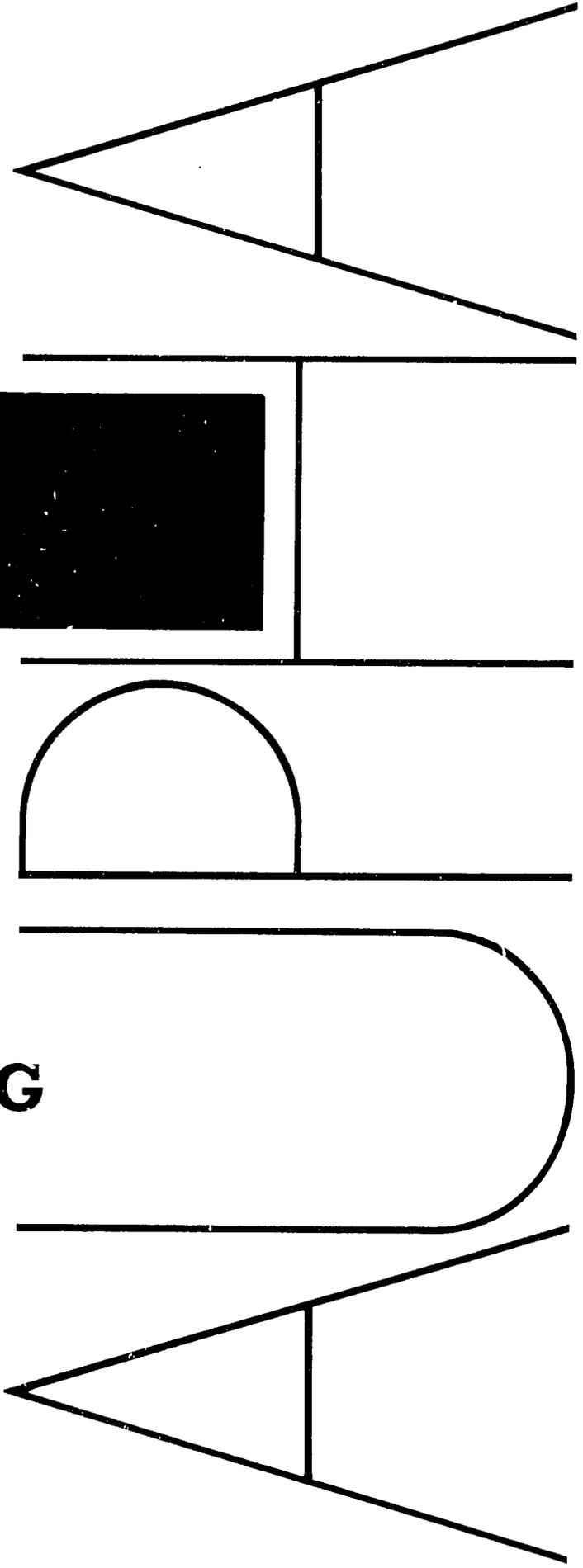




**MAPS**  
**HEALTH**  
**MANAGEMENT**  
**PROBLEM-SOLVING**  
**MODULES**



HEALTH MANAGEMENT APPRAISAL METHODS PROGRAM

AUPHA MANAGEMENT PROBLEM-SOLVING  
(MAPS) MODULE

COMMUNITY AND EXTERNAL RELATIONS

September 1981

AUPHA--THE HEALTH MANAGEMENT EDUCATIONAL CONSORTIUM  
Office of International Health Administration Education  
One Dupont Circle, NW, Suite 420, Washington, DC 20036, USA  
Telex 64148 / Telephone (202) 387-8811 / Cable AUPHA

This module was written by:

Gordon D. Brown, Ph.D.  
Harry Feirman

This report was prepared with the generous support  
of the Office of Rural Development and Development Administration,  
Bureau for Development Support, of the Agency for International Development,  
Washington, DC, USA, under the Health Management Appraisal Methods Project,  
Contract AID/ta-c-1480.

Copyright©1981, Association of University Programs in Health Administration

## TABLE OF CONTENTS

	<u>Page</u>
Preface	v
I. USER'S GUIDE	1
II. INTRODUCTION	12
III. ASSESSMENT	15
A. <u>Current Level of Performance</u>	15
Selected characteristics of the community	16
Range of services provided in the community	20
B. <u>Community Health Services</u>	25
Availability	26
Accessibility	26
Continuity	27
Quality of Care	28
Equity	29
Acceptability	29
C. <u>Health Service Objectives</u>	31
D. <u>Constraining Factors</u>	38
E. <u>Strategies</u>	42

## PREFACE TO THE FIRST EDITION

In 1977 officials of the Agency for International Development (AID) approached the Association of University Programs in Health Administration (AUPHA) because AUPHA's mission to promote education in health administration throughout the world seemed appropriate to AID's need for specialized expertise.

