

The Manager

MANAGEMENT STRATEGIES FOR IMPROVING FAMILY PLANNING AND HEALTH SERVICES

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Case Scenario

Honduralla District Prepares for a Local Rapid Assessment

Supplement

The Manager's LRA Reference Guide

Conducting Local Rapid Assessments in Districts and Communities

Editors' Note

Increasingly health and family planning programs are decentralizing managerial responsibilities. As a result, managers at the local and district level need to make strategic decisions so that their programs will continue to meet the health needs of the communities they serve. To identify appropriate ways to improve their program, local managers may need to supplement existing service statistics and large-scale survey data with targeted local assessments. While broad assessments can be daunting for local managers, local rapid assessments (LRAs) offer managers quick, inexpensive, locally-controlled methods for obtaining the specific data they need to take informed action.

This issue of *The Manager* explains how LRAs can improve local decision making when used appropriately. It offers guidelines on how to prepare for an LRA by forming a team of staff and community representatives with a direct interest in the outcome of the assessment. It provides detailed information on the steps managers and their teams must follow to complete a well-organized LRA in a few weeks' time and produce an action plan that has the support of all the groups needed for its implementation. The supplement, *The Manager's LRA Reference Guide*, presents additional techniques, concepts, and forms for successfully designing an LRA, organizing data collection, and producing usable results.

—The Editors

The Manager

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Understanding How Local Managers Can Use Rapid Assessments

As part of the global trend toward decentralization, many health and family planning programs are transferring management responsibilities for health programs from central- to local-level managers. Increasingly, health managers at the local or district levels are being asked to make strategic decisions about their programs. Yet managers often lack information on how well health services are meeting local health needs. As a result, they do not have an objective basis for making these strategic decisions.

To make well-informed strategic decisions, managers need information about the:

- health needs of the people in their service area;
- priorities and constraints of the community they serve;
- quality of the services they offer;
- resources they have available;
- effectiveness and efficiency of the systems that support these services.

Service statistics are one source of information, though they provide information only about those people who use the health services. Large-scale surveys such as the Demographic and Health Surveys generate data for the country and large geographic regions, but are not specific enough nor always sufficiently current to use at the district or community level. Managers need tools to get additional information about the area they serve. Local rapid assessments (LRAs) provide quick, low-cost ways for managers to supplement the information from existing sources.

This issue of *The Manager* discusses the advantages of using an LRA to answer crucial questions about the fit between local health needs and services. The issue outlines an organized process for conducting one type of LRA, a small-scale household survey. It also discusses how the process of conducting an LRA can build commitment among all interested groups to use the findings and prepare an action plan for making improvements.

The guest editors for this issue of *The Manager* are Judy Seltzer, Steve Solter, Karabi Bhattacharyya, and John Murray. Judy Seltzer is Deputy Director of the Management Training Program at Management Sciences for Health (MSH). She has worked with Ministry of Health (MOH) staff in implementing LRAs throughout Latin America. Steve Solter is Principal Program Associate in MSH's Strengthening Health Services Program. An epidemiologist, he has developed maternal and child health (MCH) and family planning programs in numerous Asian countries. Karabi Bhattacharyya is Technical Officer at the Basic Support for Institutionalizing Child Survival (BASICS) project and also Adjunct Professor at Johns Hopkins University's School of Hygiene and Public Health. She has provided assistance to MOH staff and communities in designing community-

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Improving Decision Making through LRAs

Managers at the district, subdistrict, or community level can use local information for various purposes. They may want to reassess the strategic direction or service mix of their program based on the needs of their current and potential clients. They may have specific service or community health problems to solve, or they may want to monitor their program's progress.

Most managers routinely use informal methods to collect information for making decisions. They may discuss problems with their staff and local experts, review official documents, and make field visits to observe and speak with community members. Such informal methods can help managers begin to look at problems, but since the information they collect through

such methods can be highly subjective, other decision makers may question both the credibility of the information gathered in this way and the program strategies that are selected on the basis of this information.

Making objective decisions. Local managers can strengthen the objectivity of the information they use by making a list of the questions they will ask. They can use clear criteria for selecting people to talk to in order to get information on the same topics from different sources and compare information more easily. They can also gather quantitative data in order to assess the extent of a problem and provide a context for any qualitative information they have informally gathered. These and other cost-effective information-gathering techniques are part of the methodology of local rapid assessments.

Recognizing LRAs' Place among Data Sources

As a manager, you should review existing sources of data before deciding to conduct an LRA. Two sources commonly available are service statistics and large-scale surveys. However, these sources, together with LRAs, have strengths and limitations, as discussed in the following box.

Common Data Sources				
Data Source	Definition	Example	Strengths	Limitations
Service Statistics	Routinely collected data in registers and clinical records on client population and services	Clinic data on: <ul style="list-style-type: none"> • Number of prenatal visits • Number and type of vaccinations given on site • Number and type of contraceptives dispensed per month 	<ul style="list-style-type: none"> • Extensive • Economical to use • Accessible 	<ul style="list-style-type: none"> • Only about current, not potential, users of services. • Does not reflect people who use private sources, which may not collect similar data. • Recompiling data into a more useful form for local managers is time-consuming. • May be inaccurate if service site gives no importance to recording data accurately, legibly, and in a timely way.

continued on the next page

Common Data Sources				
Data Source	Definition	Example	Strengths	Limitations
Large Scale Surveys	Population-based surveys and large-scale facility assessments measuring reproductive health and child health status and services	<ul style="list-style-type: none"> • Demographic and Health Surveys (DHSs) • U.S. Centers for Disease Control and Prevention's Reproductive Health Surveys • The Population Council's Situation Analyses • Censuses • University-based health surveys 	<ul style="list-style-type: none"> • Measure national health trends, pinpoint problem areas, and help in focusing resources on areas of greatest need. • Generate averages for rural/urban areas, regions, provinces. • Provide relevant, precise, reliable data. • Provide a context for interpreting local data. • Can generate additional information from their computerized data sets. 	<ul style="list-style-type: none"> • Usually do not generate averages for sub-regional areas. • Become quickly dated if populations or health conditions are changing rapidly.
Local Rapid Assessments	Focused methods for assessing local needs and making local decisions	<ul style="list-style-type: none"> • Exit interviews • Small-scale facility assessments • Household interviews • Record reviews • Focus group interviews • Other participatory local rapid assessment methods 	<ul style="list-style-type: none"> • Quick • Inexpensive • Locally controlled • Lead to action 	<ul style="list-style-type: none"> • Balance the need for representative, objective results with slightly less rigorous designs that are feasible in local areas. • Use reduced scope and scale to achieve timeliness.

