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**A GUIDE FOR INTERNATIONAL  
NON-GOVERNMENTAL ORGANISATIONS**

# **Needs assessment to develop diabetes control and prevention projects in limited-resource countries**



**HANDICAP  
INTERNATIONAL**

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This document is a guide to carrying out a needs assessment with the aim of setting up a diabetes prevention and control project in a developing country. The purpose of this document is to provide methodological support for the various phases of the field mission to carry out the needs assessment: preparing the mission, carrying out the mission, completing and following-up on the mission.

It is intended for teams wishing to carry out a needs assessment, and in particular for technical officers and local teams in international non-governmental organisations.

This methodological guide has been drawn up using various reference works and Handicap International's experience from carrying out needs assessments between 2006 and 2008, in 6 countries in Asia and Africa: Cambodia, Philippines, Nicaragua, Kenya, Burundi, India.

**This guide is based on the assumption that diabetes has already been defined as a priority health problem in the local context prior to the needs assessment being carried out.**

Indeed, an analysis of the diabetes situation should be carried out in two stages, the first involving a general health diagnosis and the second involving a diagnosis of the diabetes-related problems.

- The health diagnosis first looks at the main disabling chronic diseases and the main causes of impairment (see Baumann reference article) in order to answer the questions: «Is a diabetes control project appropriate?» “Should we consider another priority health problem first?”
- If the problem is deemed to be relevant the diagnosis of diabetes-related problems can then be carried out and the priority intervention strategies identified.

Ideally these two stages should be carried out in succession.

Sometimes however, a lack of resources makes it impossible to carry out these two stages in succession and they have to be carried out concurrently. Even where this is the case the data analysis must be carried out as a separate stage.

**This guide deals solely with the second stage i.e. the diagnosis of diabetes-related problems and the identification of priority intervention strategies.**

If a general health diagnosis has not been carried out prior to the diabetes needs assessment, it should be included as one of the needs assessment's objectives. In order to better understand the methodology for carrying out a general health diagnosis please refer to the methodology reference articles on this issue available on the CD-ROM provided with this guide.

Even if the development of a diabetes prevention and control project has already been decided upon, it is essential that a general health diagnosis is carried out to be sure this theme is a priority.

This guide is divided into three parts: the first part concerns the principles for carrying out a needs assessment; the second part is a practical guide presented in chronological order; and finally the third part contains a toolbox and bibliography to help carry out a needs assessment successfully.

This guide comes with a **CD-ROM** which contains:

- The electronic version of the guide.
- Reference papers on the methodology of needs assessment.
- The toolkit for needs assessment on diabetes.

This guide is intended to be modified in light of feedback from users, your thoughts and comments on this guide are therefore most welcome.

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### **Health problem:**

The difference between the physical, mental or social state of health observed or expressed, and the state of health considered desirable or expected, or that defined by references, values drawn up by experts or legislators etc., standards drawn up by teams or society etc. If the problem is a (collective) public health problem, it is also defined by its nature but the difference is measured using indicators based on the population's or professionals' perception (perceptual indicators) (For example: the number, percentage or proportion of people or groups who cite a health problem as being a serious one), and other indicators based on observed data (objectified indicators) (e.g. rate of incidence or prevalence etc.).

### **Health needs:**

A lack which can be met by means of a medical intervention i.e. the difference between an optimal state of health as defined by standards and the actual state of health. The elements required to resolve an identified problem. These include, of course, the full range of determinants of health such as the needs related to education, employment, food etc.

Problems and needs are closely related concepts and can be difficult to differentiate between. To avoid confusion health needs and health problems are sometimes amalgamated despite the distinction that should be made between the two concepts (the problem can be considered objective and the need subjective). In practice they can be merged and the term "identification of health problems and needs" used.

### **Community health diagnosis / participative diagnosis:**

The process by which a community assesses its problems/needs (quantitative and qualitative importance, i.e. how the population feels about the problems in their lives), its resources, its traditions, its history and the factors influencing its health; and then defines the priority area for action. It is important to distinguish between a professional diagnosis of a given community, and a genuinely participative community diagnosis carried out in close collaboration with that community. Finally this is neither a demographic, epidemiological nor sociological study, although all these aspects must be taken into account in order to fully understand the situation.

This approach is the first stage in planning a community health programme.

This work constitutes a joint-venture between professionals and members of the community with the aim of:

- improving the professionals' understanding of the community in order to improve their intervention
- encouraging community participation in the solutions to their problems.

### **Diabetes-related problems/needs:**

These are specific diabetes-related problems affecting the organisation of healthcare, the social and economic provisions for sufferers, and how a society organises itself to deal with this health problem. They correspond to the needs and requests for intervention expressed by potential

stakeholders in the project (beneficiaries and professionals). All these diabetes-related problems are interlinked and can be shown in the form of a problem tree.

**Requests for intervention:**

The requests, complaints, solutions and suggestions formulated by the professionals and the population to resolve the “diabetes-related problems” they have identified. These requests may be explicit, formulated by a group, or implicit which means learning to decode them (e.g. trying to understand certain behaviours in relation to health services).

**Existing resources / responses:**

The local human, institutional, physical, geographical, financial, social, and sanitary resources etc., which may be used to resolve “diabetes-related problems”. These include existing responses to a defined problem.





# Principles

This first part of the methodological guide sets out the principles for carrying out a needs assessment.

It deals with the general principles, the needs assessment's definition and objectives, the data collection methodology and the data analysis methodology.

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# 1. General principles

## THE NEEDS ASSESSMENT SHOULD BE CARRIED OUT IN LINE WITH THE FOLLOWING GENERAL PRINCIPLES:

### **A comprehensive and integrated public health approach**

According to recommendations from the World Health Organisation, projects must be integrated into existing health systems and should be careful to avoid fragmenting the health system on a disease by disease basis, in order to optimise the use of human and material resources; to avoid, as far as possible, doubling up on services; and to encourage synergies between different initiatives.

### **An evidence-based approach**

We recommend that a Technical Committee assesses the proven effectiveness and the cost-effectiveness of each of the proposed interventions, according to the recommendations made by expert institutions and societies, in particular where these interventions have been adapted to low income countries.

### **An ethical approach**

We would like to highlight the ethical aspects of the needs assessment. A needs assessment raises the expectations of the people questioned. It is therefore highly important that it is made clear that the field mission is part of an exploratory phase, and that the project may not be implemented.

## 2. Definition of the needs assessment and objectives

The diabetes needs assessment is undertaken with the aim of planning a project whose end beneficiaries are people with diabetes and people at risk of developing diabetes.

It is the first stage in the planning process.

This stage makes it possible to identify the diabetes-related problems and the local resources available in a defined population as well as the interventions possible, and to prioritise these problems and interventions.

## 3. Data collection methodology

First of all, it is recommended to gather the data methodically.

### TYPE OF DATA COLLECTED

According to the community health diagnosis methodology<sup>1</sup> defined by the Nancy School of Public Health, in collaboration with the Non-Governmental Organisation *Médecins du Monde*, **the data collected comes under two categories: Perception data and objectified data**

- **“Perception” data:** this is qualitative data on the needs felt, the ranking of these needs according to the priority, the interventions envisaged and demands expressed. This data is collected from all stakeholders in the system: the general population, people with diabetes, healthcare professionals, traditional practitioners, social workers and decision-makers etc.
- **“Objectified” data:** This is epidemiological data or observational assessment data from the investigator collected according to a valid methodology.

**It is important to distinguish between these two types of data as they will be treated differently in the subsequent data analysis stage.**

### DATA TO COLLECT

The information to be collected must be adapted to the context of a needs assessment but the following list gives an idea of the type of data that needs to be collected:

- **General data:**
  - Geopolitical context
  - Socio-anthropological information on the country (ethnic groups, leaders, associations, resources, religions, education etc.)
  - The main sanitary indicators
  - General organisation of the health system
- **Diabetes perception data:**
  - Needs felt to react to the problems posed by diabetes, feeling on how these needs should be ranked, interventions envisaged, needs expressed by the general population, people with diabetes, healthcare professionals, traditional practitioners, social workers and decision-makers etc.
  - Knowledge and beliefs about « diabetes » amongst the general population
  - Therapeutic pathways for people with diabetes

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1. See “The health diagnosis of a population and humanitarian action : a practical guide” M. Baumann, M.-M. Cao. Santé publique 1999, Volume 11, no 1, pp. 63-75. This article can be found on the CD-ROM available with this document and can be downloaded from the following site: <http://www.bdsp.ehesp.fr/base/scripts/ShowA.bs?bqRef=184240>

- Traditional practitioners: their importance in therapeutic pathways for people with diabetes, practices for treating diabetes.

- **Objectified data on diabetes**

- The epidemiology of diabetes and the related environmental and behavioural risk factors
- Health policy on diabetes prevention and care management
- Rules concerning the care management of diabetic patients in the health system: minimum package of activity , care protocols at each level of health training (primary, secondary or tertiary), protocol for referrals between levels of healthcare services.
- Diabetes screening policy
- Multi-sector policy (education, health etc.) for health promotion
- Guidelines on practices such as recommendations on professional practice, particularly if these have been adapted to the local context.
- Rules on the system for collecting epidemiological data on diabetes
- Rules for supplying anti-diabetics
- Actual availability of medicinal products for people with diabetes at each level of healthcare training
- Availability and quality of health services providing care management<sup>2</sup> for people with diabetes on each level of health training
- Social services: social management of diabetic patients with or without complications
- Different professionals concerned with diabetes prevention and control: initial and further training, delegation of roles between professionals
- Associations for diabetes control: composition, organisation, operation, missions, actions
- Linguistic aspects: words used to designate diabetes in the local language(s)

### The data is collected by means of:

- **Documentary research** in the biomedical literature, in local, regional or national documents
- **Observation** of medical consultations, patient education sessions for diabetics, meetings of associations of people with diabetes, training sessions, the availability of medical products in pharmacies, medical analysis laboratory equipment etc. using observation grids and taking note or photos if this is possible and informative.
- **Semi-structured interviews with key information providers as individuals or in focus groups** using an interview guide.

## PROFILE OF POTENTIAL KEY INFORMATION PROVIDERS

The list below describes the profile of potential key information providers who should be met during the needs assessment.

This is not a comprehensive list and should be adapted to the specific context.

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2. The term « care management » for people with diabetes is used in its widest sense: screening, diagnosis, treatment, patient education, and the prevention and management of complications by health and rehabilitation services.

- **On a national level:**

- International bodies (World Health Organisation, International Diabetes Federation etc.);
- The Ministry of Health, national non-communicable chronic disease or diabetes control programmes;
- National hospitals and the specialists, nurses, chiropractors, nutritionists, educators, physiotherapists and orthoprosthesisists working in the primary, secondary and tertiary (including complications) care management of diabetes;
- Medical faculties, training schools for nurses, nutritionists, chiropractors, educators and functional rehabilitation professionals;
- International NGOs (Non Governmental Organisations) working on diabetes control;
- National public medical product supply centre;
- Private medical supply centre (manufacturers, wholesalers);
- National Organisations of people with diabetes;
- Ministry of Education: primary prevention, healthcare promotion at school.