A recurring problem was confronting AID in its funding of health, population, and nutrition programs: how could managers programs in host country organizations identify areas of managerial weakness and subsequently improve managerial processes or structures? The AID Office of Rural Development and Development Administration and the AID Office of Health envisioned a project to develop and test methods appropriate for management assessments conducted in developing country health programs, adaptable to the unique circumstances of individual countries.

The Health Management Appraisal Methods Project was designed to make available to developing country and international donor agencies a methodology for self-assessment of the management of health services. The assessment tools are the Management Problem-Solving (MAPS) modules.

The MAPS modules were developed through the worldwide consortium of health management specialists affiliated with AUPHA. Field consultations in Africa, Asia, Latin America, and the Near East over a two-year period were carried out to meet three interrelated project purposes: identification of methodology strengths and weaknesses, identification of management problems and solutions, and training of participants in the appraisal processes. In addition, each of the MAPS modules benefited from a review by an international panel of specialists.

The modules require additional development based upon field experience. This test edition is distributed for field testing. Please send suggestions for revision to AUPHA.

The management assessment modules were prepared as a result of a four-year effort by:

The AUPHA Advisory Committee:

Gordon Brown, Ph.D., Chairman  
Gary L. Filerman, Ph.D.  
Arnold D. Kaluzny, Ph.D.  
Peter Sammond

AUPHA International Office project staff:

Robert Emrey, Project Director  
Margaret Dodd Britton, Associate Director (1980 to 1981)  
Diane Wilson-Scott, Associate Director (1978 to 1980)

Project work was coordinated at the Agency for International Development by the staff of the Office of Rural Development and Development Administration: Jeanne F. North (1980-1981), Monteze Snyder (1979-80), Dr. Kenneth Kornher (1979), and Dr. Charles Briggs (1978). Their support and encouragement were essential to these efforts.

Other individuals, including many AID and host country health officials, contributed countless hours of work and support on behalf of the project. The collaboration of all these people enriched every aspect of the work and was greatly appreciated by AUPHA.

AUPHA MANAGEMENT PROBLEM-SOLVING (MAPS) MODULE  
COMMUNITY AND EXTERNAL RELATIONS

I. USER'S GUIDE

The AUPHA MAPS modules are designed to help health facility administrators, government health officials, and others who seek information for the purpose of strengthening management practices in health service systems.

The modules are intended to be adapted for local use, taking into consideration available health services, local culture, existing administrative practices and their history, the political situation, and so on. Users are encouraged to change the order of sections in the modules, to alter individual questions to better meet their needs, or to omit questions or sections entirely, as appropriate.

The modules are intended to provide information for use in improving management practices in health services organizations of many types. The modules are not a complete management development package in themselves. Where a long term management improvement process is being considered, assistance from management development specialists is recommended, whenever possible, in addition to the study of these modules.

The remainder of this User's Guide contains suggestions on conducting management assessments with these modules. There are six modules, covering various aspects of guidance and support processes of health management. Four basic steps are outlined for users to follow during assessment: arranging for the assessment process, choosing the appropriate Management Problem-Solving (MAPS) module or modules, using the modules, and suggestions for taking action based on assessment results.

## Background

Managers of developing country health programs often are faced with a great variety of problems. Many of the most serious problems are outside of their control: epidemics, natural disasters, or shifts in population. The level of resources available is usually a political decision over which the manager has little influence, particularly when funds are being reduced. Managers need skills and energy to respond to the problems which such situations create. Sometimes the administrator must protect the organization, sometimes help the organization adjust to a new reality, and many times do more for the public with fewer resources.

The AUPHA Management Problem-Solving (MAPS) modules were designed to help managers identify situations under their control which may be decreasing the effectiveness of their programs; for example, problems such as supply shortages, operating hours which are unacceptable to workers or clients, or poor supervision of personnel.

What the manager controls, directs, or influences depends upon how the organization works and the type of post the manager holds in the organization. The manager of a private health center probably has control over most functions within the organization. The manager of a government health center, which is part of a national health service or a social security system, may have control over operations but have little decision-making authority. But, both managers carry out the same functions and have similar problems, possibly with different causes and different solutions. In all situations, it is clear that:

- Managers often have more authority, influence, or control over problems within the organization than they realize;
- Managers can often gain more authority, influence, or control if they have very good information; but
- Many times they do not have the information that they need.

The MAPS modules help the health services manager get the information needed to:

- Identify problems;
- Define problems correctly;
- Identify alternative solutions; and
- Determine problem-solving priorities.