Understanding the Advantages of LRAs

LRAs are quick methods for collecting timely data to assess local needs and plan services. They can be used to:

- periodically assess program performance;
- ask new questions of existing clinic records;
- collect new data by going directly to clients, providers, or community members;
- verify information from other sources;
- assess specific topics, such as children's nutritional status, knowledge of oral rehydration salts, provider preferences, contraceptive prevalence, and immunization coverage.

While well-planned LRAs follow less rigorous procedures than large-scale surveys, they yield information that fit local managers' needs and are credible to other decision makers. What distinguishes LRAs from large-scale methods of collecting data is that these local assessments are designed and conducted in ways that are quick, inexpensive, and locally controlled. They also produce data that lead to action.

Quick: The time required to design an LRA, collect and analyze data, and develop an action plan is typically five weeks or less. This allows you to make timely, informed decisions and limits the disruption of your staff's schedules. To implement LRAs rapidly, you need to:

- limit the focus of your assessment;
- select a limited number of questions;
- use simple sampling procedures for identifying the people, facilities, or records from which you will obtain information;
- question a relatively small number of individuals or review a small number of records (in the 100s);
- interpret and provide preliminary results within a week of the end of data collection.

Inexpensive: LRAs can be conducted using primarily local funds. If you have very limited funds, you may need to seek additional resources before undertaking an LRA. You can keep LRA costs low by relying on:

- a limited number of data collectors;
- a limited number of outside advisors for limited periods of time;
- training sessions that promote efficient data collection and analysis;
- a tight assessment schedule.

Locally Controlled: By keeping LRAs limited in scope and relying more on local staff than on senior-level managers or consultants, you can assume greater responsibility for LRAs. (If you have only a few staff, you might choose to involve affiliated staff, such as community health volunteers, to help with your LRAs.)

LRAs apply commonly-used methods to collect and analyze data. This means that you can find trainers who will train at the local level and fit their training to the specific LRA. Ideally, after local-level or health center staff are trained in conducting their first LRA, they will be able to conduct subsequent LRAs with less training and to assist in training others.

Leading to Action: LRAs are designed to produce results that you can use to take action. They focus on the information you need in order to make specific decisions to address well-defined health and health service problems. Problems suitable for an LRA must have effective, feasible program solutions that can be adapted to fit the LRA's findings. For this reason, you can use LRA results to quickly develop action plans for improving your local program.

Identifying Needs for Information

Before you consider using an LRA method, determine what decisions you need to make in order to address specific problems in your local area. Then identify what information you need in order to make these decisions. Determine whether you can meet these information needs by using and improving your routinely collected data. The following checklist will help you decide if you need a special assessment instead.

Determining Whether to Conduct an LRA

Answering the following questions will help you decide whether you should conduct an LRA:

1. Can the health problem be defined in clear, simple terms? Yes No
What is it? _____
2. Are existing service statistics or findings from a large-scale survey or smaller special studies adequate to assess the problem? Yes No
3. Are there actions that have proven effective in addressing the health problem? Yes No
4. Are you in a position (with resources, approvals, etc.) to act on the information from the LRA to address the problem? Yes No

If you can clearly define a health problem (1. Yes), lack adequate data to assess the problem (2. No), know of effective actions to address the problem (3. Yes), and are in a position to act on new information (4. Yes), then go ahead and plan an LRA.

Identifying information needs is part of the LRA approach of focusing on a manageable amount of information that can be gathered and acted on quickly. As you focus on your information needs, you must constantly ask, “Depending on the results I discover,

what changes might I make?” Through this approach, you will avoid covering too much in your assessment. The following box illustrates the range of information needs that LRAs can meet.

Meeting Local Information Needs with LRAs

To provide information for making local planning or budgeting decisions, an LRA may focus on broad information needs such as identifying and prioritizing serious health problems or child health practices. To provide information for addressing a certain health problem, an LRA will focus on answering a very specific information need, such as the incidence and contributing factors of diarrheal diseases. The following table illustrates information needs met by LRAs and a few sample interventions that could be undertaken.

Types of Information That LRAs Can Provide and Possible Resulting Changes

Information Category: Local Health Needs

Broad Information Need	Sample LRA Focus	Possible Program Changes
What are the most common serious health problems that affect this client population?	<ul style="list-style-type: none"> • What are the three main causes of death for children under 5 years of age? • What local health problems does the community consider most serious? 	<ul style="list-style-type: none"> • If the most serious problems turn out to be acute respiratory infections, and malnutrition, consider changing existing programs to improve recognition of illness, home treatment, care-seeking practices, and breastfeeding and nutrition counseling.
What can be done to improve child spacing?	<ul style="list-style-type: none"> • What is the mean birth interval in the local community? • What factors support and work against longer birth intervals? • What is the contraceptive prevalence rate? 	<ul style="list-style-type: none"> • If an important barrier is lack of access to family planning services provided at the clinic, introduce community-based distribution of family planning methods or change clinic hours.

Information Category: Local Health Practices

Broad Information Need	Sample LRA Focus	Possible Program Changes
What opportunities and constraints exist for improving key child health practices?	<ul style="list-style-type: none"> • Which practices harm the health of children under five in the local population? (Consider child feeding practices, immunizations, and care-seeking for child illness.) • Which harmful health practices does the local population think could be feasibly changed? 	<ul style="list-style-type: none"> • If mothers think introducing healthful foods to children 6-23 months old is difficult and are interested in learning how they could improve their children’s diet, form nutrition support groups to discuss and prepare healthy foods for young children.

Types of Information That LRAs Can Provide and Possible Resulting Changes

Information Category: Local Health Services

Broad Information Need	Sample LRA Focus	Possible Program Changes
Does the current mix of services meet local health needs?	<ul style="list-style-type: none"> • What services would the community like to see provided that are not provided now? 	<ul style="list-style-type: none"> • Change the service mix. • Improve inter-service coordination. • Add community outreach services.
What is the utilization of services by the catchment population?	<ul style="list-style-type: none"> • What services is the population using and why? • What services is the population not using and why? 	<ul style="list-style-type: none"> • Adopt suitable interventions, such as increasing clinic hours, reducing waits, improving counseling, or increasing community awareness of the health services.
Do the skills of health program staff meet local health needs?	<ul style="list-style-type: none"> • What is the quality of care provided to client groups (sick children, women ages 15–49, etc.)? • What are the staff's skills? 	<ul style="list-style-type: none"> • Train staff in appropriate skills. • Improve supervision. • Recruit new staff with appropriate skills.

