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ROLL BACK MALARIA



Proposed Methods and Instruments for Situation Analysis

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Introduction

One of the key components of Roll Back Malaria is intensified national action through country-level partnerships working within the context of health sector development. National partners will be encouraged to work together towards common goals and using agreed strategies and procedures. This may require first a systematic review of malaria control and related health sector development activities, as a basis for the development of national strategies for rolling back malaria which adequately address local needs and build on previous achievements and ongoing activities. In order to facilitate this process, RBM has developed a methodology and instruments for situation analysis of malaria and related health sector issues at national, district and community level. The methodology and the instruments are described in this document, and should be regarded as a menu of procedures and tools from which countries can choose those they consider useful and relevant.

The instruments for national level situation analysis include instruments to review national health policies, strategies, management and support systems, and for making an inventory of health care and other projects relating to malaria. The instruments for district- and community-level allow an assessment of treatment and prevention practices in the household and the community, availability and quality of health care in public and private sectors, and potential local partners and local opportunities for intervention.

The situation analysis uses rapid assessment methods and takes less than two weeks for a health district and its communities. It is proposed to do a situation analysis in no more than three selected districts per country and the total country process can be completed within 2 months. Roll Back Malaria has created a Technical Support Network, consisting of experienced scientists from the African region, who will be available to provide technical support to the situation analysis if so requested by a country.

Objectives:

The general objective of the situation analysis exercise is to facilitate the development of national strategies and implementation plans for rolling back malaria in countries participating in RBM.

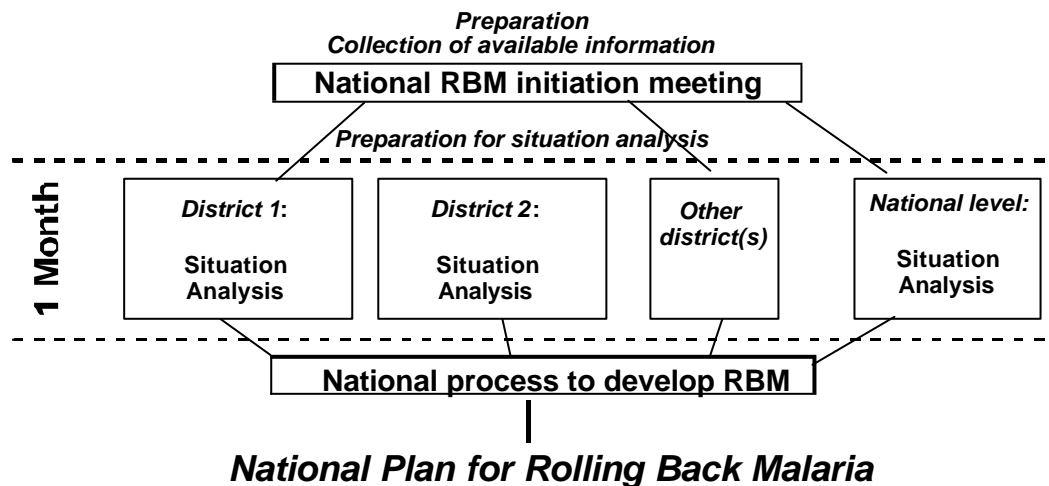
Specific objectives include;

1. To identify the strengths and weaknesses of national health policy and strategy for disease control with particular emphasis on malaria.
2. To assess the strengths and weaknesses of the institutional and structural framework for supporting disease control activities with particular emphasis on malaria.
3. To assess treatment and prevention practices at household and community level, with particular emphasis on malaria, and to identify community priority needs for health care delivery
4. To assess the strengths and weaknesses of the formal, informal, private and public health care delivery systems for disease control with particular emphasis on malaria.
5. To identify ways by which to strengthen the health sectors to deliver disease control interventions more effectively.
6. To identify potential partners and opportunities for more effective intervention, especially at the community level

The proposed process:

The proposed process is as follows (see also diagram)