If the manager works within a large system, for example, as a district or regional director of health, the manager may initiate solution of a problem by presenting the ministry with complete and accurate documentation describing a problem, the possible solutions, and their feasibility. If the manager has the authority to act, he or she needs the same knowledge in order to act wisely. In either case, the information needed is best produced by an assessment process.

The MAPS modules can be used as the basis for assessing many aspects of management in most health service organizations. However they are used, they must be adapted or revised to respond to the particular needs of the manager and the organization conducting the assessment.

#### Purposes of the Management Assessment Process

There are several ways in which the management assessment process can be used to improve the management of a health services organization:

- To take a look at the whole organization, identifying management strengths, weaknesses, problems, and solutions, and setting priorities for improvements. This total assessment may be helpful in preparing to combine two health service systems or before a major expansion of a system. It may be used before a new program director is appointed, to help identify the skills which are needed. A new director may use it to set priorities and goals. A donor organization may use it to determine what development is needed in order to use new resources effectively.
- To examine a part of an organization. A district director may want to assess one health center or hospital. The director of an organization can use assessment to determine how to improve functions such as accounting and financial management.
- To clearly identify a specific problem, list possible solutions, and settle upon the best solution. This takes the manager beyond a simple answer which may not solve the real problem. For example, if reports on laboratory specimens from a central laboratory are not reaching rural health posts, the problem may be a breakdown in laboratory equipment,

inadequate purchasing of laboratory supplies, poor vehicle maintenance, or inadequate personnel or financial management. Assessment helps clarify what contributes to the problem.

- To involve many people in the organization in the process of identifying and solving problems. When resources are scarce, competition may result instead of cooperation, so that available resources are not shared and are not used efficiently. The assessment process can bring together people from different parts of the organization to evaluate solutions and set priorities which all will understand and support. It is a course of action which does not itself require additional resources.
- To establish a management development program. Every health service organization can do a better job of serving the public and every health service administrator can do a better job of serving the organization.
- To identify training needs, opportunities, and priorities, and to develop formal training curricula. The assessment process is itself an effective management training device.
- To determine what assistance an organization needs in general or in dealing with a particular problem, by an outside consultant.

#### Step One: Arranging for Management Assessment

There are a number of points at which an assessment can be started. On the basis of discussions with managers in developing country health programs, the authors suggest that the following situations provide suitable opportunities:

- When activities are to be expanded because of increased budgets or new laws;
- When support from an external (donor) agency requires the development of new projects;
- When evaluation of activities or projects is required by an external (donor) agency;
- When new techniques are to be implemented, such as a change in accounting systems, or computerization;
- When a major natural disaster has changed the organization;
- When budgets are cut; and
- When there is a change in administration or government affecting the agency.

The decision to undertake an assessment is an important one. The process requires the time of employees who are busy with their day to day responsibilities. It may produce fears in employees who may think they are being judged on how they do their jobs. Or, it may be seen as a way to put people out of jobs or to reorganize responsibilities. Such fears can lead to a lack of cooperation.

It is important that everyone in the organization who may be involved in the process or affected by the results fully understand what it is and what it is not. They should be involved in discussion of how an effective process can help everyone do their jobs better. They should understand that it is usually not something imposed on them from outside, using someone else's standards. It is their own process, using their own standards.

The key to a successful assessment process is open communication with everyone who may be interested in or affected by the process.

### Step Two: Choosing the MAPS Modules That Fit Your Needs

There are six MAPS modules now available, with additional ones to be completed in new areas. The modules cover activities identified by practicing health service managers in developing countries as being of great significance and offering strong possibilities for improvements in their organizations. MAPS modules available can be used to assess the following functions:

#### Support Functions:

- Materials and Facilities Management: How the materials and supplies logistics system and facilities operations support the overall delivery of health services by the organization.
- Personnel and Human Resources Management: How employees (or potential employees) are contributing to the operation of the organization.
- Patient Services: How well the health services meet patients' needs, and how and whether patient expectations about health services differ from those of the organization.

- Financial Management: How flows of money are controlled for operation of current and future programs.

Guidance Functions:

- Organizational Design: How organizational units and work groups function and how various parts of the organization are coordinated.
- Community and External Relations: How the organization relates to outside institutions, the services it provides to the community, and external factors which constrain the organization's performance.

Each of the modules is unique in style and approach. This reflects the different situations a manager will find him/herself in within the various management functions, the level of information available on the particular subject, as well as differences in authors' approaches. In each case, it is important to note that these modules can only help you organize ideas and potential that already exist in your organization and are not intended to serve as master plans for restructuring an entire organization.

Any combination of the modules may be used. It may be best to start with the one which appears to deal directly with the most important problem and then go on to use the others as they may be helpful. It is possible that more than one of the MAPS modules will be needed for you to clarify your current situation and then to establish a workable plan of action for making changes.