- **On a regional and local level:**

- Regional or Local Health Authority;
- Regional and district hospitals and health centres both public and private, the medical doctors, nurses, podiatrists, nutritionists, educators, and functional rehabilitation professionals who work there etc.;
- Public and private laboratories;
- Public and private pharmacies;
- Social services for patient management (financial, educational etc.);
- Organisations of people with diabetes;
- International, national and local health NGOs.

- **On the health district and target village level:**

- General population (focus group with people representing different ages and social situations with equal numbers of men and women, and one or two key information providers: village chiefs, associations of young people or women, community relays, village grocer etc.);
- Community workers (health, rehabilitation);
- Local health associations (associations of diabetics) ;
- People with diabetes;
- Traditional practitioners;
- Teachers.

Each key information provider can suggest further people to contact.

## 4. Data analysis methodology

The data analysis will be done in 2 stages.

In the first stage, for each health problem identified, the following should be cross-referenced:

- the problems identified thanks to the diagnosis of perception,
- the problems identified thanks to the objectified diagnosis,
- the local resources available and
- the possible interventions strategies.

The diagnosis of perception can therefore be corroborated or not by the data available or specific information collection (objectified diagnosis). The objectified diagnosis also makes it possible to better understand certain aspects and analyse in greater detail the causes of a problem, or even to detect the “diabetes-related problems” that are not expressed, and to identify certain resources.

For each problem identified a possible intervention strategy is defined

In the **second stage the intervention strategies must be prioritised**. In order to prioritise the intervention strategies, the prioritisation criteria must first be defined. We propose the following list of criteria: existing responses, relevance, acceptability for health professionals, acceptability for people with diabetes and their communities, effectiveness, cost-effectiveness, human resources, skills, financial resources, technical resources, the skills and priorities of NGOs. This is not a comprehensive list and should be adapted to the specific context.

Finally, each intervention strategy is described according to the prioritisation criteria defined, and a level of priority is given to each one based on the prioritisation criteria by consensus or by scoring.

In this Part 1, we described the main principles that guide the realisation of a needs assessment.

The Part 2 will detail the different steps of the methodology.





# Practical guide

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# 1. Preparing a needs assessment

Before carrying out the needs assessment, various stages of preparation are required. This mission preparation is carried out by the local team in liaison with the technical officer. This stage is fundamentally important, as the quality of the mission preparation governs the success of the mission.

## STEP 1: WRITING UP THE NEEDS ASSESSMENT'S TERMS OF REFERENCE

**Expected Result:** At the end of this step, the needs assessment's terms of reference will have been written up by the local team and the Technical officer in a collaborative and consensual manner.

If a general health diagnosis is required, this will be included in the mission terms of reference.

**Tools available:** Template for terms of reference for a diabetes needs assessment – p. 69  
CD-ROM appendix: General health diagnosis

During this step, as an introduction to terms of reference, a first summary document is drawn up outlining the national and local situation, based primarily on the data from the literature, local documents and data collected verbally from local structures.

## STEP 2: SETTING UP THE TEAM

**Expected Result:** A team is put into place to carry out the needs assessment and its skills reinforced:

Recruitment of a technical officer

Drawing up a training plan for the Technical officer

Drawing up a training plan for the Project Manager

**Tools available:** Model job description for Technical officer – p. 57

We recommend the following human resources structure for carrying out the needs assessment:

- A local team based in the exploration zone with a local Project Manager, administrative services and logistics. The implantation of this team in the exploration zone provides understanding of the context, and facilitates contacts with local stakeholders for both linguistic and cultural reasons.
- A Technical officer who provides technical support to the local team as and when necessary.

A model job description is available to help with the recruitment of a Technical officer should this be required.

Once the team which will carry out the needs assessment has been set up, the skills of this team should be assessed so these can be strengthened where necessary.

Where skills development needs are identified, an individual training plan can be drawn up for each person covering various forms of training: reading reference documents on diabetes, reading the needs assessment guide, training sessions prior to or during the needs assessment etc.

### STEP 3: DOCUMENTARY RESEARCH

**Expected Result:** A review of the literature on the general local context, as well as local diabetes epidemiology.

Before leaving, the Technical officer should carry out initial documentary research into the country concerned, covering the following areas:

- Geopolitical context
- Socio-anthropological information on the country
- Main health indicators
- General organisation of the health system
- Epidemiological data on diabetes in the country

This general information can be found on the sites of the United Nations Development Programme (UNDP), the World Bank, the World Health Organisation (WHO), etc.

As far as the epidemiological data is concerned we recommend using the biomedical bibliographic database Medline to find information on diabetes epidemiology.

This review of the literature may feature in the introduction to the terms of references for the needs assessment.

### STEP 4: CHOICE OF PILOT ZONE

**Expected Result:** At the end of this step, a pilot zone for the needs assessment will have been selected and the reasons for this selection documented.

We recommend that the projects are first implemented in a limited area known as the pilot zone with the aim that at the end of the project, depending on the results, the most convincing activities will be deployed on a larger scale. Potential pilot zones should therefore be identified prior to extending the project. Defining these pilot zones is one of the needs assessment's objectives.

In the same way, we recommend that the needs assessment is carried out over a limited investigation area. Given the limited time available for a needs assessment, it is often difficult to assess needs across an entire country, especially if a participative community-based approach is to be used.

The investigation area should be clearly defined. Is it the whole country, a region, one or two

districts or health regions, a health district? The wider the area, the greater the needs assessment's demands in terms of time and human and financial resources. Different areas representative of different populations can be explored and chosen between later. The exploration of three different representative areas may, under certain conditions, make it possible to plan a project on a macroscopic level.

**We suggest using the following (non-comprehensive) criteria to help select an investigation area, although it is unlikely that they can all be taken into account:**

- Area where there is a high known, or estimated prevalence of diabetes. It is important to take into account the fact that on a global scale the epidemic affects people in urban areas more than those in rural regions;
- Area with a high prevalence of patients with impairments resulting from diabetes: chronic wounds, amputations, blindness, hemiplegia etc.; this indicator may be the sign that the disease is either more serious in this area, or more visible.
- Area where there is at least minimal existing access to healthcare. Diabetes often requires extensive care management and setting up pilot projects in areas where the healthcare system is inaccessible is therefore not the best solution. This would increase the risk that the project will fail as no one project implemented by an NGO is a catch-all solution, in particular in the context of a new project with no identical previous experience. It is interesting to think about how the system could be decentralised towards less accessible areas at a later date, based on the initial experience and the system already put into place;
- Area in which the community is known to be active;
- Area where a request has been expressed by a local partner, population or people with diabetes etc.;
- Area where the NGO is already present as this offers the benefit of better understanding the local situation and means the human and technical resources required to intervene are available, which is of particular benefit when starting up a pilot project;
- Area with specific characteristics in terms of its population.

If a Technical Committee has already been set up, the committee will select the pilot zone. Otherwise, preliminary interviews with certain key information providers such as the health authorities, diabetologists, and patient organisations can be carried out to help determine these zones.

## CHOICE OF PILOT ZONES FOR THE NEEDS ASSESSMENT: BURUNDI CASE STUDY

Handicap International carried out a diabetes needs assessment in Burundi in March 2008.

Burundi is located in Africa's Great Lakes region. The estimated population is 8.5 million inhabitants, of which the majority (80%) live in rural areas. Burundi is a country with dispersed habitat, mountainous areas and a poorly maintained road network, all of which mean that certain segments of the population are extremely isolated. The demographic density in rural areas is among the highest in the world. Burundi is financially and socially highly disadvantaged, ranked amongst the five poorest countries in the world according to the Human Development Index. This is partly due to the civil war which lasted for twelve years from 1993 - 2005 and resulted in the destruction of economic infrastructure and social services and caused populations to flee to neighbouring countries. The peace process begun in 2000 remains fragile.

**After a series of introductory contacts, Handicap International identified the main stakeholders in the field of diabetes and set up a needs assessment Technical Committee. One of the objectives for the committee's first meeting was to define the needs assessment pilot zones.**

**In order to define the needs assessment pilot zones, the following selection criteria were determined:**

- prevalence of diabetes,
- development of the health system,
- expression of a request,
- implantation of Handicap International.

It was also decided that a first project should be limited to a small number of pilot zones in three provinces.

**The criteria were then reviewed by the Technical Committee**

- **For the first criteria, i.e. the prevalence of diabetes in Burundi:**  
There are no studies on the prevalence of diabetes which make it possible to state whether it is higher in some provinces compared to others. We can advance the hypothesis that urban areas are worse affected by diabetes as in the majority of countries. This justifies the choice of the urban areas in the capital Bujumbura. In the other provinces, which the people of Burundi call the "interior", the populations are mainly rural.
- **For the health system development criteria:** only one healthcare centre in Burundi can be categorised as a tertiary healthcare centre for diabetes. This centre is in the country's capital. In the other provinces, diabetes is included in the secondary healthcare centres' minimum package of activity, but their capacities are limited. The care management of people with diabetes is not yet included in the minimum package of activity of primary healthcare centres.
- **For the expression of request criteria:** the level of demand is high in Bujumbura, expressed by diabetes control organisations. At the start of the mission, no other request had been expressed directly to Handicap International. A request was however expressed in the province of Makamba, reported by the national media following a series of deaths in this region caused by the insufficient care management for people with diabetes offered by healthcare centres.

- **For the implantation of Handicap International criteria:** the organisation has an office in the capital of Burundi, Bujumbura. An office had been set up in the province of Ngozi operating a community health project. The office was closed when the project ended, but this project made it possible to build up a knowledge network in the area.
- **Handicap International Belgium is also implanted in Burundi,** in the provinces of Bujumbura, Makamba and Ngozi. The projects implemented by Handicap International Belgium mean that the rehabilitation centres have been strengthened and free healthcare is on offer for people with low incomes. Developing diabetes control projects in these areas would allow people with diabetes with rehabilitation needs to be referred to these centres.

**Certain additional criteria were also taken into account by the Technical Committee,** notably in terms of security given the difficult security context in Burundi. The situation has been difficult for over ten years and there was an increase in security problems during the mission period. Some provinces were excluded from the project due to security problems such as the Buyensa province, a rebel stronghold.

**Having reviewed these criteria, 3 pilot zones were defined:**

- **The Bujumbura town province**  
This is an area of the capital, close to the government and media, and therefore strategic in terms of advocacy work and campaigns to raise awareness amongst the general population via the media. Handicap International has an office in this area and a history of carrying out diabetes prevention and control work which has made it possible to develop relationships with the organisations of people with diabetes who have expressed a request for support. Burundi's diabetes control centre is implanted in this area. The only tertiary level healthcare centre in Burundi for diabetes, it offers specialist consultations for people with diabetes.
- **Makamba province**  
Handicap International is not present in this area. Serious problems related to diabetes management have however been expressed in this area. One of our key partners has already implemented actions in this area and has thereby developed a good understanding of the context and the network of stakeholders.
- **Ngozi province**  
Handicap International was formerly active in the province of Ngozi operating a community health project. The office was closed when the project ended, but this project made it possible to build up a knowledge network in the area.

## STEP 5: SETTING UP A NEEDS ASSESSMENT TECHNICAL COMMITTEE

**Expected Result:** At the end of this step, the Needs assessment Technical Committee will have been set up and a provisional schedule for committee meetings drawn up.