1. A country team initiates the RBM preparatory process by identifying relevant existing information on malaria control, health sector development and results from previous situation analyses if such exist. The team will identify information gaps, as well as ongoing or already planned country activities of relevance to RBM. The country team prepares documentation of previous assessments and undertakes structured desk analyses as it deems necessary. A few weeks may be needed for this process.
2. The country team presents the results of its review to a national forum. This might be a national RBM initiation meeting or another forum which brings the major national stakeholders together. Based on the review and other information presented by the participants, the meeting would decide whether the available information is sufficient or whether there is a need for further situation analysis. In case of the latter, the meeting would recommend on the extent of situation analysis to be undertaken.
3. If so recommended, the country would carry out a structured situation analysis exercise involving about three districts. In a period of about one month, each of the participating districts would perform a review, prepare a report and suggest priority points of action. During the same period, the country team would undertake the national level situation analysis.
4. The results of the situation analysis at district and national level would be fed back into the national process to develop Roll Back Malaria. This could be during a second national RBM meeting or in any other format the country deems appropriate. Such a meeting would review the results of the national level situation analysis, presented by the team of reviewers, and the results of the situation analysis in the selected districts, and their proposed priority points for action, preferably presented by the directors of the districts. This would then provide an evidence-base for the national movement for rolling back malaria.



The proposed methodology and instruments:

The remaining sections of this document describe the proposed methodology for the situation analysis. The methodology and the corresponding instruments were developed by the RBM Technical Resource Network on Situation Analysis during a workshop which was held from 5-8 October 1998 in Geneva. The methodology was subsequently pre-tested in four countries (first in Nigeria and Ghana; a revised version was subsequently tested in Mali and Zambia). The pre-testing showed that the methodology and instruments were effective in describing critical areas for malaria control, including prevention and treatment practices, functioning of the private and public health sector, and adequacy of health policies.

The methodology covers the following:

1. Situation analysis at national level
 - Review of national health policies and strategies.
 - Review of institutional support systems
 - Review of national malaria policies, plans, strategies and interventions.
2. Situation analysis at district-level
 - District self-assessment of planning and management
 - Community level assessments
 - Assessment of Health Care Providers

The methodology and instruments are described in the remainder of this document.

Situation Analysis at National Level

Rationale:

The fundamental aim of RBM is to strengthen health services to better take care of malaria. Strengthening of health services is an agenda of on-going health reforms and health systems development in most countries.

Historically, different aspects of health reforms like, policy reforms, health management systems reforms and health services reforms have tended to be undertaken without much co-ordination. This has limited the total benefit of the reforms. RBM intends to assist countries to assess the results as well as the processes for on-going reform so as to maximize the impact on implementation of priority interventions.

The following are some of the reasons for targeting malaria in this exercise:

- Participating countries have identified malaria as a priority problem,
- Efficacious interventions exist which can bring down the burden of disease significantly.
- The systems requirements for effective implementation of malaria interventions will have direct positive impact on interventions for other major contributors to disease burden like acute respiratory infections, and dehydration due to acute diarrhoea diseases. Innovative social marketing arrangements for promoting the use of insecticide treated materials could integrate with initiatives for promotion of materials for reproductive health and HIV prevention.

National level assessment will explore the contribution of the national health policy, the relevant health management systems, and the health services to creating an enabling environment for operational levels to effectively implement disease control interventions.

Objectives:

- To review the national health goals, policies and strategies.
- To assess the strengths and weaknesses of the institutional support systems.
- To assess the health service design and implementation strategies.

The process:

It is proposed that the core to national level review will comprise of an exercise conducted by a team of reviewers. The country concerned will appoint the team of reviewers. WHO/RBM will provide support by making available to the country the necessary funds, networks of experts and assistance with communication.

The team could comprise of a mix of national, and where required, external experts. As a minimum the team would comprise of 1 health systems expert, 1 malaria control expert, 1 public policy analyst and 1 financial management specialist. It is recommended that the team works together as a team through out the exercise.

The **terms of reference** are divided into 2 parts as follows,

A: First terms of reference of the team would include,

- (a) Review of national malaria programme for the past 5 to 10 years.
- (b) Performing desk analysis of all previous relevant studies or evaluation exercises, and identifying information gaps prior to the first national RBM meeting.
- (c) Finalising instruments for national level assessments based on the identified gaps in agreement with the recommendations of the first national RBM meeting.

The reviewers should submit a synthesised report on items (a) to (c) showing clearly recommendations for the next steps given the present status of developed plans and strategies. The synthesised report should be submitted one week in advance to the participants of the first national RBM meeting.

B: -Second terms of reference of the team would include,

- (a) Perform a desk analysis of relevant policy documents, strategic plans, national guidelines, and review a sample of district and health facility plans, progress reports, and financial reports or returns.
- (b) Update the instruments for national level review, and conduct interviews with selected national level officers, representatives of key stakeholders, intermediate level officers,
- (c) Confirm the findings by conducting interviews and panel discussion with selected national and district level officers (in districts other than the ones undertaking detailed situation analysis, selected health facilities, and selected community level health providers (including traditional healers where applicable)).