There are many other approaches to management development in your organization in addition to the use of MAPS modules. The greatest benefit of this assessment will result from combining use of the modules with one or more of these other activities. While there is not enough space here to give a long description of all the other approaches, a few of the more important ones can be suggested: use of in-service training programs to expose staff to new ideas about health services management; use of outside management specialists; and, perhaps most importantly, encouraging managers to give special attention to the way they supervise their employees.

Supervision in health programs in most parts of the world involves a combination of regulation and education (a police function and a teacher function). It is seldom possible for the same manager to be effective in both types of supervision. The educator-type supervisor is more likely to benefit from the use and discussion of the MAPS modules than is the regulator-type supervisor.

### Step Three: Using the MAPS Modules

The MAPS modules guide managers' thinking and raise sensitive questions which can result in strengthening management practices. The modules are designed to encourage involvement by a variety of knowledgeable people, but could conceivably be used profitably by an individual manager operating entirely alone in considering ways in which the organization operates.

A typical module contains the following elements:

- Problem examples and issues;
- Introductory explanations of management practices;
- Guidance for setting criteria against which to judge current practice;
- Directions for gathering information and discussing the current practice in a given management area; and
- Questions which focus on particular activities or practices of importance in many countries and which are believed to be of value to the user.

The module user gets an opportunity to follow along familiar lines of thought, and also to raise new questions and see new perspectives on program operations.

The expected outcomes from the use of MAPS modules include the following:

- Consideration of objectives and criteria for particular management activities;

- Diagnosis of problem or particular management situations with information available to managers working in particular management areas;
- Inventory of actual problems and solutions;
- Recognition of areas which are not operating well and require more detailed problem analysis; and
- Indication of other management areas which may be causing problems (such as are covered in other MAPS modules).

In using the modules you should not expect that long-standing problems can be changed in a short period of time. Instead, expect that most problems will be handled gradually--of course, you should watch for chances to take rapid action when opportunities present themselves.

Selecting the participants: In organizing the effort to use modules and consider possibilities for problem-solving, you should be careful to select participants who have a diversity of relevant experience. Many module users recommend using a team approach. Neither single individuals nor large numbers of people are excluded from using these materials, but groups of three to five participants have been found very effective.

The various groups asked to participate or contribute should include, if possible, representatives from all levels in the organization's hierarchy who are affected by the management practices under study. The more broad the involvement, the more effective the assessment will be. To achieve greatest support for the follow-up results, all participants' ideas should be taken seriously. Top management support for the effort and knowledge of the use of the materials are essential to the success of the effort.

Defining objectives and timetables: Clear working objectives should be set for the effort. It is important that expectations and objectives be established in practical terms at the outset. A timetable is also important since many different people are likely to be involved in answering questions through interviews or directing attention to sources of data. It is helpful to decide who will be involved in the total

assessment process and who will be involved only in collecting the information specified by the module.

Reviewing the module: The teams then review the module they are working with. Each participant should have the opportunity to review the complete module to see how the section they are working on fits into the total assessment. Many chapters or subsections of modules begin with a general statement. The team must decide if the statement is appropriate for the organization. If it is not, the team may change the statement or write a new one which describes how the function would work if it adequately met the needs of the organization.

Adapting the module: The team then examines the questions in the subsection. The questions are not a checklist of good or necessary practices, rather they help identify what is being done now and what might be appropriate. Remember that the modules must be adapted to meet your needs. The printed forms cover what experienced health managers in many countries recommend should be included in an assessment--but only as a starting point. Modules should be modified to fit both the purpose of the assessment and the organization. The team may decide to rewrite the questions, selecting some to use and some to change. Some questions may be too detailed, and others may not be detailed enough. Some of the subsections include issues for the team to consider. The team needs several hours together for reviewing the subsection and reshaping it if necessary before beginning to collect information.

Conducting the assessment: The team then collects the information. When all the information has been assembled, the team meets to decide if any important information has been left out. That is, is the description complete?

When the team members are sure that they have developed a complete profile, they begin answering the assessment questions in part III of the module. Each module section ends by asking how adequate the section is to the needs of the organization as stated in the opening. If the group concludes that the management function adequately meets the needs of the organization, there are probably not many important management problems. If the conclusion is that the function does not

come close to meeting the standard in the opening statement, there are probably major management problems.

The team then decides what is the most serious problem, and defines it as clearly as possible. For that problem, the team then lists all of the solutions they can think of. For each of the solutions the team develops a cost estimate. The estimate should be well done, but you should not spend a lot of time developing detailed cost information.