**We recommend that the mission is supervised by a needs assessment Technical Committee**, with meetings scheduled in advance, the frequency of these meetings should be adapted to the context but these should ideally take place on a weekly basis.

At the mission launch meeting the mission terms of reference will be reviewed, the intended methodology validated, a final list of information providers to be met confirmed, the data collection tools adapted and the mission schedule reviewed.

The members of the Technical Committee who will participate in interviews will be trained in using the methodology.

The final meeting of the Technical Committee at the end of the mission should validate the preliminary mission results.

The interim meetings are used to make adjustments during the mission, and to take important decisions related to the unpredictable aspects of the mission.

**As far as the composition of the Needs assessment Technical Committee is concerned**, we recommend setting up a multi-disciplinary group of 3 - 8 members made up of stakeholders in the field of diabetes who are motivated to set up a control project for this disease in the pilot zone selected. This may include (non-comprehensive list):

- potential local partner
- member of a organisation of people with diabetes
- healthcare professional (hospital doctor and/or a health centre nurse)
- health system decision-maker (district head physician etc.)
- social and/or educational stakeholder (health education association, teacher, social worker for patients)
- NGO member

This list can be adapted and modified according to the context and the local culture. For example, it is sometimes difficult to bring together decision-makers and people with diabetes. It should be clearly explained to the different members why they have been selected and what our expectations are in relation to their participation in this Technical Committee.

## SETTING UP A NEEDS ASSESSMENT TECHNICAL COMMITTEE AND TECHNICAL COMMITTEE MEETINGS: BURUNDI CASE STUDY

Handicap International carried out a diabetes needs assessment in Burundi in March 2008. After a series of introductory contacts, **Handicap International identified the main stakeholders in the field of diabetes and set up a needs assessment Technical Committee.**

- A medical doctor, clinical consultant in a public hospital in the capital Bujumbura who also practises in a private health centre specialised in diabetology that he set up five years ago working on: screening campaigns, awareness-raising amongst the general population, advocacy. This physician is keen to work with an international NGO, has previous experience of implementing diabetes prevention and management activities in Burundi, and has clinical knowledge of the diabetes situation in Burundi. He will therefore play a key role on this committee in advising Handicap International on the needs assessment.
- A medical doctor, a diabetes advisor for the Ministry of Public Health. This stakeholder has expertise in the political structuring of health and the process of developing and implementing public policy. He will be able to advise us on the key information providers to meet on a political level.
- Two members of a Burundi diabetic people's organisation. Thanks to their work within the organisation these people have a good understanding of the situation people with diabetes find themselves in on a daily basis in Burundi. They will be able to liaise with the community. They have high levels of education and social status (one member is a retired colonel) which means they will be comfortable working on this type of committee.
- A nurse and social worker from the public hospital in Bujumbura. These people will provide expertise on the role paramedical personnel can play in diabetes management and the difficulties that may be encountered by patients.
- The Handicap International needs assessment team, made up of three people: a local Project Manager, a Technical officer from the association's Head Office to provide technical support, and an expatriate Field Programme Director.

**In total, the committee is made up of nine people with very diverse profiles.**

If we look at the representation of project beneficiaries, the committee is made up of up 2 people with diabetes and 7 professionals.

Of the 7 professionals represented, a variety of positions are represented as the committee is made up of 1 decision-maker, 4 healthcare professionals and 2 project managers.

The 4 health and social professions represented cover a variety of disciplines as there are 2 medical doctors, a nurse and a social worker on the committee.

In terms of nationality the committee is made up of 2 French and 7 Burundi nationals.

In terms of gender, 5 women and 4 men are represented.

It should however be noted that amongst the Burundi members of the committee the men hold higher positions (medical doctors, decision-makers) than the women (nurse, social worker).

**The Technical Committee met on two occasions, once at the start of the mission and once at the end.**

**At the first meeting** the committee generally met the aims set. The pilot zones were defined and the needs assessment methodology validated. The meeting made it possible to add key information providers to the initial list, such as the private wholesale pharmacy which in practice has a monopoly on insulin provision in Burundi. Only a small number of problems were observed in terms of the participation and composition of the committee but these will need to be modified. Participation was very unequal, the two medical doctors dominated the debate, whilst the nurse and social worker did not speak. It seems that certain cultural obstacles, concerning gender on



the one hand, and the difference in levels of qualification on the other, came into play. It would also seem that those who did not express their views are not really involved in diabetes issues. The recruitment of the nurse could have certainly been handled better. It is also possible that insufficient time was dedicated to explaining to these people what we expected from them as committee members.

**The aim of the second meeting** at the end of the mission was to validate the preliminary needs assessment results. Two additional members attended the committee: a dietician, and a project manager for a health education project for people at risk from cardio-vascular disease. The expertise of this person was essential as the needs assessment identified numerous problems related to poor information for the community, patients and medical doctors on nutrition and diabetes. Another key person was included: the Director of the national central medical store who can provide his expert opinion on problems related to the ordering, supply and distribution of medical products in Burundi.

This second meeting met its objectives, i.e. to validate the problems identified during the needs assessment.

## STEP 6: IDENTIFICATION OF KEY INFORMATION PROVIDERS

**Expected Result:** At the end of this step, a list of key information providers is drawn up with their position, name, contact details and the aim of each meeting.

### **Advice for identifying key information providers:**

Although one or two pilot zone(s) are to be targeted, it is also important to meet with «national» information providers in order to obtain a comprehensive overview of the whole system and its potential in terms of care management for people with diabetes. Then the target zones will make it possible to collect more detailed information on managing the problem of diabetes.

### **Methodology for identifying key information providers:**

- interview with key information provider
- bibliographic research
- internet research (Ministry of Health website)
- Each person questioned is selected for their role in the community, in the healthcare sector or their involvement in diabetes (a «purposeful choice» as it is known).

**The potential key information providers are (non-comprehensive list to be adapted to the specific context):**

### **On a national level:**

- International bodies (World Health Organisation, International Diabetes Federation etc.)
- The Ministry of Health, national non-communicable chronic disease or diabetes control programmes
- National hospitals and the specialists, nurses, chiropodists, nutritionists, educators, physiotherapists and orthoprosthesists working their on the primary, secondary and tertiary (including complications) care management of diabetes
- Medical faculties, training schools for nurses, nutritionists, chiropodists, educators and functional rehabilitation professionals
- International NGOs working on diabetes control
- National public medical product supply centre

- Private medical supply centre (manufacturers, wholesalers)
- National Organisations of people with diabetes
- Ministry of Education: primary prevention, healthcare promotion at school

#### **On a regional and local level:**

- Regional or Local Health Authority
- Regional and district hospitals and health centres both public and private, the medical doctors, nurses, podiatrists, nutritionists, educators, and functional rehabilitation professionals who work there etc.
- Public and private laboratories
- Public and private pharmacies
- Social services for patient management (financial, educational etc.)
- Organisations of people with diabetes
- International, national and local health NGOs

#### **On the health district and target village level:**

- General population (focus group with people representing different ages and social situations with equal numbers of men and women and one or two key information providers: village chiefs, associations of young people or women, community relays, village grocer etc.)
- Community workers (health, rehabilitation)
- Local health associations (associations of diabetics)
- People with diabetes
- Traditional practitioners
- Teachers

Each key information provider can suggest further people to contact.

## **STEP 7: FIELD MISSION SCHEDULE**

**Expected Result:** At the end of this step, an initial schedule for the needs assessment should be drawn up by the local team in collaboration with the technical officer.

**Tools available:** Field mission planning framework – p. 56

Please note that at this stage a general health diagnosis should have been carried out to determine the relevance of setting up a diabetes control project in the local context. This guide only deals with the following stage, i.e. defining the main diabetes-related problems and the priority intervention strategies.

**Sometimes however, a lack of resources makes it impossible to carry out these two stages in succession and they have to be carried out concurrently. Even where this is the case the data analysis must be carried out as a separate stage.**

If a general health diagnosis has not been carried out prior to the diabetes needs assessment, it should be included as one of the needs assessment's objectives. In order to better understand the methodology for carrying out a general health diagnosis please refer to the methodology reference articles on this issue and the appendix "General Health Diagnosis" available on the CD-ROM provided with this guide.

Once this decision has been taken, the tasks to be carried out during the mission can be scheduled:

- Working meetings of the Needs assessment Technical Committee (initial meeting, interim meeting, final meeting)
- Semi-structured interviews with key information providers
- Visits to health centres
- Observation of consultations or education sessions for people with diabetes
- Visits to medical analysis laboratories
- Visits to pharmacies

To ensure the coherence in the needs analysis, we recommend that the Technical officer carries out these activities accompanied by a member of the Technical Committee.

## 2. Carrying out a needs assessment

### STEP 8: DATA COLLECTION

#### Expected results:

- An interview guide is produced for each interview planned.
- An observation grid is produced for each visit planned.
- A report on each interview or visit is written up.
- At the end of each interview or visit, the information collected is integrated into the mission report.
- The data required to diagnose diabetes is collected

#### Tools available:

- Advice for running focus groups – p. 41
- Observation grids – p. 43
- Interview guide - p. 49

Accompanied by a designated member of the Technical Committee, the Technical officer collects the data through the scheduled activities, using the tools available, adapted to the local context.

**Firstly, in order to make the diagnosis of perception**, the Technical officer carries out the planned interviews using the interview guides adapted to the local context.

The interview guides are prepared prior to the needs assessment, and are tested, discussed and worked on with the local team who will carry out the interviews. The interviewers should be trained in semi-structured interview techniques and in running focus groups.

The **aims** of the interviews are to collect perception data on diabetes-related problems, intervention requests and the existing responses or resources from health professionals and decision-makers on one hand, and people with diabetes and their communities on the other.

**The interviews are carried out using the methodology of semi-structured interviews or of focus groups.** The latter is particularly recommended for interviews with people with diabetes and their communities. Each individual or group is questioned as a stakeholder who is part of a community or social group and tries to rank problems in terms of their seriousness and their frequency. Interviewers have to be trained on these methodologies.

**Secondly, in order to make the objectified diagnosis**, the Technical officer collects the local documents available and makes the observations set out in the observation grid adapted to the local context.

### **Collecting local documents:**

At each meeting the Technical officer should ask the person met for copies of the various documents available on the subject (healthcare protocols, statistical data, study reports etc.). This request for documents should be guided by the diabetes-related problems expressed by the person interviewed or visited.

Where necessary, the Technical officer can review the consultation and hospital records to obtain more objective data.

### **Observations to be made:**

- Observation of the equipment available in healthcare structures;
- Observation of the medical products and equipment available in pharmacies and laboratories;
- Observation of consultations with diabetic patients and/or hospital visits;
- Observation of patient education sessions;
- Observation of meals taken by people with diabetes;
- Observation of meetings of associations;
- Observation of professional training sessions on diabetes etc.

The observations cannot always be scheduled in advance. The semi-structured interviews often provide the opportunity to ask to subsequently attend consultations or patient education sessions, or to visit a pharmacy or medical analysis laboratory etc.

The field visit activities chart is filled in as the activities are scheduled.

