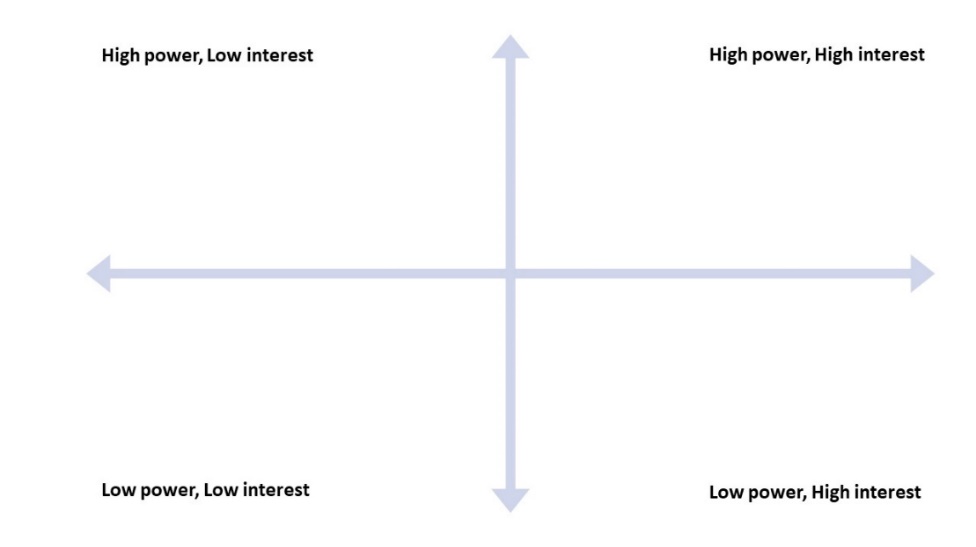
**Comments**:

**Part 2: Stakeholder Identification and Snowballing**

Make a list of stakeholders you know that are involved in research uptake under the categories in the table below (1–8). You may add an extra category(s). Fill in their governance level, interest, and ways in which they interact with research uptake (for example, this could be influencing others, generating knowledge, knowledge brokering). Please be as specific as possible with this exercise.

**Part 3: Power Interest Matrix**

Using the stakeholder ‘power-interest’ matrix and interpretation (6) below, where would you place the stakeholders, you have listed in 1? Note down the reason why in the table below.



1. High power/influence and high interest: these are “key players” and are considered a high priority to be fully engaged in the project
2. High power/influence and low interest: these are “context settlers” and should still be kept satisfied, but not to a great extent
3. Low power/influence and high interest: these are “subjects” and may point out areas of improvement. They may become influential by collaborating with other influential stakeholders
4. Low power/influence and low interest: these are the “crowd”, and there is little need for consideration and engagement. A constant check on their levels of power and interest should constantly be checked nevertheless, in case it changes

**Part 4: Stakeholder Mapping Output**

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| --- | --- | --- | --- | --- | --- | --- |
| **Stakeholder group** | **Stakeholder name/ organisation** | **Governance level (country/ region/ international)** | **Key interest (topic/ health area)** | **Interactions with research uptake** | **Power-interest level** | **Why** |
| **Researchers** |  |  |  |  |  |  |
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| **Policy makers** |  |  |  |  |  |  |
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| **Policy Networks** |  |  |  |  |  |  |
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| **Healthcare workers** |  |  |  |  |  |  |
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| **Other stakeholders** |  |  |  |  |  |  |
| **Any other comments or observations from the listing** |  |  |  |  |  |  |

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