Review of National Health Policies and Strategies

This aims to assess intent by ascertaining the presence or absence, adequacy, and perceived degree of success of implementation of various policies and strategies.

The respective instrument will explore particularly the following,

- (a) National health policies.
- (b) Health management systems related policies.
- (c) Health services structure related policies.
- (d) Strategic health plan.

The proposed instrument is described in Annex 1.

Review of institutional support systems

This aims to assess the actual functioning of the systems by reviewing the functioning of a few critical and representative management support systems. The systems listed below are not exclusive. The team of reviewers or the country concerned should add or vary as required.

- (a) Management of personnel,
- (b) Research, monitoring and evaluation,
- (c) Management of drugs and supplies,
- (d) Management of finances

Detailed questions to assist with the exploration are as set in the instrument in Annex 2.

Inventory of malaria interventions

An inventory will be made of ongoing or planned malaria interventions and community-based health care activities in order to detail the framework within which malaria control activities could be expanded and to identify potential new partners.

Objective:

- To identify and describe the activities of community-based health care projects by the MOH, NGOs and other agencies within the country, particularly those relevant to malaria

Methodology

Questionnaires administered to or interviews undertaken with MOH, NGOs and other agencies on their community-based health interventions, specifically those directed against malaria (e.g. bed-nets).

Output:

- X Map of community-based health interventions and bed-nets programmes by district
- X Details of activity (e.g. population targeted, bed-nets provided etc.,) for each programme identified
- X Details of sources of funding for these activities

The proposed questionnaire on malaria interventions and community-based health care activities is described in Annex 3.

Situation Analysis at District-level

Definition of district

A District is regarded as the smallest administrative sub-division in the country. However, this would vary from country to country depending on the size and population. In this circumstances country specific sub-divisions should be adhered to.

Selection of districts

Countries should select districts to demonstrate the situation of malaria and malaria control based on epidemiological and ecological variations, socio-economic status of the population and the involvement of partners.

Rationale

The main elements of the malaria control strategy for areas with stable, high transmission malaria are (i) early diagnosis and appropriate treatment of malaria-related fevers in children, (ii) intermittent treatment in pregnant women and (iii) protection by the use of insecticide impregnated bednets of high-risk groups.

The effective delivery of these interventions requires implementation strategies which are adapted to local needs and opportunities. It is proposed that the major stakeholders at the district level jointly develop appropriate implementation strategies on the basis of a situation analysis of malaria and the health sector. The situation analysis would be undertaken by the DHMT, supported by experts as required. It would include an assessment of:

- treatment and prevention practices at household and community level,
- availability and quality of health care in public and private sectors,
- potential local partners and local opportunities for intervention

Objectives

- To conduct a situation analysis of malaria and the health sector at all levels of the District, especially the community level
- To identify priority needs for malaria and the health sector
- To develop a implementation strategy for the district which addresses the priority needs
- To prepare a Plan of Action & Budget for approval and feedback through the National Strategy Development Process for RBM
- To inform the national strategy development process for Roll Back Malaria

Process at the district level

The situation analysis would be carried out by an ad-hoc team composed of members of the DHMT and commissioned consultants. It is suggested that the situation analysis would involve the following components:

1. Self-assessment of the district planning and management process as relating to malaria.

2. Assessment of perceptions, care-seeking and preventive behaviour with respect to malaria in the community
3. Identification of potential partners for malaria control at the community and district level
4. Assessment of accessibility and quality of care by health care providers at all levels

Plan for Data collection

It is important to plan properly for the data collection. Things to consider properly are

- **Types of Interviewers.**

It is important to use interviewers from the DHMT so they can have a sense of ownership of the whole process. Have a mix of males and females so that whilst the males handle instruments for bed-nets, shopkeepers, village health workers, male group discussions and community based organisations, the females can do the illness histories for the pregnant women and children and female group discussions. It will be useful to have experienced interviewers but if they are not available, a fair amount of time needs to be put in training them.

- **Training Of Interviewers**

This needs to be intense and some of the things that need to be done include

- Translation of questionnaires
- Going over how to ask the questions properly
- Coming up with a practical timetable for data collection

- **Briefing of DHMT**

It is important that the DHMT is properly briefed on the data collection procedures and the type of data to be collected. They should be briefed on the whole RBM process and given the opportunity to ask as many questions, as they want.

Self-assessment and Data collection

The methodology for the district self-assessment and the data collection in the community and at the facility level are described in sections 3.2 to 3.4 below.

