

June 2009

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

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



**HANDICAP
INTERNATIONAL**

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 sciences⁷.

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
The domineering participant: 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”
The silent participant: 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.
The “interrupter”: 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.
The questioning participant: 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.
The negative participant: 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 manual⁸, developed within the framework of the special Research and Training in Tropical Diseases programme run by the UNDP/World Bank/WHO.

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)						
General Information						
Toilets						
General state	clean					
	satisfactory					
	dirty					
Frequency of consultations (number of days/month)						
Average number of patients seen per day						
Number of hospital beds						
Number of nurses						
Number of medical doctors						
Number of pharmacists						
Number of laboratory technicians						
Number of nutritionists						
Does each patient have a medical record?						

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, hyperosmolarity)					
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		
Composition of the healthcare team? - diabetologist - general practitioner - nurse - others					
Is the patient welcomed in a satisfactory manner?					
Individual consultation?					
Questions on diabetes symptoms: - Polyuria - Polydispsia - Thirst - Hunger - Etc.					
Questions asked to diagnose complications or cardiovascular risk factors? In particular: - chest pain - pain in lower limbs when walking - breathlessness - wounds on feet - sight - smoking - following dietary recommendations - physical exercise - erectile dysfunction - others					
Does the patient undress?					
Full examination of patient? In particular: - Weight - Height - Blood pressure - Cardiac auscultation - Examination of feet using monofilament - Vascular examination - Waist circumference - Examination of oral cavity					
Biological tests planned? - HBA1C - Urine test strip - Lipids profile - Renal function					
Eye test scheduled once a year					
Electrocardiogram scheduled once a year					
Does the treatment prescribed conform to clinical practice guidelines?					
Did the medical doctor let the patient ask questions?					

This grid was drawn up based on a tool developed within a project for improving the quality of healthcare for people with diabetes⁹.

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

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:

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

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

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
Primary prevention and awareness-raising				
Diabetes management (secondary prevention)				
Management of disabling complications (tertiary prevention)				

► **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)**

Name	Position	Why?

► **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?
3 full days over a 1 month period	Mission preparation		
Approximately 3 weeks	<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"> - Bibliography - Reading documents - Meetings with key information providers - Working meetings with Technical Committee - Search for objectified data - Observations <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	
5 full days	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

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

- 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 (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]
Full version on CD
<http://www.bdsp.ehesp.fr/FullText/Show.asp?Ref=184240> (visited on 19 June 2009)
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.
- 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) : 71-85. [Programme planning of pragmatic/professional actions and evaluation in the context of humanitarian actions. Summary in English]
Available on :
http://www.bdsp.ehesp.fr/fulltext/show.asp?Url=/Sfsp/SantePublique/1998/1/BAUMANN_ps.pdf (visited on 20 June 2009)
- 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.
- Pineault R, Daveluy C. La Planification de la santé. Concepts, méthodes, stratégies. Montréal : Editions Nouvelles, 1995 : 480.
- Scrimshaw S, Gleason GR. Rapid Assessment Procedures – Qualitative Methodologies for Planning and Evaluation of Health Related Programmes. Boston 1992; International Nutrition Foundation for Developing Countries. [On-line]: <http://www.unu.edu/unupress/food2/UIN08E/uin08e00.htm> (visited on 20 June 2009).

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