Interpreting the results: At the end of each support function module (that is, all but the Organizational Design and Community and External Relations modules), there is a list of all of the management subfunctions. Each team identifies what it considers to be the most serious problem, solutions, and the cost of each solution. All of the teams come together and report so that everyone participating in the assessment process has the opportunity to learn what the other teams think are important problems.

The assessment teams together, or perhaps a coordinating committee, study each important problem, the solutions identified, and the possibilities of implementing them. Each of the solutions is then evaluated and given a score as follows:

1. = Very possible.  
The organization has all of the necessary resources and the authority to implement the solution.
2. = Possible.  
Some of the resources are available or they can be easily obtained.
3. = Questionable.  
It is not certain that the necessary resources can be obtained. Or, the authority is not clear.
4. = Probably not possible.  
The organization is not likely to be able to obtain the resources necessary, or, it may not have much chance to obtain the authority. Or, the solution may be possible, but it would take too long to implement it.
5. = Impossible.  
The solution cannot be seriously considered.

#### Step Four: From Assessment to Action

In making plans for resolving problems identified through using the module, the following general stages should be considered:

- Identifying alternative solutions to problems;
- Examining resources for each alternative;
- Examining constraints;
- Ranking the alternatives and determining which alternative best meets the agency's needs; and
- Designing a work plan for that particular alternative.

Involve the individuals who are likely to be affected in the evaluation of the solutions in deciding which is most important for the organization. These people will then be more likely to help achieve the solution selected.

Another action plan is to use additional management assessment modules to examine other units or functions. If you started with Materials and Facilities Management, it may be appropriate to use the Personnel or Finance modules for the next step.

The experiences of other managers in making changes to strengthen management practices in organizations like yours can also be of great value. Innovations in management practice are known to be passed from person to person. Practicing managers should keep attuned to the work of others and consider the possibility of adopting the established practices of other agencies for doing work described in this module area.

AUPHA MANAGEMENT PROBLEM-SOLVING (MAPS) MODULE  
COMMUNITY AND EXTERNAL RELATIONS

II. INTRODUCTION

This module deals with your particular health organization and how it interacts with its external environment. It concerns the health services delivered, the community served, and the limits placed on making changes in your health delivery system. You will examine how well your health delivery system meets the needs of your community, and how you can improve it.

The many components of the external environment and the ways they can limit your organization's achievement of its health delivery goals include:

- Superordinate organizations: political ideology; regulations on area of service or services to be provided; level and type of expenditure; and organizational structure.
- Suppliers: trading restrictions; restrictions on international loans and foreign assistance grants; availability and quality of power supply, communications, transport, warehouses; capital market; and centralized purchasing.
- Competitors/Cooperators: incompatibility of programs; restrictions in international loans or assistance programs; consensus on the way to achieve agreed upon goals; relationship with superordinate organization; political and administrative stability; political ideology; established referral networks and service areas; and racial, religious, and linguistic differences.
- Legal: general legal structure for business (contracts, taxes, labor); restrictions on foreign enterprises and organizations; and flexibility of law and legal changes.
- Sociocultural: education, literacy, and technical training; view of authority and subordinates; class structure and mobility; sexual, racial, linguistic, and religious constraints; and view toward change, or traditionalism.

You will be examining the effects of these kinds of factors on your organization and identifying ways of dealing with them.

This assessment requires that you first go out into the community and organize or collect some data. The data you collect at the beginning is essential and will provide the basis for the rest of the assessment.

This module will help you to assess different aspects of your organization and how it interacts with your community. Community may be defined in various ways:

- Your entire country (a very large community!);
- A particular region or district of your country;
- A particular target sub-group of the population (for example, pregnant women); or
- A single village.

In this module, the term health services means government health services. Your entire health delivery system might include the following:

- Government health services (including hospitals and clinics);
- Private health services;
- Traditional health practitioners;
- Druggists and pharmacists; and
- Other.

Each category is considered a separate part of the overall health system. As you discuss and analyze your community's health system, you will need to specify which part you are discussing.

The purpose of this assessment is to improve your organization's performance and accountability, through an improved understanding of the organization's interaction with its external environment. The assessment is performed so that managers can better direct the organization's adaptation to its environment.

When you have finished this assessment module, you will have identified four things:

- Objectives for your organization;
- Constraints which may make it difficult or impossible to reach your objectives;
- An analysis of the constraints; and
- Strategies for courses of action to reach your objectives.

This module is divided into six sections. Section A is a collection of some statistics about community residents, the health services you provide them, and how the residents use the health services. In Section B, you will analyze various areas of your health services. In Section C, you will develop health service objectives for your organization. Section D identifies external factors which constrain the performance of your organization, and helps you identify the factors to be changed. Section E helps you to work out appropriate strategies which, hopefully, you will be able to put into action as a result of working through this module.