**These observation sessions are of primary importance in making an objectified diagnosis.**

A diagnosis of diabetes made solely from the data declared, without any observation activities, will not have the same weight as one made with this information.

Finally, the Technical officer will complete their research on objectified data with **bibliographic research in scientific journals and on the internet.**

## **STEP 9: DAILY DATA ANALYSIS BY THE TECHNICAL OFFICER**

**Expected Result:** At the end of each interview or visit, the data collected is recorded in a summary table, the needs for objectifying the data are defined, and complementary research carried out or scheduled to collect objectified data.

We recommend that the data is analysed both continuously, on a daily basis by the Technical officer in order to make a diagnosis on diabetes-related problems, and then by the Technical Committee at the end of the mission.

It is recommended that the Technical officer records the data collected every day using the following chart:

**Table 1: Template for daily data analysis**

Problems expressed by professionals	Problems expressed by people with diabetes and the population	Objectified problems	Possible / proposed interventions	Existing local resources and possible stakeholders

Some objectified problems will not be expressed, neither by the professionals, nor the diabetics and their communities.

Furthermore, it will be possible to obtain objectified data for some of the problems expressed but not for others. A more in-depth analysis should therefore be carried out and the missing information should be sought out.

The Technical officer is responsible for carrying out this in-depth analysis for each problem and detecting the interventions which may be useful but which have not been expressed by the people interviewed.

As far as possible the Technical officer will fill out all the boxes in the chart. The empty boxes will clearly show where further research is required to provide the missing information.

**Having recorded the data in the chart, the diabetes Technical officer will try to fill in the empty boxes or those where more detailed information is required.**

- He will look for objectified data in order to confirm, contradict or provide more details on each problem expressed:
  - Either in the review of the literature already produced or by carrying out new research,
  - Or in the local documents collected,
  - Or from the observation data recorded.
- If some objectified data is still missing, the Technical officer should collect more local documents from future interviews or contact key information providers again to ask for further information.
- He will then update the interview guides in order to further investigate the causes of a problem in future interviews with key information providers
- If possible and necessary, he will call back information providers to obtain further details on certain aspects

Extract from a table summarising the identified problems, cross-referenced with the possible interventions and existing resources, drawn up following a needs assessment carried out in Davao, in the Philippines in 2006.

Problems	Objectified data	Proposed interventions	Local resources
<b>DIABETES CARE MANAGEMENT (SECONDARY PREVENTION)</b>			
<p><b>The lifestyles of a high proportion of patients are not adapted to the needs of people with diabetes in terms of diet and physical activity. There are few spaces for educating people with diabetes and their families in health centres or other establishments.</b></p>	<p>During interviews with people with diabetes, the need for education for themselves and their families was quantified:</p> <ul style="list-style-type: none"> <li>- Dietary review for the previous 24 hours: 3/7 people declared that they had eaten unbalanced meals, notably having more than six meals a day with excessive amounts of fatty and sugary foods.</li> <li>- 4/7 people declared that they did not do any regular physical exercise</li> <li>- Only 1/3 were able to clearly explain their disease</li> </ul> <p>- Furthermore, a study in 2000, of a cohort of 3061 patients showed that even out of the people with diabetes followed in one Filipino diabetes centre, only 1% had normal levels of glycosylated haemoglobin (&lt;6.5%) and 41% &lt; 8%<sup>3</sup>. As a point of comparison, a French study looking at 2346 patients recruited in general practice, 26.6% had HbA1c levels of &lt; 6.5% and 80% &lt; 8%<sup>4</sup>. Amongst these Filipino patients with access to tertiary level centres, 11% had received no education and 52% had not been educated on individual disease control. On the other hand, in tertiary centres over 75% had received education on dietary habits, risk factors, foot care. This study provided no information on the regularity of physical exercise.</p>	<p><b>- Improve patient education and that of their families using two methods:</b></p> <ul style="list-style-type: none"> <li>• Train health professionals and community workers in therapeutic education for patients.</li> <li>• Promote regular meetings of groups of people with diabetes and their families for collective therapeutic education, physical exercise sessions, and for the creation of a space for discussion and sharing.</li> </ul>	<p>- Technical support and training:</p> <ul style="list-style-type: none"> <li>• PADE</li> <li>• Specialized medical doctors, educational nurses and nutritionists from DMC</li> <li>• DPO</li> <li>• IDF guidelines, Kyoto Medical Centre, PADE for specific support concerning diabetic foot</li> </ul> <p>- Research action to develop educational tools: FNRI, NIH, PADE</p> <p>- Implementation</p> <ul style="list-style-type: none"> <li>• Primary healthcare professionals and community workers from CHO, DJF, Alexian Brothers</li> <li>• PASWI project volunteers (physical activities already organised in some neighbourhoods)</li> <li>• Diabetics Club (1 sporting event per year already organised "Walkathon")</li> </ul>

3. Lantion-Ang LC. Epidemiology of diabetes mellitus in Western pacific region : focus on Philippines. Diabetes Res Clin Pract 2000 ; 50 (suppl 2) : S29-S34.

4. Prevost G, Phan TM, Mounier-Vehier C, Fontaine P. Control of cardiovascular risk factors In patients with type 2 diabetes and hypertension in a French national study (Phenomen). Diabetes Metab 2005; 31(5): 479-85.

**Medical products and laboratory analyses are not accessible to all and in particular to the poorest sections of the population. People with diabetes are suspicious on the quality of the generic drugs available in primary healthcare centres.**

It was possible to objectify this problem of accessibility in the following manner:

- 0 of the anti-diabetic or cardiovascular drugs out of the 10 required are available at the primary healthcare centres
- 4/10 are available at the Alexian Brothers pharmacy at an affordable price
- 14 of the 15 laboratory tests required are available at the DMC and the Alexian Brothers religious centre. However 0/10 are available at the Baranguay health centres.
- In 2003, 46% of Filipinos lived on less than \$2 a day (100 pesos)<sup>5</sup> Therefore, according to our team's observations for one type 2 diabetic patient treated with just one drug (metformin), the monthly cost for medication and laboratory tests represents 15% of their income without taking into account indirect costs.

**Improve access to medication and laboratory tests**

- Carry out an in-depth analysis of the causes of problems related to the availability of medical products in primary health-care centres
- Test the quality of the medication, then
- Inform patients about the availability and quality of medical products
- Help households to prioritise their expenditure
- Promote the translation of prescriptions into the local language
- Advocacy work targeting social services to ensure they organise outreach clinics for issuing poverty certificates
- Work with the City Health Office to introduce free access to certain antidiabetics and antihypertensives at Baranguay health centres and to ensure access to a minimum package of laboratory tests at district and Baranguay health centres
- Negotiate with PhilHealth, the national insurance scheme to also cover day care for diabetics
- Use the WHO and NIH (+/- Rapid Assessment Protocol for Insulin Access developed by IIF<sup>6</sup>) to carry out in-depth studies into the difficulties in accessing medication and laboratory tests despite the social system in place.
- CHMP in France (NGO experienced in the quality control of pharmaceutical products)
- Experience of the Alexian Brothers religious centre who translate all prescriptions
- DSWD, Alexian Brothers and DJF social workers
- CHO
- Baranguay town halls (1 Baranguay is already supplied with antidiabetics provided free of charge following a decision by the local council)
- Laboratories at district health centres
- PhilHealth with help from the WHO and the Philippines Coalition For Control and Prevention of Non Communicable Disease.

5. UNDP. Human Development Report. Country Sheet: Philippines. [En ligne] <http://hdr.undp.org/statistics/data/countries.cfm?c=PHL> (last visited 2nd August 2006)

6. Beran D, Yudkin JS, de Courten M. Assessing health system for type 1 diabetes in sub-Saharan Africa : developing a « Rapid Assessment Protocol for Insulin Access ». BMC Health Service research 2006; 6 (17) : 1-9.



## STEP 10: FINAL DATA ANALYSIS BY THE TECHNICAL COMMITTEE

### Expected results:

- The Technical Committee meets at the end of the mission
- The list of problems identified is validated
- The final data analysis is carried out and for each problem the diagnosis of perception, the objectified diagnosis, the possible interventions and the existing resources are cross-referenced
- Any possible needs in terms of additional research are defined
- The methodology for prioritising the problem is defined
- The problems and intervention strategies are prioritised.

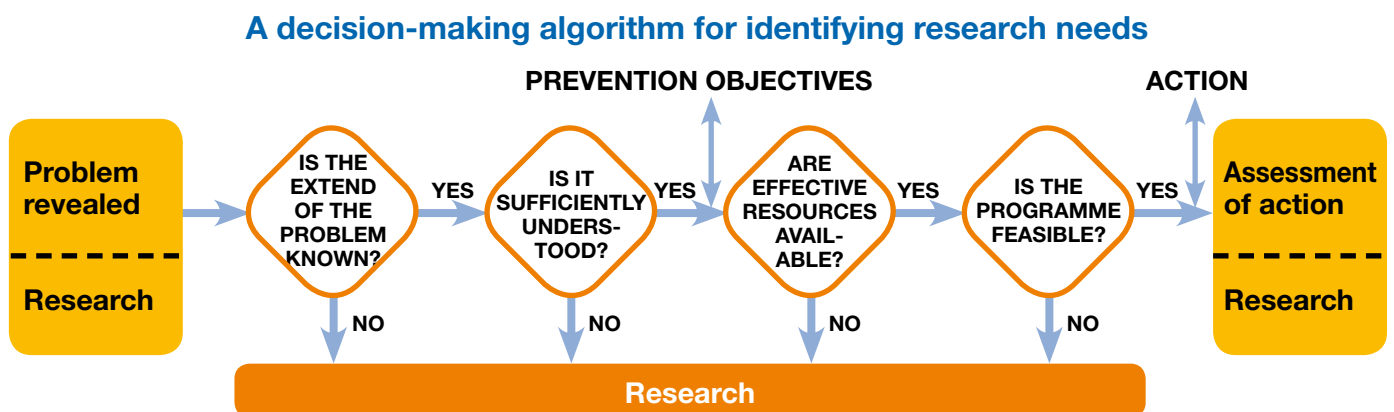
At the end of the mission, the Technical Committee meets to carry out the final analysis of the data collected, define possible research needs and prioritise the problems and intervention strategies.

### Carrying out the final analysis of data collected

The analysis of the data collected involves cross-referencing the problems expressed, the objectified problems, the possible interventions and the existing local resources. The summary table 1 (p30) can be used to present the information collected.

### Define potential research needs

As far as some problems are concerned, an intervention may be feasible but there is a lack of data, or no intervention can resolve the problem in question. If this is the case it is important to carry out further research to obtain the information required for the scheduling process. The priorities for research can therefore be defined prior to initiating an intervention. A Research Action approach can be used. The following decision-making algorithm, neatly sums up the approach that should be followed when scheduling the interventions.



Dab. W. et Abenhaïm, L.L. « Connaissance scientifique et action en santé publique : l'utilité de la recherche dans l'élaboration d'un programme de santé ». Canadian Journal of Public Health, vol. 75, septembre/octobre. 1984, p. 392.