The Integrated Analysis of the Results of the Assessments

Following the district self-assessment and the data collection in the community and at the health facility level, an integrated analysis of the results must be done with the active participation of the DHMT members. This will enable them have a sense of ownership of the program. They could fill in dummy tables, and also try to put together sections of the report for presentation at a stakeholders meeting. Analysing the results using the SWOT approach at this stage will be very useful. The finding would be presented by the DHMT.

District self-assessment of management

Objective

- To conduct a rapid self-assessment of the resources, policy, management and practice of the District Health System as a basis for District planning and support to appropriate interventions for malaria.

Methodology

It is proposed that the District creates an ad-hoc RBM Situation Analysis Team to oversee the planning and execution of the situation analysis, and to undertake the self-assessment of the district planning and management process as relating to malaria. The team may be composed of 3-4 DHMT members (eg. DMO, DMCH, plus 1 to 2 members), 3-4 representatives of other stake-holders in the district (including community representatives) and an RBM Facilitator (external to the District).

The self-assessment of planning and management as relating to malaria would involve two one-day sessions of the Situation Analysis Team. The first session would take place at the beginning of the situation analysis. Using the checklist given in Annex 4, the Team would review the relevant information and documents for each of the listed issues, discuss experiences and problems and suggest possible solutions. To facilitate this process, some members of the Situation Analysis Team will be asked to prepare copies of the relevant documents and information, including (if available): District health plan and budget; District health situation analysis; District health facility and human resource inventory; District maps; policies and guidelines; and any local malaria research data. These documents are reviewed with the assistance of the RBM District Level Situation Analysis questionnaire, a budget mapping matrix, and district health resource map.

Annex 4 will be used for the self-assessment which will be done in three stages. The first stage will be to give the instrument out to the DHMT members who will be involved in the process ahead of time. This will enable them seek the necessary sources of information (files, memos, reports etc). Secondly, the team will fill in the matrix provided for the policy issues in the first part of the self assessment. After the matrix has been filled in, a group discussion will be held with the core DHMT staff to probe on issues raised in the checklist which could not get incorporated into the matrix and to discuss the other sections of the self assessment. The following categories of people (if they are not part of the DHMT) need to be involved in the whole self assessment. Pharmacist, Monitoring & Evaluation officer if he exists, Finance officer.

Assessments in the community

Objectives

- To determine community perceptions of common illnesses, including malaria-related conditions, with particular reference to recognition, cause, prevention and treatment.
- To identify care seeking behaviour patterns in response to common illnesses, including malaria-related conditions, and to pregnancy and the factors that influence these behaviours including attitudes, information sources and costs.

- To describe preventive behaviours relevant to malaria, especially the use of ITNs, and the factors that influence these, including attitudes, information sources and costs.
- To document the type and role of community based organizations and other potential partners in health development and discuss the implications for malaria control.

Methodology

Using the district map of communities and health care facilities, communities will be stratified as 'having a health facility or as being far from a health care facility. This reflects easier and more difficult access to services. A random sample of four communities will then be taken, two from the communities having and two from those classified as far from health care facilities. In each of the selected communities, data will be collected by members of the Situation Analysis Team or consultants with the required expertise. Members of the DHMT should accompany the teams to help make introductions and arrangements. The following instruments have been designed for gathering data from the community.

- 1) Focus Group Discussions with female and male community members (Annex 6)

The purpose of FGDs is to gather information on community perceptions about malaria, learn about local ideas concerning prevention, ascertain illness treatment patterns and preferences, and find out the degree of interaction between the health service and the community.

Number = 2 per community or a total of 8
In each community recruit groups of 6-8 males and 6-8 females from different sections of the village so that participants are less well known to one another.
- 2) Case studies - in-depth interviews on recent care seeking/illness experiences (Annex 7)

Case studies of child illness are crucial for documenting what actually happens when small children (<5 years of age) become sick.

Number = at least 10 children who had been sick in the past 2 weeks per community or a total of 40
Procedures: Randomly choose a direction in the community by spinning a bottle at a central point in the settlement and moving along the direction that the bottle points. Proceed to observe/interview in 10 families along that line. If houses are not in a line, make an approximation. If the end of the village is reached before ten sick children are found, go back to the starting point and choose a new direction. If ten children can not be found in a selected village, move to the next adjacent village and continue.
- 3) Case studies - in-depth interviews on recent pregnancies (Annex 8)

As with child illness case studies, those for recently pregnant women are aimed at determining both health promotion and illness treatment actions taken by women.