AUPHA MANAGEMENT PROBLEM-SOLVING (MAPS) MODULE  
COMMUNITY AND EXTERNAL RELATIONS

III. ASSESSMENT

A. CURRENT LEVEL OF PERFORMANCE

The concept of community is central to all of the discussion that follows. A general definition of community, such as: "people with common interest living in a particular area," is not precise enough for use here. It is important that you and those helping with this assessment define what you mean by community so that you can draw boundaries in terms of groups of people and geographic areas. Will you use community to mean your village? Your district? Or the area served by one health post? Once you have a clear working definition of what you mean by community, continue with the rest of the module, and use this same definition throughout.

Enter here your working definition of community:

---

---

---

This first section is an evaluation of the current level of health services in your community. Certainly you have feelings about some good and bad aspects of the kind of health care you are providing to your community. In this part of the assessment you will collect data which may support or disprove some of your feelings about your health delivery system. First, you will record data about the population in your community; and then you will record information about the health services you provide them. This will give you a quick profile of your community, and will help you identify areas in which your health services are not meeting your community needs.

### Selected Characteristics of the Community

Using a map of your community or area, draw a line around the area from which the majority of your patients come.

In Table I which follows, describe the total population within the area you circled on the map. While it is important to use accurate data, estimates may be used where precise figures are not available.

Examine Table I. What are community sources of this information? First of all, some of the information is already in your records. Other data may be available through family planning services, through the department of labor, or through agricultural offices. Since much of the information asked for in this section requires data from many different offices, you may want to contact the chief political officer in your district or region and seek support before you try to get some of the data you need from non-health sources. This initial contact may also be valuable to you later as you discuss community needs and alternative strategies. Gathering data is a good way to get community support for and interest in what you are doing.

TABLE I.  
CHARACTERISTICS OF THE POPULATION (THIS YEAR)

Age distribution:

Total Population

	Male		Female	
	<u>Number</u>	<u>% Total</u>	<u>Number</u>	<u>% Total</u>
Under 1 year	_____	_____	_____	_____
1-4 years	_____	_____	_____	_____
5-14 years	_____	_____	_____	_____
15-49 years	_____	_____	_____	_____
50-64 years	_____	_____	_____	_____
65-79	_____	_____	_____	_____
80+	_____	_____	_____	_____

Geographic distribution:

Note: As you complete the data, if your area is mainly rural or mainly urban, then you do not need to fill out data for both categories.

Total Population

City center		Urban Fringe		Rural	
<u>Number</u>	<u>% Total</u>	<u>Number</u>	<u>% Total</u>	<u>Number</u>	<u>% Total</u>
_____	_____	_____	_____	_____	_____

Women Aged 15-49

City center		Urban Fringe		Rural	
<u>Number</u>	<u>% Total</u>	<u>Number</u>	<u>% Total</u>	<u>Number</u>	<u>% Total</u>
_____	_____	_____	_____	_____	_____

Children Under 5

City center		Urban Fringe		Rural	
<u>Number</u>	<u>% Total</u>	<u>Number</u>	<u>% Total</u>	<u>Number</u>	<u>% Total</u>
_____	_____	_____	_____	_____	_____

Ethnic and cultural minority groups

<u>Name of Group</u>	City center		Urban Fringe		Rural	
	<u>Number</u>	<u>% Total</u>	<u>Number</u>	<u>% Total</u>	<u>Number</u>	<u>% Total</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Employment:

	<u>Number</u>	<u>% Total</u>
Working and covered by health insurance	_____	_____
Working and not covered by health insurance	_____	_____
Unemployed	_____	_____

Income:

	<u>Median Income</u>	
	<u>Per person</u>	<u>Per family</u>
Rural	_____	_____
Urban	_____	_____

	<u>Number of People</u>	<u>% Total</u>
<b>Housing:</b>		
Have adequate housing	_____	_____
Have inadequate (squatter) housing	_____	_____
<b>Sanitation:</b>		
Served by a sewage system	_____	_____
Have pit latrine	_____	_____
Have no sanitation facilities	_____	_____
<b>Water:</b>		
Have access to safe water	_____	_____
Served by piped water to individual houses	_____	_____
Served by a standing pump	_____	_____
Have no water supply	_____	_____
Km. to nearest water supply _____		
<b>Health status indicators:</b>		
Population per physician	_____	_____
Population per nursing and midwifery personnel	_____	_____
Infant mortality (rate per 100)	_____	_____
Hospitalization (occupancy rates)	_____	_____

Range of Services Provided in the Community

Which of the following types of services are provided in your community? (Refer to Table II. and check all services provided.)