Information Category: Community Involvement

Broad Information Need	Sample LRA Focus	Possible Program Changes
What is the level of community involvement in planning, managing, and contributing to the health program?	<ul style="list-style-type: none"> • What activities have community members undertaken to support the health services? • In what other ways would the community be motivated to participate? 	<ul style="list-style-type: none"> • Establish a community board. • Initiate a community volunteer program. • Provide outreach to women and hard-to-reach groups.
How well do community health workers (CHWs) function?	<ul style="list-style-type: none"> • What are the CHWs' knowledge, attitudes, and practices (KAP), including their distribution of medicines? 	<ul style="list-style-type: none"> • Establish an incentive program to increase CHWs' motivation for self-improvement.
What is the health care role of traditional birth attendants (TBAs)?	<ul style="list-style-type: none"> • How often do households use TBAs to meet their health needs? • How well do TBAs and the health system collaborate? 	<ul style="list-style-type: none"> • Train TBAs in primary care interventions and referral. • Establish a program to use TBAs to extend the health system.

Adapted from Kielmann 1991 and BASICS 1998

Preparing for an LRA

To prepare to launch an LRA, you will need to:

- gather detailed information about the current problems you would like to look at more closely;
- form an LRA team;
- prioritize and choose one key problem for an LRA.

Describe possible problems. Acquire as much information as possible about the problems you have identified in your local area. Review your service statistics, national data sources, NGO and donor evaluations, and pre-project assessments. Hold informal discussions with your colleagues and other knowledgeable people. Interpret your local data in the context of national or regional data to know whether your area has similar problems. Then describe each problem and the types of decisions that could address it.

Form an LRA team. Once you have a preliminary description of the local problems, and the possible decisions you could make to address them, form a team whose members include representatives from different groups with a direct interest in the health issues you are facing. Selecting a team allows you to involve a variety of groups at the district or local level in making decisions about health priorities and taking suitable actions. Generating a dialogue among these groups before, during, and after the LRA is often as important as the data that emerge from the LRA.

Choose your LRA team carefully and be inclusive. If you plan to use information from an LRA in making decisions to improve staff procedures with clients and support services, then the team should include health

staff, such as clinical providers, receptionists, pharmacists, community health workers, supervisors, or medical officers. If you are using the LRA to develop health education messages and community support for changes in the health behavior of mothers, add to your team some well-respected community people, such as local authorities, community volunteers, teachers, agricultural extension workers, traditional birth attendants, community elders, and mothers themselves. Pairing staff with community members will create team units with complementary technical and community expertise. Having different groups participate in collecting and analyzing data and developing action plans together will help these groups understand the reasons behind the needed changes and new initiatives.

If you are conducting an LRA in several communities, you should include team members from each community. Create an initial team of program staff, and when you have chosen your sample of communities and are contacting them to arrange field visits, then add the community team members.

Prioritize and choose one problem with your team. Your team will help you prioritize the problems and choose one or two closely-related problems for an LRA. Meet with your team to:

- discuss the problems you have identified and others that the team is concerned about;
- rank problems according to their importance and feasibility for being addressed;
- select one problem that could be resolved locally if more information were available;
- review the LRA process.

Conducting the LRA

After forming your team and choosing a problem for your LRA, you are ready to conduct an LRA. Conducting an LRA involves seven well-defined steps. In addition to guiding this process, you are responsible for ensuring administrative support for completing these steps.

Step 1: State the problem you plan to address

Step 2: Design your LRA by:

- establishing LRA objectives
- choosing an LRA method
- defining a sample
- developing and pretesting a questionnaire and data analysis forms

Step 3: Set the stage for collecting data

Step 4: Collect the data

Step 5: Analyze your results

Step 6: Develop an action plan

Step 7: Follow up your action plan

The rest of this issue will present this process as a team effort.

Meet with your team throughout the LRA. As you conduct your LRA, you will continue to meet with your team to encourage their involvement in the LRA process. To plan how you will conduct your LRA, you and your team can meet to:

- develop a problem statement;
- establish LRA objectives;
- design the LRA.

Organize another team meeting in which the team can set the stage for collecting data. At a final team meeting, after the data collection is complete, gather your team together to:

- present and interpret the data;
- plan a workshop with a larger audience to develop an action plan.

Develop a work plan. You and your team should develop a work plan that will help you to coordinate all these steps and conduct your LRA rapidly. You can use a Gantt chart such as the one shown on the next page to help you keep track of when to do each step. The final step, following up your action plan, will continue into future weeks and require its own schedule.

Other Helpful Resources for Conducting an LRA

The Manager's LRA Reference Guide, which supplements this issue, will provide you with more detail on:

- constructing questionnaires;
- understanding sampling methods and sample size;
- organizing and paying for data collection;
- summarizing data using data analysis forms.

Previous issues of *The Manager* may also help you in conducting an LRA:

“Using National and Local Data to Guide Reproductive Health Programs,” Volume VI, Number 2, its supplement, *Guide to National and Local Reproductive Health Indicators*, and the accompanying *World Population Data Sheet* of the Population Reference Bureau present local indicators that you may want to measure through LRAs as well as sources of national and regional data that you can refer to as background to your local problems.

The MDA Start-Up Kit, supplement to Volume V, Number 4, presents information on developing and administering questionnaires.

“Assessing the Impact of Training on Staff Performance,” Volume V, Number 3, provides additional information on defining a sample, and collecting and analyzing data.

“Using Service Data: Tools for Taking Action,” Volume I, Number 2, and its supplement, *Guide to Graphing Data and Taking Action*, provides information on analyzing data and identifying appropriate actions.

LRA Gantt Chart																									
Activity	Week																								
	Week I					Week II					Week III					Week IV					Week V				
	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
State problem	→	→																							
Design LRA																									
• Establish objectives		→	→																						
• Choose method			→																						
• Define sample			→	→																					
• Develop, pretest questionnaire, data analysis forms			→	→	→	→																			
Set stage for collecting data																									
• Select data collectors					→	→	→																		
• Organize transportation						→	→																		
• Prepare data collection budget						→	→																		
• Obtain data collection funds										→	→	→	→												
• Train data collectors										→	→	→													
• Inform sites in sample					→	→					→	→													
• Reproduce forms											→														
Complete LRA																									
Collect data													→	→	→										
Analyze results														→	→	→	→	→	→						
Develop action plan																	→	→	→	→					
Follow up action plan																						→	→	→	

The next sections take you step by step through conducting an LRA.

