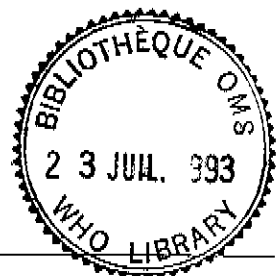


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Use of the Rapid Evaluation Method for Evaluating Maternal and Child Health and Family Planning Services



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1. Introduction

The rapid evaluation method (REM) is a participatory and motivational approach to evaluation in which health service providers from different levels of the health service work together on a rapid and comprehensive assessment of the health service situation.

The REM has been designed to assist ministries of health to evaluate maternal and child health and family planning (MCH/FP) services or other components of their health services and to plan a programme of activities aimed at improving the coverage and quality of those services.

In contrast to other evaluation methods, the REM gives prime consideration to the quality of services provided, the measurement of their impact and their perception by the community, using selected quantitative and qualitative indicators in various health facilities as well as in the community.

2. Objectives

- (1) To provide reliable information about service performance to strengthen the overall management of MCH/FP programmes with emphasis on quality of care, staff performance and client satisfaction.
- (2) To provide countries with an evaluation/management tool that can be adapted and used at all levels of the health care delivery system without additional resources.
- (3) To train MCH/FP programme managers, through the REM, in the process of evaluation design, implementation, data analysis and utilization of results for action.

3. Principles

Application of the REM implies certain requirements:

- (1) that programme managers are concerned about coverage, quality of health services and the community's perceptions and attitude;
- (2) that programme managers adopt the REM participatory process in a spirit of team work involving all levels of health services in the design and implementation of the evaluation exercise;

- (3) that programme managers are clear about their priority issues and have specific uses for the data to be generated through evaluation;
- (4) that there is a strong commitment of decision-makers to take immediate action based on the results of the REM.

4. Scope

The scope of the REM varies from country to country. Depending on the objectives defined, the REM can be applied to an individual health care facility or at district level.

The REM is used to review different components and aspects of MCH/FP services, e.g., antenatal care, delivery care, family planning, AIDS and other sexually transmitted disease programmes, immunization services, etc. The areas explored include health facilities, equipment, supplies, clinical and communication tasks, management, support and supervision, and the perceptions and attitudes of staff, clients and community groups.

5. Methods used

The REM does not use standardized review instruments and methods. In each country national programme managers design their own REM according to their priority issues and information needs.

The methods frequently used for data collection are:

- (1) exit interviews with clients (after clinic visits);
- (2) direct observation of tasks;
- (3) enumeration/testing of equipment, drugs, supplies (availability and quality);
- (4) record review and data extraction, e.g., obstetric records, family planning records;
- (5) health personnel interviews;
- (6) focus group discussions, e.g., with staff, community target groups, community leaders;
- (7) household interviews.

6. Advantages

The REM responds to a need for information on the basis of which actions can be taken to improve the delivery of health services.

The REM is relatively simple to perform, although some technical assistance is often required initially in training a group of national officers in evaluation techniques through actual planning of the first REM process.

Implementation of the REM provides an opportunity for dialogue between service providers and managers from different levels of the health care system. It also provides an opportunity for high-level managers to appreciate, through their involvement in the process, the problems faced by field staff, the reasons for satisfaction or dissatisfaction in the community and the main weaknesses that need corrective measures. Furthermore, the REM contributes to the identification of knowledge gaps about sociocultural issues that need to be addressed through operational research, e.g., low use of family planning and postnatal services; a high incidence of home deliveries in the face of high attendance at antenatal clinics. In addition, the REM findings provide a basis for comparison of service practices with existing policies, protocols and standards.

The application of the REM also contributes to the strengthening of programme management and complements other practical management learning methods such as district team problem-solving (DTPS).

Note: Both the REM and DTPS address the need to use reliable information for monitoring and evaluating specific activities. Both effectively contribute to the streamlining of health information systems.

7. Implementation

There are four phases in the REM implementation:

- I. Planning
- II. Preparation
- III. Data collection and analysis
- VI. Completion.

Phases I and II can be combined once the programme managers are familiar with the methodology and its implementation.

7.1 Planning

The Ministry of Health, having determined the need for the REM and defined its objectives, appoints a core technical working group of 4–5 senior staff, including policy-makers. One member of the group is appointed REM coordinator/manager, and serves as a “focal point” for the exercise. During the planning phase of 2–3 days, the technical working group:

- (1) defines in detail the objectives of the evaluation;
- (2) identifies the priority service issues to be evaluated;
- (3) identifies the service levels at which corrective measures are anticipated;
- (4) decides on the geographic scale of the evaluation;
- (5) prepares a budget and implementation schedule.

7.2 Preparation

During this phase of 2–3 weeks the core technical working group is joined by 5–6 participants from the service levels to be evaluated, to ensure maximum relevance of survey instruments. The composition of the group should reflect a broadly-based expertise and should include someone with qualitative research and statistical skills. In addition, the group can also call on other specialists for specific tasks.

The primary tasks of this group are:

- (1) to define further the issues to be explored;
- (2) to review the existing relevant data;
- (3) to identify the most pertinent additional information needed for the planning of subsequent action by the responsible authorities.