Please refer to the glossary which follows Table II. It is important that you and those working with you have a common understanding of these terms. Additional services available in your community and not specifically identified below should be written in the blank spaces provided starting on line 11.

TABLE II.  
RANGE OF SERVICES

___1.	Health education
___2.	Nutrition
___3.	Maternal and child health
___4.	Outpatient care
___5.	Emergency care
___6.	Custodial care
___7.	Hospital services (full services)
___8.	Hospital services (diagnostic, limited treatment)
___9.	Rehabilitation services
___10.	Visiting health workers
___11.	_____
___12.	_____
___13.	_____
___14.	_____

The brief glossary below tells which services are included in each category.

1. Health education Information about healthful living, disease prevention, general health, and hygiene
2. Nutrition Information as to what foods to eat, locally available foods, special foods for children, oral rehydration, etc.
3. Maternal and child health Pre-natal care for the mothers, child care, family planning services, child immunizations
4. Outpatient care Outpatient clinic services
5. Emergency care Emergency medical care, including ambulances, helicopter rescues, mobile units, etc.
6. Custodial care Very limited daily living services
7. Hospital services (full) Full hospital services, including diagnostic and treatment
8. Hospital services (limited) Limited hospital services, diagnostic, and some treatment
9. Rehabilitation services Health rehabilitative services for physically and mentally handicapped
10. Visiting health workers Primary health worker or nurse who visits the home, providing care to both young and old

In order to classify the kinds of services you are providing to your community, it is a good idea to carefully examine the health records you presently keep. If, for example, clinic records show that many mothers are bringing their babies to your clinic, then you might want to examine more closely the types of services being provided to them. If your records show that only a few mothers are bringing babies into your clinic, then you might want to try to find out why. What about your services might be keeping them from using your services?

For each of the services you identified as available in your community, tell in Table III. to whom they are provided and how you would classify the nature of care, using the codes provided at the bottom of the table.

TABLE III.  
CLASSIFICATION OF SERVICES AVAILABLE IN THE COMMUNITY

	<u>Rural</u>	<u>Urban</u>	<u>Workers</u>	<u>Unem- ployed</u>	<u>Aged</u>	<u>Women/ child</u>	<u>Ethnic/ cultural minorities</u>
Health education							
Nutrition							
Maternal and child health							
Outpatient care							
Emergency care							
Custodial care							
Hospital services: Full services							
Limited services							
Rehabilitation services							
Visiting health worker							

Code

- 1 Most health needs are met
- 2 Provide only services for complex care
- 3 Provide only services for basic preventive diagnostic and treatment services
- 4 Meet few of their health needs

## B. COMMUNITY HEALTH SERVICES

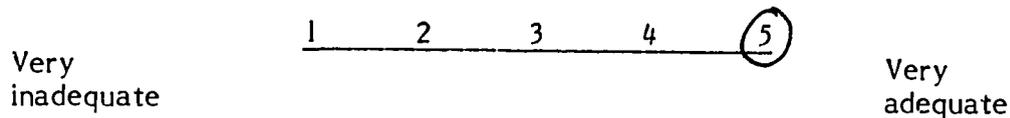
The World Health Organization and other international organizations have identified important areas which describe how health services are provided in a community. These areas are as follows: availability, accessibility, continuity, quality, equity, and acceptability of health services.

In the section below, choose one statement out of four which best describes your particular health services for each area. On the blank lines, you may want to write specific comments which may help explain the answers you checked. At the end of each of the sections you will be asked the following question:

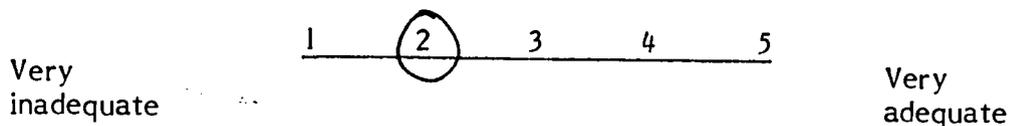
How adequately do your health services demonstrate the particular characteristic?

For example, in Portugal, Jose's health clinic was available to everyone in the village, but his major concern was in the quality of care the patients received when they came to the clinic. He did not have enough staff and they lacked recent training. Jose's scores might look like this:

Availability:



Quality:



The areas which are presently inadequate are the ones you might want to work on later.

Availability

Check the following statements which describe the availability of health services to at least 50% of your community. (Refer back to Tables II. and III.)

- a. Hospital care and basic preventive services are available.
- b. Basic preventive diagnostic services (only) are available.
- c. Emergency medical care is available.
- d. Basic preventive diagnostic services are available only through a visiting health worker.
- e. Health services are often not available at a facility because of shortages of staff or drugs.