Step 1: State the Problem You Plan to Address

You and the other team members should review and discuss any existing information you have gathered on the problem area that you have decided to address and

should develop a clear problem statement. In doing this, you should brainstorm about all the possible causes of the problem, use objective information to decide which causes are less likely, and focus your assessment on the more probable causes. The problem statement you develop should include these probable causes to shape the scope of your LRA. The following box illustrates this process.

Developing a Problem Statement

A new health officer manages a district with five zones and 100,000 inhabitants. Her district annually receives central funding for its four clinics, while the capital's regional hospital receives separate funding. In the past, the district funds were divided equally among the clinics. The officer wants to make an informed decision about the clinics' budget and staffing needs for next year. She calculates outpatient visits for each zone and notes differences. She presents her budgetary concern to her LRA team. They develop a problem statement as follows:

Review information on the problem. First, they focus on the question, "Why does only one out of every five inhabitants in the southern zone visit the government clinic, while in the other zones, at least one out of every two inhabitants visits the government clinic?"

Zone	Southern	Western	Eastern	Northern	Capital
Population	20,000	20,000	30,000	20,000	10,000
Outpatient Visits	4,164	16,000	15,643	16,440	30,812
Visits per Inhabitant	0.21	0.80	0.52	0.82	3.08

Suggest causes. Then the LRA team discusses reasons for the low number of visits in the southern zone and suggests the following possible causes:

- Perhaps the southern zone's population has better health status.
- Maybe the southern zone's inhabitants are using other health services, for instance, the district capital's hospital, physicians' or nurses' clinics, or pharmacies, because they offer better quality or access.
- The inhabitants may not be seeking health care outside the home.
- Maybe the inhabitants are not treating their health conditions.

Select probable causes to assess. Together they look at local data and conclude that the southern zone's population does not have better health status. They agree that they need more information to determine if the southern zone's inhabitants are relying on other sources of care or are not treating their health conditions. They decide to conduct an LRA for this purpose. They expect that the results will help determine whether the district health officer:

- can increase the southern zone's outpatient visits to the government clinic;
- must reduce the southern zone's health staff and budget.

Agree on a problem statement. The problem statement she and her team agree on is:

The ratio of outpatient visits per inhabitant is considerably lower in the southern zone clinic than in the clinics of the other zones. This may be because people are going elsewhere for health care or are not seeking health care.

Step 2: Design Your LRA

Next, you and your team need to design your LRA. In laying out your plan for the LRA, you will need to carry out and document the following activities:

- Establish LRA objectives;
- Choose an LRA method;
- Define a sample;
- Develop a questionnaire and data analysis forms.

Establishing LRA Objectives

You need to establish objectives which express, in measurable terms, the specific pieces of information you need to collect in order to determine the causes of the problem. You and your team should decide what information you need and from whom you will get your information: the population, current clients, the health system, or a combination. For the problem in the

example, it makes sense to select the population as the source of information. Since most of the outpatient visits involve treatment of sick children, the LRA objectives for this example might include:

- Determine the population's preferred site for treatment for sick children;
- Identify issues with access to the government health clinic;
- Assess the level of user satisfaction with the government health clinic.

Choosing an LRA Method

At this point you must choose the LRA method or combination of methods that can best help you to meet your LRA objectives. Keep in mind your budget and local capabilities for using various methods. The following box describes some LRA methods, their purposes, and their limitations.

LRA Methods			
Method	Purposes	How Conducted	Comments
Exit Interviews	<ul style="list-style-type: none"> • Gather information about the quality or appropriateness of health center services. • Can track improvements in service delivery over time if conducted periodically. 	<ul style="list-style-type: none"> • Interview health service clients as they exit the building or at home soon after their visit. • Interview all clients or a subgroup of clients, such as all women accompanied by a child under five. 	<ul style="list-style-type: none"> • Try to ensure sufficient privacy for the respondent. • The interviewed clients may not be representative of the client population. • The opinions of interviewed clients may not represent the views of non-clients.
Facility Assessments	<ul style="list-style-type: none"> • Determine knowledge, attitudes, and practices of staff in carrying out set procedures. • Examine staff perceptions about tasks that they consider important in their jobs and barriers. • Obtain explanations for information gained from a record review. • Assess waiting times and learn reasons for them. 	<ul style="list-style-type: none"> • Arrange in advance the dates of visits with facilities in the sample. • Assure staff that the assessment is confidential, not supervisory. • Observe interactions between clients and staff. • Interview staff privately. • Complete equipment, supply, and record-keeping checklists. 	<ul style="list-style-type: none"> • Gain staff input in planning the assessments and introduce them positively so staff do not feel intruded upon. • Encourage staff to help develop solutions. • Interviews may not yield complete, candid answers if conducted in the facility during work hours. • Compare checklists and staff knowledge and practices against standards.

LRA Methods (continued)			
Method	Purposes	How Conducted	Comments
Focus Group Interviews	<ul style="list-style-type: none"> • Elicit in-depth, qualitative information. • Stimulate group participation, which can produce better information and insights on some topics than individual interviews. 	<ul style="list-style-type: none"> • Develop a profile of people (usually age, gender, and practices) whose opinions are needed. • Gather a small group of individuals (fewer than 12) fitting the profile to discuss topics with a moderator. • Use an interview guide to direct specific, open-ended questions to the group. 	<ul style="list-style-type: none"> • It can be difficult to schedule focus groups. • Use well-trained moderators to ensure that all participants are heard, to keep the discussion on target, and to extract the most pertinent information.
Household Interviews	<ul style="list-style-type: none"> • Gather information on knowledge, attitudes, and practices of community members. • Help health staff to gain understanding of community perspective and living conditions. 	<ul style="list-style-type: none"> • Visit a representative sample of households. • Interview one or more household members, depending on the design. • Use a standardized, pretested questionnaire for interviews. 	<ul style="list-style-type: none"> • Be sure that interviewers let households know that answers will be confidential and used to improve services to encourage their honesty. • Arrange interviews when people will be home.
Participatory Local Rapid Assessments	<ul style="list-style-type: none"> • Can generate local ownership of the program. • Collect information that is very relevant and specific to the local situation. 	<ul style="list-style-type: none"> • Involve local people in developing the questions, collecting the data, and making programmatic decisions based on the data. • Use participatory local assessment methods, such as semistructured interviews, mapping, ranking alternatives, and calendars showing seasonal variations in work and resources. 	<ul style="list-style-type: none"> • Be prepared to be flexible and open to significant changes in the program, and to give up some control. • Be certain that facilitators have excellent skills and are fully committed to hearing community ideas. • Ensure that hard-to-reach groups are involved in the process.
Record Reviews	<ul style="list-style-type: none"> • Gain easy access to objective information at low cost. 	<ul style="list-style-type: none"> • Survey records using sampling methods. • Fill out forms that ask for specific information from the records. 	<ul style="list-style-type: none"> • Records may be poorly organized, inaccurate, or out of date.