### Prioritise the problems and intervention strategies

In order to prioritise the problems and intervention strategies, we recommend that the Technical Committee proceeds as follows:

- Group the various interventions proposed into intervention strategies
- Choose the methodology of priorities determination: analysis grids, Hanlon method, consensus method, scoring method, etc...
- Select the feasibility and acceptability criteria: existing responses, relevance, acceptability for health professionals, acceptability for people with diabetes and their communities, cost-effectiveness, human resources, skills, financial resources, technical resources, the skills and priorities of NGOs.

- Rank the intervention strategies according to the chosen methodology. For example, with the scoring method, each strategy is scored in terms of each criteria, according to a defined scale. The following table may be of help with this exercise. An example of intervention strategy ranking is proposed p 35.

**Table 2: Prioritisation criteria selected to assess each intervention strategy, criteria weighting and scale.**

	Weighting	Scale					
		Mainly Yes			Mainly No		
Are we the only programme to offer this strategy? (response already in place)		6	5	4	3	2	1
Is this strategy adapted to the defined diabetes-related problem? (relevance)		6	5	4	3	2	1
Has the effectiveness of this intervention already been proven (evidence based)? (reliability, validity, quality assurance)		6	5	4	3	2	1
Do healthcare professionals consider this to be a suitable strategy? (acceptability)		6	5	4	3	2	1
Do diabetics and the general population consider this to be a suitable strategy? Have they expressed this? Is it socially and culturally acceptable? (acceptability)		6	5	4	3	2	1
Can this strategy be implemented with minimum expense? (cost-effectiveness)		6	5	4	3	2	1
Are there people available to implement this strategy? If yes, who? (human resources)		6	5	4	3	2	1
Are there competent people available to implement this strategy? If yes, who? (competence)		6	5	4	3	2	1
Will it be possible to obtain funding for this strategy? (financial resources)		6	5	4	3	2	1
Will it be possible to obtain equipment for this strategy? (technical resources)		6	5	4	3	2	1
Does this intervention correspond to one of the local NGO's priorities and to their skills?		6	5	4	3	2	1

Extrait de : Baumann M, Deschamps JP, Cao MM. La programmation des actions et des évaluations pragmatiques/professionnelles dans le cadre des actions humanitaires. Santé Publique 1998 ; 10(1) : p.76.

- Calculate the total score for each intervention strategy
- Rank each intervention strategy according to the total score
- Draw up the final recommendations, propose the implementation of the highest-scoring strategies as a priority strategy but remember the need to exercise common sense, critical analysis and to ensure coherence.

## Example of intervention strategy ranking according to pre-defined criteria

	Strategic area N°1 DIABETES PREVENTION					Strategic area N°2 PREVENTING COMPLICATIONS				
	National advocacy	Awareness-raising information in the three types of media	Awareness-raising work with medical personnel	Awareness-raising targeting at-risk groups	Political action against advertising	Developing a screening policy in the project region	Developing education for patients and their families in the Baranguay	Improving access and compliance to treatment and lab tests	Capacity-building and improving the quality of primary and secondary health services	Developing a referral/counter-referral system
No existing response	1	3	4	5	6	6	6	5	4	4
Relevance	4	6	3	6	6	6	6	6	6	6
Validity, quality assurance?	4	4	4	6	3	5	6	6	6	6
Expressed by diabetics (+entourage)	3	3	1	6	1	1	6	6	3	1
Expressed by professionals	1	2	2	3,5	2	2,5	4	5	3,5	2
Cost-effectiveness?	3	3	5	6	3	4	4	6	4	5
Human resources	2	2	5	6	5	6	6	4	5	6
Skills available	2	2	6	4	6	4	3	5	6	6
Funding available	2	5	5	5	5	5	6	5	5	5
Technical resources available	2	2	6	6	4	5	6	6	6	6
Competence available	4	2	4	4	6	2	5	3	1	5
TOTAL	28	34	45	57,5	47	46,5	58	57	49,5	52
Order in terms of strategic area	5	4	3	1	2	5	1	2	4	3

## STEP 11: REPORTING ON THE PRELIMINARY MISSION RESULTS

**Expected Result:** The initial mission results are reported at the end of the mission to the local HI team and to other stakeholders if appropriate.

**Tools available:** Needs assessment report guide - p. 59

The reporting of the preliminary mission results to the local HI team and to other stakeholders if appropriate should be scheduled for the end of the mission. The procedure for this reporting is defined by the Technical Committee.

As far as possible, a summary document containing the preliminary results is finalised. These preliminary results are important as the local teams and stakeholders are often keen to receive rapid feedback on the results. This approach makes it possible to provide the first pieces of information whilst leaving the Technical officer sufficient time to write up a final, more detailed report.

We recommend that the data collected is recorded in the mission report as and when it is available and that the sources are also recorded in detail. This will facilitate the writing up of the final report.

## 3. Finalising and following-up a needs assessment

### FINALISING THE NEEDS ASSESSMENT REPORT

**Expected Result:** The field mission report is sent to the local team within the timeframe set out in the terms of reference. The main results of the needs assessment are reported to key information-providers.

**Tool available:** Needs assessment report guide - p. 59

As a general rule, the needs assessment report should be written up and made available within one month from the end of the mission.

### NEEDS ASSESSMENT FOLLOW-UP ACTIONS

**Expected Result:** A follow-up strategy document for the following six months is given to the local team within one month of the end of the mission. It defines the procedures for communication and activity reporting between the Project Manager and Technical officer, and contains an action plan for the Project Manager and the Technical officer.

### REPORTING NEEDS ASSESSMENT RESULTS TO KEY INFORMATION PROVIDERS

**Expected Result:** The main results of the needs assessment are reported to key information-providers.

The procedure for reporting the needs assessment results to key information providers should be defined by the Needs assessment Technical Committee.



## Toolbox

- ▶ 1. Log Book ----- PAGE 40
- ▶ 2. Advice for running focus groups ----- PAGE 41
- ▶ 3. Observation grids ----- PAGE 43
- ▶ 4. Interview guide ----- PAGE 49
- ▶ 5. Checklist of expected results prior to,  
during and after the needs assessment ----- PAGE 54
- ▶ 6. Field mission planning framework ----- PAGE 56
- ▶ 7. Model job description for technical officer -- PAGE 57
- ▶ 8. Needs assessment report guide ----- PAGE 59
- ▶ 9. Template for terms of reference for a diabetes  
needs assessment ----- PAGE 69

# 1. Log Book

## DESCRIPTION OF THE TOOL:

This tool is a log book, updated on a daily basis by the Technical officer for the duration of the mission. As with the logs used in the navy for example, this document makes it possible to record the significant facts in the mission's progress, in chronological order: important decisions taken, difficulties met, concerns and questions. This document is for internal use only. It is not intended to be modified or disseminated. The document has a present and future purpose. In the present, this log allows the Technical officer to review the mission's progress and leads them to analyse the previous day. In the future the log constitutes the mission's "memory" and can be used at a later date to justify situations in which what was planned and what was done do not match up.

### Example:

Sunday... March 2008

The Programme Director informed me today that she had decided, in consultation with the Administrator, to postpone the visit to Makamba due to take place today for security reasons. The trip will take place when the security situation has improved. The Project Manager and myself feel frustrated but entirely agree that this is the right decision.



## 2. Advice for running focus groups

### DESCRIPTION OF THE TOOL:

This is a training tool for running focus groups, aimed at Technical officers or any other member of the team responsible for running focus groups. It was drawn up using a reference work on the methodologies used in human sciences<sup>7</sup>.

The focus group methodology is a collective interview methodology focussed on one or more themes which aims to reply collectively to one or more questions. This method makes it possible to create a dynamic within the group: « they debate meanings... and produce diverse and divergent opinions as well as consensus ». This means it is possible to go beyond a personal response and facilitates the role each individual plays in the group: they act as a member of a community and not as an individual. This is why focus groups are made up of a minimum of 4 and a maximum of 12 people.

Problems may arise during the focus group if certain participants dominate the conversation, do not speak, cut in on other people, act shyly or have a negative attitude. This is where the focus group moderator plays an important role and must develop ways of dealing with these problems without offending the participants. Table 6 suggests ways of resolving some of these issues:

**Table 3: Resolving difficulties in a focus group**

Problems with participants	Suggested resolution
<b>The domineering participant:</b> They may be highly knowledgeable or a community leader. They try to answer the question as soon as it is asked. This behaviour discourages other participants.	Avoid looking them in the eyes. From time to time you may want to say tactfully but firmly: “Keep that point in mind but let’s first hear what X has to say”
<b>The silent participant:</b> They do not contribute to the discussion unless directly asked to speak. Occasionally, even when asked directly, they will settle for agreeing with another person’s point of view.	It may be difficult to encourage this person to speak. You can however try to encourage each person to participate from the outset. You can also ask them the question directly.
<b>The “interrupter”:</b> They speak out spontaneously, interrupting the person who is speaking.	Listen briefly to what they have to say and then explain nicely that you appreciate their comments but you would also like to listen to the other participants.
<b>The questioning participant:</b> They want to know your opinion and systematically turn the question back on you.	Explain to the group that in this situation they are the experts and you want to learn from them. If they insist, tell them you will give them your opinion at the end of the discussion.
<b>The negative participant:</b> They may be unhappy and want to vent their anger on you. They may be very hostile.	You have to be very careful with this type of participant. Do not be defensive and try to understand their point of view.

7. Moscovici Serge, Bushchini F. Les méthodes des sciences humaines. Vendôme: PUF, 2003 : 221-42.

Furthermore, we can combine this qualitative methodology with the nominative group methodology if the participants are literate. In the latter, each participant is asked to write down their response on a piece of paper, these responses are then put together to group the ideas to reach a consensus by discussing each suggestion together or by voting. This technique has the advantage of allowing each person to reflect in silence and to generate better thought-out ideas in order to reach a consensus.

The information is collected by the investigator who takes notes.

Each person questioned is selected for their role in the community, in the healthcare sector or their involvement in diabetes (a «purposeful choice» as it is known).

In order to build on the focus group and prepare for training the team in this method, we recommend using the focus group manual<sup>8</sup>, developed within the framework of the special Research and Training in Tropical Diseases programme run by the UNDP/World Bank/WHO.

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8. DAWSON Susan, MANDERSON Lenore, TALLO Veronica L.A Manual for the Use of Focus Groups: Methods for Social Research in Tropical Diseases N°1 [on line]. Boston: International Nutrition Foundation for Developing Countries (INFDC), 1995, 102 pages. Available at: <http://www.unu.edu/unupress/food2/UIN10F/UIN10F00.HTM> (visted on 12/12/2008)

## 3. Observation grids

### DESCRIPTION OF THE TOOL:

These grids are a tool for collecting observation data, intended to help the Technical officer to prepare visits and to use during these visits. These grids contain a series of indicators to be adapted to the context.

This tool contains 3 observation grids: The first for visits to health centres (human and material resources available), the second for observing a medical consultation and the third for observing a patient education session.