Number = at least 5 women who had been pregnant and delivered within the past 6 months (if village is small, may need to increase inclusion time to 12 months)
Procedures: Same as for child case studied.
- 4) Bed Net use observation checklist and brief structured interview (Annex 9)

This household survey is intended to document the availability of nets, experiences with using and reimpregnating them and reasons why people do or do not own nets.

Number = 7 per community

Procedures: Randomly choose a direction in the community by spinning a bottle at a central point in the settlement and moving along the direction that the bottle points. Proceed to observe/interview in 7 houses along that line. If houses are not in a line, make an approximation. If the end of the village is reached before seven houses are found, go back to the starting point and choose a new direction. Ensure at least 2 of the chosen families are without a net. If more than one family lives in the house, ballot for one only.

5) Key informant interviews with CBO leaders¹ (Annex 10)

CBOs are potential community partners in malaria control. This instrument is designed to document the types of groups available in the community as well as their actual experiences and contributions to health and development.

Number = minimum of 2 per community, or minimum of 8 total

Procedures: Develop list of CBOs from FGD responses as well as consultation with community leaders. Stratify by gender where possible. Ballot for one male and one female CBO and interview an available leader. If there are different types of groups - e.g. social, trade, religious, development, try to interview some of each.

Assessment of Health Care Providers

Objectives

- To describe the type of health care services being provided, including their utilization, accessibility, quality and costs.
- To explore the practices of non-formal health care providers, indigenous healers, spiritualists, volunteer village health workers and drug sellers.
- To identify and characterize linkages that exist between health care providers /services with communities and other agencies
- To assess management support systems

Methodology

Health care providers are defined as those in formal (public and private) as well as informal (volunteers, indigenous healers, spiritualists) sectors. The assessment of the health care providers will be carried out in the community and at their respective health facilities.

¹CBOs are local voluntary associations such as women's associations, trade groups, religious societies, youth clubs, parents-teachers associations, age grades, neighbourhood councils, social groups, etc.

Formal Sector Providers

It will be necessary to identify the various types/categories of services provided in the district. In the public/government sector, these may include district hospitals, health centres and health posts or clinics. Private for-profit sector clinics form another category as well as NGO/Mission hospitals and clinics. These should be mapped and a sample of at least two facilities per category should be chosen for visits. If for example, the district has private for-profit clinics, government health posts and government health centres, a minimum of six facilities would be visited.

The following instruments are designed for the situation analysis in formal health care facilities.

1. Health Care Facility Check List
 2. Health Provider In-depth Interview
 3. Health Care Provider Assessment Form
 4. Facility Based Client Exit Interview
1. The Health Care Facility Check List may require observing several sections of the facility and talking to several different staff. One should start with the staff member in-charge, but may also need to consult the person responsible for essential drugs, record keeping and child health, for example, although in some facilities one person may perform some or all of these functions.
 2. The Provider In-depth Interview is designed for persons who actually attend to sick children.
 3. The Provider Assessment form should be used by team members who have been trained in IMCI methodology. No more than three health workers treating sick children in selected facilities will be observed.
 4. The Exit Interview will be linked to the clients observed using the Provider (IMCI) Assessment Instrument.

Informal Sector Providers

The FGD responses should be a source to identify other, non-formal providers such as VHWs, medicine sellers and indigenous healers. They may also be identified from attenders at the first district level stakeholders meeting. At least **two of each** of these different types of non-formal providers should be sampled per community selected for study. This means at least six non-formal healer will be interviewed per community selected. Since not all villages have non-formal healers, it may be necessary to visit villages neighbouring the selected villages to find enough of these providers. The following instruments will be used.

1. Medicine Sellers/Shop Owners
 2. Volunteer (non-paid) Community Based/Village Health Workers
 3. Indigenous and Spiritual Healers
1. Basically there are two types of shops of interest - those that sell preventive products such as mosquito coils, insecticide sprays and bed nets, and those that sell medicines. It may be possible to find shops that sell both as well as shops that sell either medicines or preventive products. If possible, be sure to find at least two of each category. For example finding one shop that sold coils and sprays,

one shop that sold medicines and one shop that sold both would satisfy the data collection needs for this section. It may be that nets are sold in or near the same shops that sell cloth.

2. VHW interviews should be conducted with at least eight persons in the district. If it turns out that a village/community has only one VHW, it will be necessary to visit an additional village to meet the desired number of interviews.
3. Indigenous and spiritual healers come in various types. Some simply sell herbs; other say prayers, make incantations, and sell amulets; while another group may diagnose and make medicinal preparations. A variety is desirable, yielding a minimum of at least 8 per district, but if possible, one should aim at covering the different types of healer.