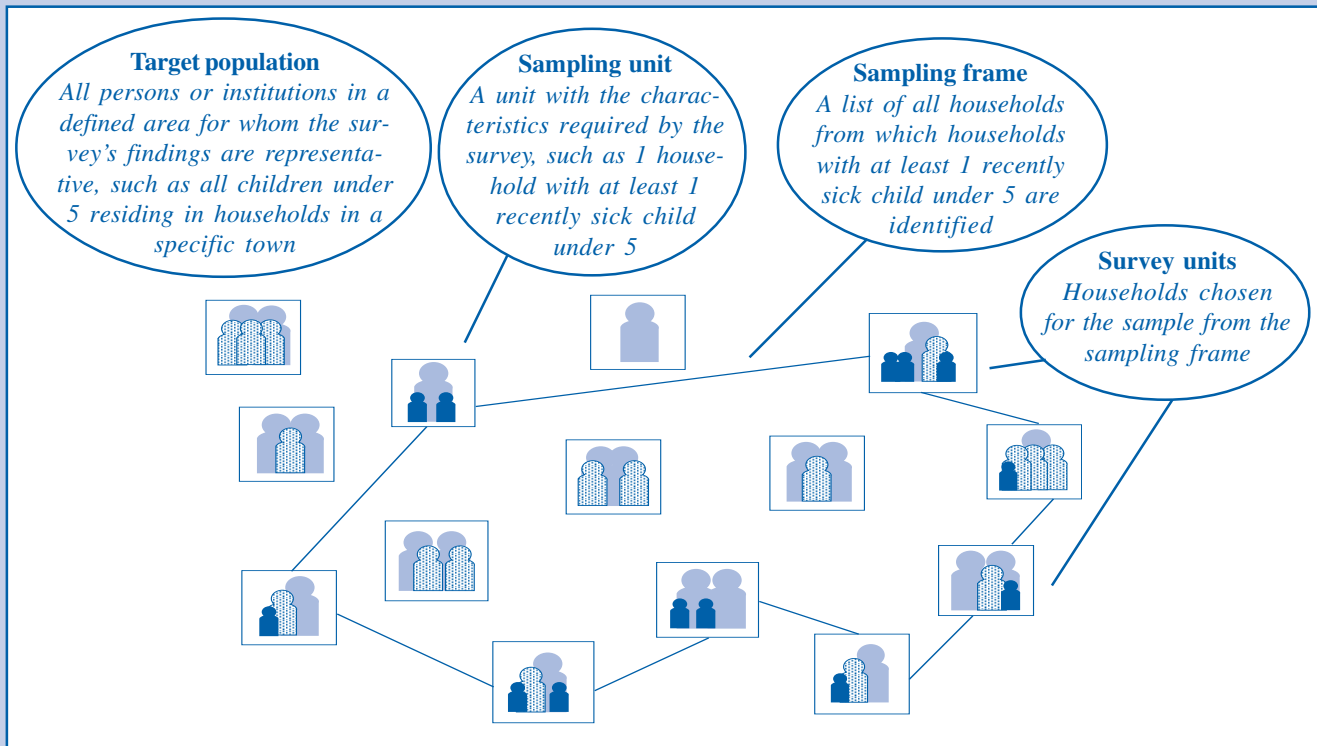
Defining a Sample

Let's assume that you and your team have selected household interviews as your LRA method because they will give you quantitative data on the extent to which the population in the southern zone seeks health services, as well as the sources of their health services. Because of constraints on human resources and funds, it is not possible to survey all households. However, by

sampling, or following a method for selecting certain households, you can get a reliable representation of your entire population. Defining a reasonably sized sample and an acceptable sampling method will allow you to complete your assessment in a timely and efficient way while still obtaining results that reliably represent the entire population and its characteristics.

Using Sampling Concepts to Define Your Sample

To make decisions about whom to include in your sample, you need to understand a few terms and concepts about the population you are looking at, sampling units, sampling frames, and survey units. The box below illustrates sampling concepts using a town as the area from which a sample will be drawn.



Sampling method. The overall method used for selecting a sample, *for example, sampling randomly within a town.*

Sample size. The total number of survey units to be selected. Sample sizes between 200 and 500 can give fairly reliable estimates of characteristics for the total population.

Selection technique. A technique for selecting survey units within a defined sample, *for example, selecting households randomly and replacing or not replacing households with others when there is no response, or choosing the closest households to the starting household until the sample size is reached for the town.*

Defining your sample. When you developed your LRA objectives, you selected your target population from among such groups as children under 5, women of reproductive age, men, etc. Using the other sampling concepts in the box on the previous page, answer the following questions in order to define your sample.

- What will your sampling frame be? (*If the population is children under 5, then all households with children under 5 from which households with at least 1 recently sick child under 5 are identified.*)
- What sampling method will you use? (*random, systematic, stratified, or cluster sampling*)
- How large will your sample be? (*200, 300, 500, 1,000, or a number in between*)
- What technique will you use for selecting survey units until you have reached your sample size? (*random or systematic selection of households from the census list; with replacement if household does not respond or without replacement*)

Use your answers as a clear set of procedures and include them in your LRA design for the team to refer to.

Developing and Pretesting a Questionnaire and Data Analysis Forms

You must develop, for each of your objectives, the few key questions you should ask and indicate the way in which you will record and analyze the answers.

Developing the questionnaire. There are three types of questions to use in household interviews:

- **either/or questions** that people can answer with *yes* or *no*, or *correct* or *incorrect*;

- **multiple-choice questions** that have a pre-determined list of possible responses;
- **scaled questions** that use an ordered range to rate or show agreement, such as *excellent* to *poor*, or *strongly agree* to *disagree*.

For either/or questions, make sure that both alternatives are clearly stated. For multiple-choice questions, check to see that each response that you list does not overlap any other response. Match the response you receive with one of the answers on your list, or check *other* and write in the answer received. The following boxes provide guidelines for interview questions and examples of the three kinds of questions for each of the objectives listed on page 12.