### Health centre observation grids

Indicators		Health centre 1	Health centre 2	Health centre 3		
Level of healthcare (primary/ secondary/tertiary)						
Status of health centre (public/private)						
<b>General Information</b>						
<b>Toilets</b>						
<b>General state</b>	clean					
	satisfactory					
	dirty					
<b>Frequency of consultations (number of days/month)</b>						
<b>Average number of patients seen per day</b>						
<b>Number of hospital beds</b>						
<b>Number of nurses</b>						
<b>Number of medical doctors</b>						
<b>Number of pharmacists</b>						
<b>Number of laboratory technicians</b>						
<b>Number of nutritionists</b>						
<b>Does each patient have a medical record?</b>						

### Equipment (yes/no)

Indicators	Health centre 1		Health centre 2		Health centre 3					
	Avai- lable	Used	Avail- able	Used	Avail- able	Used	Avail- able	Used	Avail- able	Used
1 Scales										
1 Height gauge										
1 Tape measure										
1 Stethoscope										
1 Blood pressure cuff										
1 Monofilament or 1 tuning fork (tools for testing sensitivity)										
1 Ophthalmos-cope										
1 Electrocardio-graph										

### Medication available (yes/no)

Indicators	Health centre 1	Health centre 2	Health centre 3		
Rapid-acting insulin					
Medium-acting insulin					
Refrigerated insulin					
Biguanids					
Hypoglycemic sulfamids					
ACEI					
Other hypotensives					
Statins					
KCl					
Glucose 10%					
NaCl 9‰					
Syringes and needles for insulin injection					
Perfusion equipment					

### Biological tests available (yes/no)

Indicators	Health centre 1	Health centre 2	Health centre 3		
Capillary blood glucose					
Urine test strip: glucose Acetone proteins leucocytes nitrites					
HbA1c					
Blood electrolytes K, Na					
Creatinemia					
Microalbuminuria					
Full blood count					
Lipids profile: Cholesterol Triglycerides					

### Paying healthcare for patients

Indicators		Health centre 1	Health centre 2	Health centre 3		
Paying consultations						
Medical products at the patient's charge						
Solidarity fund for patients with low or no income	Yes or No					
Criteria defining low or no-income patients	Yes or No					

### Healthcare protocols

Indicators	Health centre 1	Health centre 2	Health centre 3		
Protocols available? (Yes or no)					
Emergency protocols (hypoglycaemic attack, acidocetosis, hyperosmo- larity)					
Protocols for adapting insulin doses					
Protocols for therapeutic patient education					
Protocols for stopping smoking					
Treatment protocols for type 2 diabetics					

### Epidemiological data (yes/no)

Indicators	Health centre 1	Health centre 2	Health centre 3		
System for diabetes data collection					
Records filled in					
Statistics available					

### Specialized diabetes care

Indicators	Health centre 1	Health centre 2	Health centre 3		
Specific treatment for diabetic foot					
Laser treatment for diabetic retinopathy					
Rehabilitation services					

## Medical consultation observation grid

Criteria (yes/no)	Health centre 1	Health centre 2	Health centre 3		
<b>Composition of the healthcare team?</b> - diabetologist - general practitioner - nurse - others					
<b>Is the patient welcomed in a satisfactory manner?</b>					
<b>Individual consultation?</b>					
<b>Questions on diabetes symptoms:</b> - Polyuria - Polydipsia - Thirst - Hunger - Etc.					
<b>Questions asked to diagnose complications or cardiovascular risk factors?</b> <b>In particular:</b> - chest pain - pain in lower limbs when walking - breathlessness - wounds on feet - sight - smoking - following dietary recommendations - physical exercise - erectile dysfunction - others					
<b>Does the patient undress?</b>					
<b>Full examination of patient?</b> <b>In particular:</b> - Weight - Height - Blood pressure - Cardiac auscultation - Examination of feet using monofilament - Vascular examination - Waist circumference - Examination of oral cavity					
<b>Biological tests planned?</b> - HBA1C - Urine test strip - Lipids profile - Renal function					
<b>Eye test scheduled once a year</b>					
<b>Electrocardiogram scheduled once a year</b>					
<b>Does the treatment prescribed conform to clinical practice guidelines?</b>					
<b>Did the medical doctor let the patient ask questions?</b>					

This grid was drawn up based on a tool developed within a project for improving the quality of healthcare for people with diabetes<sup>9</sup>.

9. Fleming BB, Greenfield S, Engelgau MM, Pogach LM, Clauser SB, Parrott MA. The Diabetes Quality Improvement Project. Moving science into health policy to gain an edge on the diabetes epidemic. *Diabetes Care* 2001 ; 24 : 1815–9.

## Therapeutic patient education session for people with diabetes observation grid

Criteria	Session 1	Session 2	Session 3		
<b>Individual or collective?</b>					
<b>Qualification of the person in charge of the session?</b>					
<b>Is the patient welcomed in a satisfactory manner?</b>					
<b>Subjects tackled:</b> <ul style="list-style-type: none"> <li>- diet</li> <li>- physical exercise</li> <li>- treatment</li> <li>- adaptation of doses of insulin</li> <li>- self-monitoring of blood glucose levels</li> </ul>					
<b>Methods and tools used?</b>					
<b>Patient participation?</b>					
<b>Questions asked by patients ?</b>					
<b>Patient satisfaction?</b>					
<b>Information provided correct?</b>					



## 4. Interview guide

### DESCRIPTION OF THE TOOL:

This interview guide focuses on diabetes-related problems, the resources available and possible interventions. It can be used by the Technical officer and the local team as a starting point for preparing interviews with various stakeholders during the needs assessment.

The guide presented below is structured as follows: firstly, a series of questions to ask each key information provider. These questions are grouped together thematically: general information, diagnosis of perception, objectified diagnosis, resources available, drug supply system, the population's general awareness, partnerships.

This is followed by a series of questions to be asked to specific information providers: These questions are grouped together according to the stakeholder questioned: people with diabetes, the general population, teachers, members of disabled people's organisations, traditional practitioners.

### Contents

#### Series of questions for all key information providers:

Questions to make the diagnosis of perception .....	PAGE 50
Questions to make the "objectified diagnosis" .....	PAGE 50
Questions on the human resources available .....	PAGE 51
Questions on the drug supply system .....	PAGE 51
Questions on partnerships .....	PAGE 52

#### Series of questions for specific key information providers:

Questions for people with diabetes .....	PAGE 52
Questions for the general population .....	PAGE 52
Questions for teachers .....	PAGE 52
Questions for diabetic people's organisations .....	PAGE 52
Questions for traditional practitioners .....	PAGE 53

## **SERIES OF QUESTIONS FOR ALL KEY INFORMATION PROVIDERS:**

### **Questions to make the diagnosis of perception**

- What are the three main diabetes-related problems in your area?
- Which groups are the worst-affected or the most vulnerable in relation to each of these problems?
- What solutions to these problems are already in place?
- From your point of view, what solutions could be implemented? What are your expectations in relation to the management of this disease?

### **Areas to explore during the interview:**

- The health system: What problems does your country's health system face in terms of care management for patients with diabetes? What are the solutions and what are your expectations?
- The education system: as above + Does diabetes feature in the school curriculum?
- The social system: as above

### **Prioritising problems and solutions:**

- Rank the solutions and expectations in order of importance as you see it (in terms of urgency, the number of people affected, the seriousness of the problem that the intervention may resolve).

### **Questions to make the "objectified diagnosis"**

- The epidemiology of diabetes and its risk factors
- Is there a national diabetes control programme in place? Is there a national non-communicable chronic diseases control programme in place?
- How are the actions planned by the government funded?
- What sources of funding are available for diabetes prevention and management projects?
- Is there a national cross-sector health promotion programme in place?
- Are there any diabetes or non-communicable chronic diseases awareness-raising campaigns aimed at the general population? If yes, what methods do they use (media, individual or collective interviews etc.)
- Is there any screening for diabetes or cardiovascular risk factors in place? If yes, by which stakeholders? Which screening strategy is used? Are the World Health Organisation criteria for diabetes screening used? If not, why?
- Are diabetes and cardiovascular risk factors included in the country's health information system?
- Are there any clinical practice guidelines adapted to the national context?
- What problems are there in terms of the medical management of people with diabetes?
- What problems are there in terms of therapeutic education for people with diabetes?
- Is there a referral system for patients with diabetes? If yes, how does this system work, what are the means of communication between health professionals? What means of transport are available and what are the costs involved? Is there a solidarity system for reimbursing these transport costs? What are the obstacles and factors facilitating this referral system?
- Are people with diabetes offered social services? If yes, what type of services and how do they operate?
- Are there any organisations of people with diabetes?

- Which options are available to a person with diabetes seeking healthcare? These options can be illustrated by means of a diagram.
- Do you know anyone else we could contact who could provide interesting information on this subject?

### Questions on the human resources available

- Human resources
 

For each profession listed below ask how many professionals are available, what initial and further training they have undertaken and ask about any possible human capital flight:

  - Medical doctors
  - Diabetologists
  - Other specialists (orthopaedic surgeons, vascular surgeons, nephrologists, cardiologists, ophthalmologists and functional rehabilitation medical doctors)
  - Intermediate medical professions (e.g. clinical officer)
  - Nurses
  - Nurses specialised in diabetology
  - Nutritionists
  - Social workers
  - Physiotherapists
  - Orthoprosthetic technician
- List of universities / schools or training institutes for health professionals

### Questions on the drug supply system

Questions for those responsible for the drug supply system on a national level (national purchasing pools and the Ministry of Health) and on a local level (public and private health centres)

- Are the drugs required to treat diabetes listed as essential medicines?
- Do public pharmacies experience supply problems? Do such problems exist on the primary level or district hospital level?
- For each medical product listed below, explain how are they supplied, what is their availability and how much they cost:
  - Oral hypoglycaemics:
    - . Biguanids: Metformin (Glucophage®)
    - . Sulfamids: Glibenclamide (Daonil®) or Gliclazide (Diamicon®) or Glipizide (Glibenese®) or Glinide (Novonorm®)
    - . Others: Alpha glucose inhibitor (Glucor®), Glithazones
  - Insulin:
    - . Ordinary insulin
    - . Medium-acting insulin
  - Antihypertensives: ACEI (Angiotensin-Converting Enzym Inhibitor), Beta-blockers diuretics, etc.
  - Cholesterol-lowering drugs: statins
  - Consumables: needles, syringes, urine test strips, capillary blood glucose test strips,
  - Capillary blood glucose monitors
- What are the profit margins on these medical products?
- What is the lead time from the order being placed to its reception at the health centre?
- Is there any quality control testing?
- Do patients have to pay for medicines?

- Are these medicines subsidised by the state or paid for by another solidarity system?
- How are the drugs paid for? Is this funding sustainable? Is it independent?
- Are medicines taxed?
- Who is the pharmacy team composed of? What training have they had?

### **Questions on partnerships**

- Do you work with partners?
- If yes, could you tell us about these partnerships and the work you do together? Is this a formal or informal partnership?

## **SERIES OF QUESTIONS FOR SPECIFIC KEY INFORMATION PROVIDERS:**

### **Questions for people with diabetes**

- Is there a word or expression for diabetes in the local language? What is the structure or origin of this word?
- How did you find out you were diabetic?
- Who did you contact to obtain treatment? Have you seen a physician? Who wrote the prescription for your treatment?
- Which options are available to a person with diabetes seeking healthcare?
- What follow-up do you receive and who is responsible for this? How frequently?
- How do you get to the health centre?
- How much does the transport cost?
- Describe your dietary habits? What impact does your condition have on your dietary habits?
- Could you tell me what you ate yesterday?
- Did you eat differently to other family members?
- Who does the cooking?