The next steps are:

- the selection of methods and indicators to be used in the survey (see section 5);
- the preparation of field data-collection instruments and instructions in their use;
- the definition of the sample size of the facilities to be surveyed and for each of the methods to be used;

— the field testing of the data collection instruments.

Note: Between this phase and the next the REM coordinator/manager oversees the finalization of the data-collection instruments and printing, prepares the list of teams for the field work and makes all the arrangements for the field work.

7.3 Data Collection and Analysis

This phase of 2–3 weeks starts with the training of teams and supervisors for the field data collection. Administrative and logistic details are reviewed and the report outline prepared. The information is collected within 6–10 days. Primary data analysis and the preliminary report are completed within 1–2 weeks of the field survey. The data are analysed by micro computer using appropriate data analysis software (e.g. EPIINFO) which is readily available.

7.4 Completion

Within 2–3 months of the field survey a national seminar is organized to discuss the REM results and recommend the main actions to be undertaken. On the basis of these recommendations, the technical working group then prepares a plan of action. The REM results and recommendations may also be used to guide external inputs in support of the implementation of the plan of action or any related activities aimed at strengthening the MCH/FP programme.

In the light of discussions during the national seminar, the technical working group identifies issues requiring further data analysis (in-depth) before the final report is completed within 1–3 months and distributed to managers at central, provincial and district levels. The final report may lead to the introduction of other activities or studies in the plan of action.

8. Follow-up

During the defined period for the implementation of the plan of action the technical working group monitors the progress of recommended changes and activities and at the end of the period organizes a formal review of progress.

Country experience

Examples of specific countries' activities and use of REM results.

■ In **Botswana**, in order to improve service quality, an in-service training programme was designed and conducted to update private medical practitioners in family planning technology and to improve the counselling skills of MCH/FP nurses.

■ In **Madagascar**, the REM report has become a key reference instrument for field supervision of MCH/FP activities.

The REM provided useful information on adolescent reproductive health issues for the Government when reviewing policies relating to adolescent health.

A national MCH/FP seminar used REM results to develop a long-term training strategy for health personnel.

■ In **Zambia**, a research committee used REM data to identify additional areas for operational research in family planning.

REM results were used to enhance dialogue among different agencies involved in the formulation of national population policy, through the sharing of relevant information from the findings.

REM results were also used as the base-line for a major UNFPA project.

9. Conclusion

The REM has proved to be an effective evaluation tool (*see box*). It has provided useful quantitative and qualitative information sought by national MCH/FP programme managers within a reasonably short time, enabling almost immediate action to be taken to address some of the findings.

Because of its participatory nature, the REM has induced a strong sense of ownership of the exercise and strengthened contact between senior-level officers and peripheral services.

Feedback of REM results and follow-up action has been achieved as a result of provincial and district teams drawing up their own action plans to address some of the shortcomings in their services.

REM Overview

PHASE	STEPS	OUTCOMES
I. Planning	<p>Ministry of Health defines objectives for REM</p> <p>REM coordinator/manager and technical working group appointed</p> <p>Preparation of priority issues to be addressed and agreement on the levels of service to be evaluated</p> <p>Preparation of initial plan with budget and implementation schedule</p>	<p>Clear prospect for the use of REM's findings</p> <p>List of staff appointed</p> <p>List of issues to be evaluated</p> <p>Initial plan drafted</p>
II. Preparation	<p>Finalization of issues and indicators and choice of methods to be used for data collection</p> <p>Data collection instruments prepared, tested and revised</p> <p>Selection of sampling criteria and sample size</p> <p>Decision on number of teams and composition for data collection</p> <p>Finalization and printing of data collection instruments</p>	<p>Information framework developed and methods selected</p> <p>Data collection instruments finalized</p> <p>Sample selected</p> <p>Survey teams arranged</p> <p>Questionnaires printed</p>
III. Field data collection and analysis	<p>Training of teams, including for focus groups discussions</p> <p>Collection of data</p> <p>Data analysis and preparation of preliminary report</p>	<p>Team trained</p> <p>Field work completed</p> <p>Preliminary analysis and report completed</p>
IV. Completion	<p>National seminar to discuss REM findings</p> <p>Finalization of plan of action</p> <p>Identification of needs for further data analysis and final report</p>	<p>Seminar report</p> <p>Plan of action prepared</p> <p>Final report ready for distribution</p>
Follow-up	<p>Monitoring and formal review of progress</p>	<p>Corrective measures implemented and improvement on services achieved</p>

Management is a critical component of maternal and child health/family planning programmes. Unfortunately, management capability is often weak at all levels, particularly in programme monitoring and evaluation. A number of methodologies have been developed to overcome this problem. The Rapid Evaluation Methodology, (REM) which is action oriented, focuses on services. It provides qualitative and quantitative information to assist decision makers and programme managers in improving the quality of care and adapting services to community needs. The REM deals with the technical aspects of services, attitudes of health care providers and with the perceptions of the services by the community.

The REM is one of several instruments for strengthening management in MCH/FP programmes. The aim of introducing it into countries is to ensure its availability as a routine service management tool for use by all district managers, to improve the quality of care, programme performance and enhance community involvement in the development and strengthening of health services.

For more information about using the Rapid Evaluation Methodology for maternal and child health and family planning services, please write to:

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