Guidelines for Survey Questions

As you develop or modify your questionnaire to relate directly to your objectives, keep in mind the following guidelines for interview questions.

- Make sure questions correspond to LRA objectives.
- Use simple words commonly understood by the survey population.
- Use words that do not suggest a positive or negative response.
- Make sure the questions are not ambiguous and say exactly what they mean.
- Make sure questions do not assume information about the respondent.
- Use multiple-choice questions where there is a range of probable answers.

Developing Survey Questions for LRA Objectives

Problem Statement	The ratio of outpatient visits per inhabitant is considerably lower in the southern zone clinic than in the clinics of the other zones. This may be because people are going elsewhere for health care or are not seeking health care.
Target Population	All children under 5 years old residing in households in a defined area
LRA Objective	Sample Questions
To determine the population's preferred site for treatment of sick children	<p>1.* Has your child been sick in the past two weeks with: diarrhea? (yes, no) cough/difficulty breathing? (yes, no) or fever? (yes, no)</p> <p>2.† Tell me the first place you took your child for care outside of the home? (friend or relative, traditional healer, community health worker, government clinic, district hospital, NGO, pharmacy, drug vendor, other)</p>
To identify issues with access to the government health clinic	<p>1.* Have you ever wanted to take your sick child to the government clinic but did not go? (yes, no)</p> <p>2.† What was the most important reason you did not go? (too far, no drugs, cost too much, no one to look after children, other)</p>
To assess the level of user satisfaction with the government health clinic	<p>1.‡ On the whole, how satisfied were you with the services you received from the government clinic? (very satisfied, satisfied, dissatisfied, very dissatisfied)</p> <p>2.* Were you able to get the drugs/medications you needed the last time you took your child to the clinic? (yes, no)</p>

* Either/or question

† Multiple-choice question

‡ Scaled question

Organizing the questionnaire. The questionnaire needs to include various instructions to guide the interviewer. When the interviewers' instructions are included in a separate guide, the interviewer can lose the guide or interrupt the rhythm of interviews while trying to locate his instructions. At the beginning of questionnaire, include instructions to remind interviewers to:

- cordially introduce themselves to the person they are interviewing (respondent);
- briefly describe the purpose of the LRA to each respondent;
- assure the respondent that the survey is confidential and will be used to improve services;
- mention that the survey will take only a few minutes to complete;

- obtain verbal consent to ask the questions.

After the instructions for the introduction, put basic demographic questions, such as date, location, and name and age of respondent. Then consider the objectives or themes you want to address and arrange them in a logical order that moves easily from one topic to the next like a conversation.

Reviewing existing questionnaires. Once you know the kinds of questions you want to ask and how you will organize your questionnaire, you can review other existing questionnaires to see whether there are questions you would like to use or modify to suit your needs. In addition to the DHSs, the following references provide questionnaires.

Sources of Questionnaires

Kielmann, A. A., K. Janovsky, and H. Annett. *Assessing District Health Needs, Services and Systems: Protocols for Rapid Data Collection and Analysis*. African Medical and Research Foundation and GTZ, Macmillan Education Ltd., London. 1991.

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VarKevisser, Corlien, Indra Pathmanathan, and Ann Brownlee. *Designing and Implementing Health Systems Research Projects*. Health Systems Research Training Series. IDRC Books, Ottawa. Vol. II, Part 1, 1995.

WHO/Division for the Control of Diarrheal and Acute Respiratory Disease. *Household Survey Manual: Diarrhea and Acute Respiratory Infections*. Geneva. WHR/CDR/94.8, 1994.

Designing your data analysis forms. When your questionnaire is complete, design one form for tallying the data that is collected on the questionnaires. Design another form for summarizing the tallied data as percentages. Please see pages 18–19 for more information on these forms.

Conducting a pretest. To finalize your questionnaire and data analysis forms, you should pretest them. Pretesting ensures that the questions and instructions are easy to understand, answers can be recorded and tallied easily, and data can be summarized correctly. Select and interview 10 to 20 households in an area where you will not be gathering data for the LRA. Tally and summarize data from these interviews. Revise the questionnaire and data analysis forms as necessary and use the finalized forms to train the data collectors and supervisors who will check and analyze the data.

Step 3: Set the Stage for Collecting Data

As manager, you need to set the stage for collecting data by making sure that your staff takes certain important steps to support efficient data collection. In particular, you and your staff should:

- organize transportation and develop a data collection schedule;

- prepare a data collection budget;
- obtain funds for data collection;
- select and arrange training for data collectors and supervisors;
- inform key individuals at the sites included in the sample;
- reproduce questionnaires and data analysis forms.

In selecting interviewers, choose members of your LRA team and augment their numbers with members of your staff, community health workers, or local nursing and midwife students. Bear in mind that respondents may not be comfortable discussing service problems with staff members. The interviewers you select should relate well to the type of people who will be interviewed, be able to follow directions well, and complete tasks efficiently. Also identify supervisors to oversee the data collection.

You should inform key individuals at each survey site. After you have selected your sites, contact local authorities and other key people about the survey and invite them to participate (as appropriate) on the LRA team. Once you have selected interviewers and organized transportation, contact these people again to agree on dates for collecting data at their site.

Step 4: Collect the Data

When conducting the household interviews, the interviewers should wear name tags. This helps to show they are there for professional reasons as well as to

identify who they are. The following box identifies and explains other guidelines for making household visits professional and helping to improve survey responses.

Tips for Improving Responses to Household Surveys

- **Time.** Pick a time of day when people are likely to be at home. For example, evenings are probably best for speaking with men or women who work outside the home.
- **Rapport.** Arrange to have women interview women and men interview men when the survey's focus could make respondents guarded in their responses to interviewers of the opposite sex. In many cultures, interviewers of the same sex can more easily establish rapport with respondents.
- **Introduction.** If several organizations sponsor a survey, mention the organization that has the best public image.
- **Privacy.** If questions involve personal matters, ask the respondent to suggest a private place for the interview. Leave it up to your respondent to decide whether she wants to move to a more private location.
- **Unwelcome respondents.** When a husband answers the questions that you ask his wife, tactfully request that the woman answer the questions herself. If this is not possible, use your best judgment in deciding whether the answers are valid.
- **Neutrality.** Avoid asking questions in a leading way that suggests what the "right" answer should be. Many respondents want to please the interviewer by providing answers that they think are "desired" by the interviewer.
- **Goodwill.** Spread goodwill by providing something for respondents and nonrespondents alike, such as iron tablets for mothers and children in areas with iron-deficiency anemia. But do not give free gifts as an incentive for respondents to answer questions.