### **Questions for the general population**

- Is there a word or expression for diabetes in the local language? What is the structure or origin of this word?
- According to you, what is diabetes? What are the symptoms?
- Do you know how diabetes is diagnosed?
- Do you know what complications may result from diabetes?
- Do you know what causes diabetes?

### **Questions for teachers**

- Are diabetes, chronic diseases, risk factors for chronic diseases and healthy lifestyle integrated into the school curriculum? Are these subjects tackled in schools?

### **Questions for diabetic people's organisations**

As regards the organisation:

- Date of creation
- History of the organisation
- Sources of funding

- Governance
- Number of members
- Who are members?
- How many employees are there?
- The organisation's missions
- Operating procedures
- Greatest expenditure?
- What are your main activities?
- What are your priority actions?
- How many meetings are held each year ?
- How many people participate in these meetings?
- Do you develop advocacy work?
- Do you organise training in diabetes for your members?
- Do you organise educational activities for people with diabetes or self-support activities?
- Do you carry out financial support or social reinsertion activities?
- The sustainability of the organisation

This information can be found in documents such as the organisation's articles of association.

#### **Questions for traditional practitioners**

- How do you treat people with diabetes?
- Have you received training on diabetes?
- Are you in contact with the health centres? If yes, what is the nature of this relationship?

## 5. Checklist of expected results

### DESCRIPTION OF THE TOOL:

This document is intended for the Technical officer.

It helps the Technical officer to see whether the main expected results for the needs assessment have been met.

Three series of expected results are listed in chronological order: those pertaining to the preparation prior to the mission, the mission itself and the end of the mission.

This document also allows the Technical officer to note down the difficulties met and to explain the reasons why some expected results were not obtained.

### LIST OF EXPECTED RESULTS TO BE REACHED DURING THE PREPARATION OF THE NEEDS ASSESSMENT

The needs assessment terms of reference are drawn up and validated by the local team and Technical officer in a collaborative and consensual manner.

- A Technical officer is recruited
- A training plan for the Technical officer is drawn up
- A training plan for the Project Manager is drawn up
- A review of the literature on the national and local context is carried out (geopolitical, climate - if required -, and socio-anthropological data, main health indicators)
- A review of the literature on the general local context as well as diabetes epidemiology on the local level is carried out.
- A pilot zone for the needs assessment is defined  
The choice of pilot zone is backed up according to the criteria presented in the chapter on Needs assessment Methodology
- A list of key information providers is drawn up giving their positions, names, contact details and the purpose of the meeting
- A schedule for the needs assessment is drawn up by the Project Manager

### Difficulties met during the preparation of the needs assessment:

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## LIST OF EXPECTED RESULTS TO BE OBTAINED DURING THE NEEDS ASSESSMENT PREPARATION

- A multi-disciplinary needs assessment Technical Committee is created and includes representatives of future beneficiaries.
- An interview guide is produced for each interview planned.
- An observation grid is produced for each visit planned.
- A report on each interview or visit is written up.
- At the end of each interview or visit, the information collected is integrated into the mission report.
- At the end of each interview or visit the needs for objectifying data are defined and further research is carried out or scheduled in order to collect objectified data.
- At the end of the mission, the Technical Committee meets
  - The list of problems identified is validated
  - The methodology for ranking the problems is defined
  - The problems are prioritised
  - The intervention strategies are prioritised
- The initial mission results are reported at the end of the mission to the local HI team and to other stakeholders if appropriate.

### Difficulties met during the needs assessment

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## LIST OF EXPECTED RESULTS TO BE OBTAINED AT THE END OF THE NEEDS ASSESSMENT PREPARATION

- The mission report is sent to the local team within the timeframe set out in the terms of reference.
- A follow-up strategy document for the following six months is given to the local team within one month of the end of the mission. It defines the procedures for communication and activity reporting between the Project Manager and Technical officer, and contains an action plan for the Project Manager and the Technical officer.
- The main results of the needs assessment are reported to key information providers.

### Difficulties met at the end of the needs assessment

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## 6. Field mission planning framework

### DESCRIPTION OF THE TOOL:

This is a field mission planning framework to be used to draw up or update the mission schedule. This tool contains a list of activities to be scheduled, followed by a schedule into which these activities can be inserted.

### FIELD MISSION

Place \_\_\_\_\_

Date \_\_\_\_\_

Name of Technical officer \_\_\_\_\_

Name of the international non-governmental organisation \_\_\_\_\_

### Enter all the activities that need to be carried out into the mission schedule:

- Briefing the local team leader
- Working meetings of the Needs assessment Technical Committee: initial meeting, interim meeting, final meeting
- Semi-structured interviews with key information providers
- Observation of consultations or education sessions for people with diabetes
- Visits to health centres
- Visits to medical analysis laboratories
- Visits to pharmacies
- Reporting of preliminary results
- Debriefing the local team leader

### FIELD MISSION SCHEDULE

Date	Time	Activity	Person responsible
Wednesday 7 November 2007*	8 - 9 am	• Arrive from France, transfer from airport to Nairobi office • Briefing	Logistician Local Team Leader

\*example of how to fill in the mission schedule



## 7. Model job description for technical officer

### DESCRIPTION OF THE TOOL:

This is a model job description for recruiting a Diabetes Needs assessment technical officer.

### JOB DESCRIPTION

#### Description of the position:

The Technical officer is followed technically by \_\_\_\_\_

They report to \_\_\_\_\_

The Technical officer is responsible for carrying out a needs assessment in order to analyse the situation in relation to diabetes, with the aim of developing a diabetes control project.

The role of the Technical officer is to accompany the development of diabetes control projects in line with project quality control procedures, ensuring the projects conform to the association's mandate; to the approaches defined within the field of chronic disabling diseases, and in particular diabetes control; and to the expectations in terms of project quality.

They will follow the Diabetes Needs assessment Methodological Guide.

#### They will exercise this role by means of the following tasks:

- Preparation of the needs assessment
  - Drawing up and/or validating the needs assessment terms of reference in collaboration with the local team.
- Carrying out the needs assessment
  - The field mission will be carried out in collaboration with the local team in question
- Needs assessment follow-up
  - Support and advice for the local team, in response to their needs
  - Check the needs assessment guidelines are followed by the local team

#### Candidate profile:

- Must be adaptable
- Must have good communication skills
  - be a good listener, express themselves clearly and succinctly
  - be able to explain technical information clearly
  - have good writing skills (reports)
  - have certain pedagogical skills (know how to accompany rather than advise someone, be able to incite commitment)
- The candidate should be dynamic, autonomous, patient, flexible and open

**Profile sought (training, experience, skills, languages):**

- Medical doctor, nurse or healthcare professional (pharmacist, paramedic etc.) with knowledge of diabetes (recognised qualification)
- Qualification in Public Health and/or experience in the public health sector (in particular needs assessment and health planning)
- Practical professional experience as a medical doctor, nurse or healthcare professional, in clinical practice and/or public health.
- Understanding of and/or experience in assessing/planning/writing up projects and in the monitoring/management/accompaniment of projects.
- Experience in low income countries desirable
- Experience using Information Technology tools
- Languages: \_\_\_\_\_

## 8. Needs assessment report guide

### DESCRIPTION OF THE TOOL:

This tool is a field mission report guide. The field mission report structure provided conforms to the recommended methodology. It contains, in blue, advice or comments which should be read and then deleted by the user.

### NEEDS ASSESSMENT ON DIABETES

#### REPORT

Place \_\_\_\_\_

Dates \_\_\_\_\_

Draft version (*date* \_\_\_\_\_ ) Final version (*date* \_\_\_\_\_ )

Name of Technical officer \_\_\_\_\_

Date of the report \_\_\_\_\_

Function of the Technical officer \_\_\_\_\_

With the input from: (*names of people from the local team*)

\_\_\_\_\_

\_\_\_\_\_

## **EXECUTIVE SUMMARY**

*(Summarize the report, keeping the same structure / framework)*

### **FIELD MISSION OBJECTIVES:**

### **METHODOLOGY:**

### **RESULTS:**

Description of the context:

Issues identified, interventions suggested, and resources available:

Results of the prioritization of Issues:

Research needs:

Recommendations on main principles to follow:

## HISTORY OF THE NEEDS ASSESSMENT ON DIABETES

Origin of the request for a needs assessment

*Explain how and by whom the need for the needs assessment has been expressed (perception of a need from the staff, request from a partner, previous activities of HI team in this field, Epidemiology of Diabetes mellitus in the exploration zone).*

Strategy of the International Non-governmental Organisation (INGO) regarding diabetes

## FIELD MISSION OBJECTIVES

*Fill in this paragraph according to the terms of reference of the mission.*

## METHODOLOGY

*Adapt the following paragraph to the methodology used during the mission.*

- ▶ **The methodology used** is described in “Needs assessment to develop diabetes control and prevention projects in limited-resource countries – A guide for INGOs”.  
The general principal of the methodology is to confront qualitative data corresponding to problems identified by the population and people with diabetes on the one hand, and those identified by the professionals on the other, with quantitative or objective data to support the validity of the results.  
Local resources and solutions should be identified in order to define different possible interventions. After these steps, the priority criteria make it possible to weigh and prioritise the different interventions proposed.
- ▶ Before the mission, a brief **literature review** on the subject was drawn up in order to understand the problem of diabetes in (*the place \_\_\_\_\_*), first looking for objective data and then generalities about the country.
- ▶ **A multidisciplinary team carried out the situation analysis:**  
*(List the roles of the people who were part of the team)*

► **The exploration zone of \_\_\_\_\_ was chosen because:**

*Explain why the exploration zone has been chosen, using the following criteria:*

- *Prevalence of diabetes;*
- *Prevalence of disability;*
- *Place where a minimum care access is available (better for a pilot project);*
- *Place where the civil society is known to be active;*
- *Place where the NGO is already established and therefore has a good understanding of the local situation, the local potential partners and already has human and technical resources required (better for a pilot project);*

*(Insert a map, locating the exploration zone in the world, and in the country)*

► **Key stakeholders have been identified in the following 4 categories:**

- The institutions
- The healthcare professionals and social workers
- The people with diabetes
- NGOs and social or health organisations

We did semi-directive interviews with the majority of the stakeholders met, sometimes one by one, sometimes in group. They were conducted together with *(Name and Function)*:

► **The description of the national and local situation** was mainly based on the literature available, local documents and information passed on verbally by local institutions and bodies.