Step 5: Analyze Your Results

In the next step of the LRA process, you and your team will clean, consolidate, analyze, and interpret the data the interviewers have collected on the questionnaires.

Cleaning the data. Once your interviewers complete the questionnaires, the team members who are data collection supervisors should count them to determine that the right number have been filled out. They should check each questionnaire to be sure it is complete and legible and follows instructions for skipping

questions after specific answers. This is called *cleaning* the data. By checking the questionnaires before leaving the field, supervisors can have respondents requestioned if there are errors or inconsistencies in the way their answers were recorded.

Consolidating the data. Once supervisors have cleaned the data, you and your team will transfer data from the questionnaires to the Master Tabulation Sheets. The Master Tabulation Sheets condense the data from a few hundred questionnaires onto a dozen or so pieces of paper. The Master Tabulation Sheets yield totals for each variable addressed in the questionnaire.

After this, you will transfer data from the Master Tabulation Sheets onto a single Summary Sheet. The Summary Sheet collapses totals computed on the Master Tabulation Sheets into percentages for the sample.

Analyzing the data. By consolidating the data you will begin to see patterns and discover some of the reasons why fewer inhabitants in the southern zone visit the government clinic to treat their children.

- Study the percentages that you have calculated from the findings to see what most people say they are doing and what difficulties they mention;
- Develop graphs and perform data analyses to quantify the relationships you notice between two different answers, *such as the relationship between getting the medications they needed and the time they had to wait.*

Interpreting the data. The analyses may help you and your team determine the main reasons for the problem you investigated in your LRA. In the example, analyses can help you know whether:

- People are going to the district hospital, physicians' or nurses' clinics, or pharmacies for their outpatient care or are not going for care;
- There are specific difficulties with access to the government clinic, such as distance, stockouts, cost, lack of childcare, and long waits;
- People do not get the medications they need and so are dissatisfied with the services provided at the government clinic.

Following up on the data. At this point, you may have learned that people are going elsewhere for care, but you are not sure whether the difficulties you have identified are the main reasons. To probe for in-depth reasons underlying the main reasons, you should consider supplementing the findings with flexibly-structured interviews in small groups. These groups may tell you, for example, that the government clinic costs too much for the quality of its services. If the clinic staff always had the needed medications and treated clients more respectfully, people would willingly pay an amount similar to what the private nurse's clinic charged.

Step 6: Develop an Action Plan

You and your team need a full- or half-day work session to discuss the LRA findings and what can be done about them. As you review your findings, determine systematically if each finding is at an acceptable or unacceptable level. Look at the in-depth reasons you identified for the findings that are at an unacceptable level. Then plan a workshop to present the findings and to identify actions for addressing the unacceptable ones.

Building consensus around actions. The workshop you organize should include people who need to be involved in developing, implementing, and coordinating their work around actions for making improvements. Consider including MOH staff, community and religious leaders, community health workers, women's groups, NGOs, and donor agencies in the workshop. The workshop will give these participants the opportunity to reach consensus on an action plan.

Developing criteria for ranking actions. The actions that the workshop participants propose for their action plan should be specific, feasible, and effective. To determine the feasibility of each action, develop some criteria that participants can use to rank the actions. Consider:

- Does the action directly affect the problem?
- Is the action important from a public health or clinical perspective?
- Are financial, material, and human resources readily available to make the change?
- Would the change be acceptable to the communities affected?
- Does political support exist for the change?
- What are the barriers to making the change?
- How much time is required to make the change?
- Do you have sufficient authority to make the change?

As the participants discuss and rank the actions, the team will need to make sure the participants reach agreement on a few important actions that they would like to implement. The following box explains some ways to facilitate this discussion and build consensus around the action plan.

Design a Workshop That Builds Consensus around an Action Plan

To develop an action plan, all involved groups need to understand the findings. They need opportunities to decide on the actions and to assume responsibility for carrying them out. The following suggestions for organizing the workshop will help you to reach a consensus.

- Organize the workshop into two parts, the first session to help the audience to understand findings and underlying reasons, and the second to reach consensus on an action plan.
- Present the findings and reasons using visuals. Try colorful graphs or pictograms for each finding. Use bulleted lists or charts to explain the reasons.
- Post similar findings and reasons together on the wall. Label these groupings with the name of the issue, such as unavailability of medications or high costs.
- Hold a brief discussion of findings that are at an unacceptable level and their reasons.
- Have the audience break themselves into small groups. Ask them to, first individually and then by small group, brainstorm about what they can do to overcome the reasons behind the findings that are below an acceptable level.
- Ask each group to rank these actions using predetermined criteria for feasibility and to choose their best two or three actions. Have each group write these high-priority actions in large block letters on large file cards and pass them forward.
- Organize the action cards by the same issues and post them on a large bulletin board or on the wall.
- Give a title to each grouping of action cards.
- Place the title of each grouping on separate tables and ask the groups to reorganize themselves around the issue that they are most want to work on.
- Invite each group to develop a six-month implementation plan with specific tasks to be undertaken for each month and the initials of the person who agrees to be responsible for each task.
- Use a large wallchart to consolidate the plans. List the issue and name of the responsible person at the top of each column and the month at the start of each row. Write a goal at the bottom of each column. The wallchart provides your six-month action plan for the agreed-on actions.

Step 7: Follow Up Your Action Plan

Once you have completed all the steps of the LRA process, the advantages of doing the LRA will be apparent. You will have at your fingertips local data that specifically address an important health or health service concern. You will also have an action plan that includes the input of many involved groups. It is up to you, as

manager, to see that others carry out their responsibilities for making feasible short- and medium-term changes. And you should contact senior program managers about considering important long-term changes. Finally, you and your team should determine ways to monitor the changes resulting from your LRA to see what kind of an impact they have.

Applying a Participatory LRA Approach to Local Health Planning

The Basic Support for Institutionalizing Child Survival (BASICS) project worked with Ministry of Health (MOH) staff from the Southern Nations and Nationalities People's Region (SNNPR) of Ethiopia to develop a participatory approach to conducting an LRA for health planning. This approach addressed two weaknesses in local health planning: the absence of local data and a lack of community involvement in plans for programs that require community resources, such as funds, land, and workers. The LRA involved the following steps:

- training;
- building partnerships;
- identifying priority health practices;
- understanding factors contributing to poor health practices;
- developing strategies for action.