► **Methodology for data analysis**

- Methodology for assessing whether diabetes is a major public health problem in the exploration zone
- Methodology for identifying problems or issues:
- Methodology for prioritising problems or issues:

► **The following limits have been met during the field mission:**

*Explain the limits that have been met, in relation to the methodology used, and other factors (culture gap, language problems, attitudes, political events, climatic events etc.).*

## RESULTS

### ► Description of the context

- General description of the national and local situation

*Provide geopolitical data on national and local situation: geographical location, number of inhabitants, density, urban and rural populations, social data, ethnic data, languages spoken, literacy rate, birth rate, human development index, gender related development index*

*Provide when necessary climatic data, or other relevant data according to the context*

*Provide when available socioanthropological data on the community at national and local level*

*Provide main health indicators: Life expectancy, infant mortality rate, health system*

- Epidemiology of diabetes at national and local level

*Prevalence of diabetes*

*Rank in mortality causes*

*Age and gender, rural versus urban distribution of diabetes*

*Epidemiology of other cardiovascular risk factors: obesity, hypertension, dyslipemia, tobacco*

*Data on lifestyle changes (nutrition, physical activity)*

*Data on perception of diabetes by the community as a priority or not*

*Conclude by assessing if diabetes is a major public health problem or not in the exploration zone.*

- Description of health system for prevention and control of diabetes

*Explain the organization of health system for prevention and control of diabetes:*

*You can use the following framework:*

- Health policy on prevention and control of diabetes
- Health policy on screening for diabetes
- Rules for management of the diabetic patient in health care centres : minimum activity package at each level of health care centre, referral protocols from one level to another
- Diabetes management guidelines
- Health information system
- Rules of medication supply for health centres
- Social services
- Different occupations for diabetes management: education and training, distribution of roles
- Tradipractitioners: acknowledgment by the state, importance in the therapeutic pathway of people with diabetes, practices

*Conclude by assessing if health system is adapted to the public health problem represented by diabetes or not.*

- Issues identified, interventions suggested, and resources available

Issues have been identified during the mission in each of the following categories: primary, secondary and tertiary prevention:

Issues identified in PRIMARY PREVENTION AND AWARENESS-RAISING

*For each issue, indicate perception diagnosis (issues expressed during the interviews and interventions suggested), objectified diagnosis, and resources available*

Issue n°1

Perception diagnosis:

Objectified diagnosis:

Resources available: *(name, and when necessary brief description of their organization and missions)*

Issue n°2

Perception diagnosis:

Objectified diagnosis:

Resources available:

...



Issues identified in DIABETES MANAGEMENT (secondary prevention)

Issue n°x  
 Perception diagnosis:  
 Objectified diagnosis:  
 Resources available:  
 ...

Issues identified in MANAGEMENT OF DISABLING COMPLICATIONS of diabetes (tertiary prevention)

Issue n°x  
 Perception diagnosis:  
 Objectified diagnosis:  
 Resources available:  
 ...

**Summarised table of issues, suggested interventions and available resources**

The table below summarises the objectified diagnosis found for each perceived problem:

*Summarise the previous paragraph in the following table:*

	Issues	Objectified diagnosis	Suggested intervention	Local resources / stakeholders in place
<b>Primary prevention and awareness-raising</b>				
<b>Diabetes management (secondary prevention)</b>				
<b>Management of disabling complications (tertiary prevention)</b>				

► **Results of the prioritisation of issues**

*List issues identified according to the type of prevention in order of priority  
If a table has been used, insert the table.*

- **Research needs**

The needs assessment has raised a number of unanswered questions and we suggest carrying out studies in order to react in the most appropriate manner to certain issues:

*List suggestions for possible studies to fill in the gaps (more in-depth situation analysis, anthropological study, epidemiological study, ...)*

- **Recommendations on the main principles to follow**

Whatever the project chosen in the field, we insist on these basic principles:

*Develop the most relevant principles, according to the context (comprehensive and integrated approach, non-substitution of local stakeholders, most vulnerable populations, community-based approach, patient-centred approach, sustainability, gender approach)*

## APPENDIXES

### ► APPENDIX x: Rapid assessment of resources

- Governmental structures

- Health care centers

*Present the health facilities which have been visited by level of care (Primary, secondary, and tertiary level)*

*Provide a brief description of their status (public or private), missions, and activities in diabetes care.*

*Provide the results of a brief assessment of resources (human resources and equipment) for diabetes care.*

*Provide the results of a brief assessment of quality of care if possible.*

- Diabetic People's Organisations

*Provide a description of the organisations: date of creation, members, organisation, missions, activities*

### ► APPENDIX X: Completed observation grids

*Provide the completed observation grids for the assessment of equipment and resources in health facilities*

*Provide the completed observation grids for the assessment of quality of care*

▶ **APPENDIX x: Minutes of interviews**



▶ **APPENDIX x: Field mission schedule**



▶ **APPENDIX x: Bibliography**



## 9. Template for terms of reference for a diabetes needs assessment

### DESCRIPTION OF THE TOOL:

This document is a template for the writing of diabetes needs assessment terms of references by the Technical officer on behalf of an INGO in collaboration with the local team. The mission terms of reference should be adapted to the context.

### TERMS OF REFERENCE DIABETES NEEDS ASSESSMENT

#### GENERALITIES

Programme	Name of the country
Mission location	Name of the country
Type of mission	Needs assessment for a diabetes project
Mission preparation time	3 days
Mission duration	3 weeks
Time to draw up mission report	5 days
Mission requested by	
Name of Project Manager, Field Mission Director beneficiary of the mission	
Mission title	Needs assessment diabetes
Name of Technical officer	
Dates	
Total mission duration	
Cost (forecast)	
Mission funding	

## FIELD MISSION CONTEXT

### ► Mission framework

- *Brief description of the context (country, areas where the project and/or programme are active)*
- *Brief description of the programme*
- *Mission background (project background, missions which have already taken place etc.)*

### ► Justification for the mission and its impact

*Why and how did the need for this mission become apparent? Define this need*

### ► Preliminary mission information

*Mission preparation:*

*Are there any documents which the Technical officer should read prior to the mission?*

*Do you want the Technical officer to contact other people before the mission (by e-mail, telephone etc.) who could be useful to him/her?*

## OBJECTIVES AND RESULTS

### ► Field mission objectives

*Define the objectives in as much detail as possible.*

**The general objective** of the mission is to define what the priority diabetes control intervention strategies are in the pilot zone, in order to plan a project which will aim to: improve the quality of life of people with diabetes, reduce the disabling complications resulting from diabetes, and reduce diabetes-related mortality (example objectives).

### **The specific objectives:**

- Carry out the mission in close collaboration with the local team, so that they are fully aware of the approach, the context and the project itself which will ensure increased autonomy for the team when involved in future planning, fund-raising, follow-up and implementation work.
- Have an overview of the situation in relation to general health and diabetes control in the country concerned, and in particular in the pilot zones.
- Carry out a situation analysis over a zone defined conjointly with the local team.
  - Determine whether diabetes is perceived as a priority issue for the population and professionals, and whether setting up a project for the NGO is worthwhile.
  - Find out what needs and key problems in terms of diabetes are identified by the population, people with diabetes, healthcare workers, social workers, civil society, associations and elected representatives etc.
  - Objectify these needs using quantitative data.
  - Find out what solutions are possible and what local resources are available to meet these needs,
  - Cross-reference possible solutions and local resources with the resources, advantages and know-how available from the NGO in the field.
  - Draw up priority action strategies according to various priority criteria, feasibility and acceptability

### ► **Field mission methodology**

The mission will be carried out using the methodology contained in the guide «Needs assessment to develop diabetes control and prevention projects in limited-resource countries: A guide for international non-governmental organisations, Handicap International, 2009».

The intervention strategies proposed must conform to the approach and the principles for action contained in the reference documents of the international non-governmental organisation organising the needs assessment.

### ► **Expected results from the mission**

- The preliminary results of the needs assessment are presented to the local team at the end of the mission, in the form of a brief oral presentation or written report.
- A needs assessment report is drawn up in collaboration with the local team and is made available within one month from the end of the mission. This should include information on the general diabetes control situation in the country and particularly in the exploration zone, the needs of, and requirements for the intervention, the local resources available, the main stakeholders, their background, roles and activities, the feasible solutions and intervention strategies with priority ranking and details on any further research needed.
- A report for the partners and local stakeholders involved in the needs assessment is drawn up by the Technical officer or local team, based on the needs assessment report. This is made available within one month from the end of the mission. It is then the local team's responsibility to send the report to the interested parties.
- The Technical officer holds a mission debrief at the NGO office.

### ► **Programme expectations for the mission**

Be sure to clearly distinguish between results and expectations: The results will be obtained during the mission itself whereas the expectations can be fulfilled in the medium to long-term.

## **FIELD MISSION PLANNING**

### ► **People involved (to be met in the field)**

<b>Name</b>	<b>Position</b>	<b>Why?</b>

► **Documents to be made available by the NGO to the Technical officer**

Document title	Type of document (project narrative, study, mission report, budget etc.)	Why should the Technical officer consult this document?

► **Proposed field mission schedule**

	WHAT?	WITH WHOM?	WHY?
<b>3 full days over a 1 month period</b>	Mission preparation		
<b>Approximately 3 weeks</b>	<p>1 – Presentation of methodology to local HI team, final draft of the list of key information providers to be met, sources of information and mission planning</p> <p>2- Data collection:</p> <ul style="list-style-type: none"> <li>- Bibliography</li> <li>- Reading documents</li> <li>- Meetings with key information providers</li> <li>- Working meetings with Technical Committee</li> <li>- Search for objectified data</li> <li>- Observations</li> </ul> <p>3- Data analysis and starting needs assessment report</p> <p>4- Working meetings with Technical Committee to prioritise intervention strategies and the research required.</p> <p>5 – First feedback session for local HI Team</p>	Technical Committee	
<b>5 full days</b>	Finalising needs assessment report		

The mission schedule is subject to changes according to the availability of all those involved in this mission.

**FIELD MISSION REPORT**

<b>Requested deadline for submitting preliminary mission results:</b>	<b>Within the week following the mission</b>
<b>Requested deadline for submitting mission report:</b>	<b>Within one month from the end of the mission</b>



- Annett H., Rifkin S. Improving Urban health. Guidelines for rapid appraisal to assess community health needs. A focus on health improvements for low-income urban areas. Geneva: World Health Organization, 1990, 82p.  
Full version on CD  
[http://whqlibdoc.who.int/hq/1988/WHO\\_SHS\\_NHP\\_88.4.pdf](http://whqlibdoc.who.int/hq/1988/WHO_SHS_NHP_88.4.pdf) (visited on 19 June 2009)  
This document includes Guidelines for rapid appraisal to assess community health needs, with a focus on health improvements for low-income urban areas. These guidelines have been prepared by the Department of International Community Health, Liverpool School of Tropical Medicine, for the Division of Strengthening of Health Services, WHO, Geneva.
- Baumann M, Cao MM. Diagnostic de santé d'une population et action humanitaire : guide pratique, Santé Publique 1999, Volume 11, n°1, pp.63-75. [The health diagnosis of a population and humanitarian action: a practical guide. Summary in English]  
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This is a practical guide in French to make the health diagnosis in the population with the aim of implementing humanitarian action. It is the result of a collaborative project between the international non-governmental organisation Médecins du Monde and the Public Health School at the Faculty of Medicine in Nancy, France.
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[http://www.bdsp.ehesp.fr/fulltext/show.asp?Url=/Sfsp/SantePublique/1998/1/BAUMANN\\_ps.pdf](http://www.bdsp.ehesp.fr/fulltext/show.asp?Url=/Sfsp/SantePublique/1998/1/BAUMANN_ps.pdf) (visited on 20 June 2009)
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