The aim was both to link local MOH staff from districts and health facilities with the populations that they serve and to give them a better understanding of how to use the community's perspective when planning health activities.

Training. District MOH teams received a week's training in the importance of local participation in making local program decisions and in methods of the LRA that combined participatory qualitative methods with a household survey. They developed a 32-question household survey adapted from WHO and UNICEF surveys that focused on 13 health behaviors or practices known to have a public health impact.

Building partnerships. The second step involved building partnerships between MOH health staff and the community. Five MOH teams from health facility, district, and regional levels (about four or five people per team) visited five communities (one per district) and met informally with community leaders, traditional healers, and a community action committee of administrative leaders, teachers, agricultural extension workers, community health workers, traditional birth attendants, and village elders. The MOH teams explored with committee members their interest in participating in a local health planning process as part of a community team. They also introduced themselves to the rest of the village in a public meeting. The meeting broke into small groups that mapped where community leaders, pregnant women, households with children under two years of age, and occupational groups lived. They also ranked child health problems in their village. Through the social mapping and ranking, village members realized that in contributing to the LRA, they could learn important things about their community.

Identifying priority health practices. Pairs of MOH and community team members visited 42 randomly selected households in each community. They identified households with children under two years old and asked questions of primary caretakers about key health practices. Healthy practices that fewer than 50% of people followed were considered to be at an unacceptable level. Groups of six to eight men or women ranked and prioritized those practices by importance and feasibility of change.

Understanding factors contributing to poor health practices. With small community groups, the MOH-community teams used a combination of participatory methods, including semistructured interviews, listing and ranking of alternatives, and seasonal calendars, which show variations in work and resources, to examine whether failures to adopt healthy practices were due to economic or social reasons, cultural beliefs, lack of knowledge, or health facility limitations.

Developing strategies for action. The MOH-community teams then developed strategies for each health behavior. They discussed the findings with the community, solicited feedback to improve the strategies, and developed action plans that allocated responsibilities among the community, the MOH, and project staff for needed activities. The reasons behind three of the unacceptable health practices and the agreed-on strategies for improvements are presented in the following table.

Using the LRA to Address Unacceptable Health Practices

Desirable Health Practices	Identified Reasons for Failure to Adopt Healthy Practices	Proposed Strategies for Improvement
Prenatal visits (at least 2) during pregnancy	<ul style="list-style-type: none"> • Lack of awareness of importance • Belief that no action is needed if no symptoms are noticed • Belief that relatives, friends, and TBAs are able to provide support • Health facilities are too far for pregnant women to walk to 	<ul style="list-style-type: none"> • Improve community awareness through TBAs and community organizations • Train CHWs to provide prenatal services • Build community health post
Transport and storage of water in narrow-necked water containers	<ul style="list-style-type: none"> • Low awareness of importance of storage and transport for improving water quality • Communities use open-necked water containers • Children dip their hands into the containers • Available narrow-necked containers are expensive 	<ul style="list-style-type: none"> • Educate families • Support production of narrow-necked containers by local potters
Support for community health workers (CHWs)	<ul style="list-style-type: none"> • Lack of incentives to sustain performance 	<ul style="list-style-type: none"> • Establish health fund to be administered by peasant association • Provide regular training • Offer farming assistance to CHWs and their families • Link CHWs to proposed community health posts

Advantages of the approach. This approach to doing an LRA had the following advantages:

- **Rapid:** It gave useful data for decisions in about two weeks from training through action plans.
- **Involved the community:** The approach gave health staff specific skills and opportunities for listening and learning from community members so that improvements could be designed that responded to both community and MOH perceived needs.
- **Identified strategies for action:** The approach identified an integrated set of strategies that focused on practices known to affect health and that the community considered feasible to change.
- **Built partnerships:** The approach encouraged a partnership that allowed both the community and the MOH to take responsibility for improvements.

BASICS is a global child survival support project funded by USAID and implemented by the Partnership for Child Health Care, Inc. The partners are the Academy for Educational Development, John Snow, Inc., and Management Sciences for Health, Inc.

Reviewers' Corner

A forum for discussing additional applications of the concepts and techniques presented in this issue

On assessing local diversity . . . *One reviewer emphasizes, "LRAs are particularly useful in providing in-depth information on the rich diversity of local health beliefs and practices. Managers can use this information when reaching out to local groups with improved services."*

On LRAs in clinics . . . *One reviewer reports, "In our clinics, we regularly perform client exit interviews, facility assessments, and focus group interviews. We continually use the results to raise the quality of service delivery in areas that concern clients."*

On LRAs in districts . . . *One reviewer relates, "In 1995, our Ministry of Health decentralized operations and gave district health officers the authority to plan their own health programs. To address the difficulty of getting information about the health status of their population from existing data sources, the officers turned to rapid assessments. Eighty-seven districts have conducted these simple and cost-efficient assessments to examine prenatal care. Some districts have used their results to encourage the use of professional birth attendants, reduce iron deficiency anemia during pregnancy, or gain local approval of new service fees."*

On using computers as an LRA tool . . . *One reviewer indicates, "Since microcomputers are increasingly common in our health districts, we decided to use CSurvey and EpiInfo in our rapid health assessments. Both software packages are user-friendly and free of charge. We designed the LRA training we give our district health officers around the use of these software."*

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Checklist for Conducting Local Rapid Assessments

- Identify problems and the important decisions you need to make to address them. Determine the information you need for making those decisions.
- Determine whether LRAs are needed to obtain this information or whether you can get it from routinely collected data.
- If LRAs are needed, prepare to launch one. Form an LRA team, and prioritize the problems with your team according to their importance and the feasibility of acting on the information you obtain.
- Select the most important and feasible problem for an LRA and develop a problem statement.
- Design the LRA by establishing LRA objectives, selecting an LRA method, defining a sample, developing a questionnaire and data analysis forms, and pretesting them.
- Set the stage for collecting data by selecting and training data collectors, organizing transportation, preparing a data collection budget and obtaining funds, informing sites where you will conduct your LRA, and reproducing forms.
- Collect data following guidelines for identifying your sample, asking questions, and increasing the likelihood of receiving useful responses.
- Analyze the results by cleaning and consolidating the data, asking questions of the results, and following up on them to obtain the reasons for the stated problem.
- List possible actions and hold workshops to build consensus around implementing the most feasible actions. Develop an action plan.
- Follow up on the action plan. Make sure that all involved groups carry out their responsibilities for making changes. Monitor the changes to see if they have the impact you intend.

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