Do these statements correctly describe the availability of your health services? If not, add the important missing information.

---

---

How would you describe the availability of health services (supply and mix) in your community?

Very inadequate                      1      2      3      4      5                      Very adequate

Accessibility

Which of the following statements describes how people in your community use health services?

- a. People readily use government health services when they are sick.
- b. People prefer to use preventive, diagnostic, and treatment services (government clinics) when they are sick.
- c. People prefer to use complex (hospital) services when they are sick.

- \_\_\_d. People seldom use government health services when they are sick.
- \_\_\_e. Over 50% of the people use a combination of health services (government, traditional, and private) when they are sick.

Do these statements correctly describe the accessibility of your health services? If not, add the important missing information.

---

---

How would you describe the accessibility of health services in your community?

	1	2	3	4	5	
Very inadequate	_____					Very adequate

Continuity

Which of the following statements describes the continuity of health services in your community:

- \_\_\_a. There is a frequent turnover in the health professional staff of this community.
- \_\_\_b. Often health services are discontinued because of a lack of staff or supplies.
- \_\_\_c. Many government health programs are donor funded and end when the funds run out.
- \_\_\_d. Patients can move easily from one health facility to another (across various subsystems).
- \_\_\_e. Patients can transfer easily from one government facility to another, that is, the patient referral process works well.
- \_\_\_f. It is difficult for patients to move among the various health systems (from government system to private, etc.).

Do these statements correctly describe the continuity of health services? If not, add the important missing information.

---

---

How would you describe the continuity of health care in your community?

Very inadequate                      1    2    3    4    5                      Very adequate

Quality of Care

Which of the following statements describes the quality of health care in your community?

- \_\_\_ a.    Quality of care is directly related to income: rich get high quality care, poor get low quality care (facilities, staff, etc.).
- \_\_\_ b.    Government facilities provide a lower quality of care than exists in the private sector.
- \_\_\_ c.    Most people in the community do not have access to high quality care at the present.

Do these statements correctly describe the quality of health care? If not, add the important missing information.

---

---

How would you describe the quality of health care in your community?

Very inadequate                      1    2    3    4    5                      Very adequate

Equity

Which of the following statements describes how equitable the health services are in your community?

- a. Government services are provided on nearly an equal basis for everyone in the community.
- b. Some subgroups of the population do not receive good health care.
- c. Most of the community does not receive good health care.

Do these statements correctly describe the equity of health services? If not, add the important missing information.

---

---

How would you describe the equity of health services delivered in your community?

Very inadequate                      1      2      3      4      5                      Very adequate

Acceptability

Which of the following statements describes the acceptability of health services in your community?

- a. The government health services are accepted by most of the community.
- b. Some subgroups of the community do not accept the government health services.
- c. Many subgroups do not accept the government health services.

Do these statements correctly describe the acceptability of health services? If not, add the important missing information.

---

---

How would you describe the acceptability of health services delivered in your community?

Very  
inadequate

1      2      3      4      5

Very  
adequate

### C. HEALTH SERVICE OBJECTIVES

In what ways can the various service providers in your community improve the health status of the community? The following guide is provided to help you in identifying alternative ways of meeting the priority health needs of your community. (The technique used in identifying and relating objectives is called "intent structure" and is taken from Peter Delp and Associates, Systems Tools for Project Planning, International Development Institute, Bloomington, Indiana, 1978, pp. 55-63.) In completing this assessment you may work alone; but as in the last section, you should consider working with a group of your key advisors.

In the last section, you chose statements which best describe the way in which health services are provided in your community. Examine the answers you made there. From the areas of availability, accessibility, continuity, quality, equity, and acceptability, pick out the ones you see as having the greatest need for improvement:

---

---

---

Now choose one from these which reflects the area of the greatest need for your community. It will be helpful to refer back to the data collected in Section B in making this decision.

Write the statement below which represents the area of greatest need:

---

---

How can you improve the condition you listed above? You might want to consider the types of resources like personnel, information, and materials needed to improve this condition, and the ways in which you would get them.

There are many things you could do to improve this condition. Do you need more inputs into the health system? Inputs are like raw materials which go into the health system. Do you need more clients or more personnel? The items listed below may give you some ideas about possible inputs.

Personnel:            More primary health workers?  
                          More doctors?  
                          More supervisors?

Facilities:            More rural health clinics?  
                          More hospitals?

Drugs and materials:  
                          More vaccines?  
                          More refrigerators?  
                          More essential drugs?

Information:            More communication between ministries?  
                          More written reports?  
                          More medical reporting?

The most common solution to problems is to add more of something--more nurses, more doctors, more rural health posts, more land rovers, etc. If you are experiencing health management problems with the resources which you presently have, then adding more may just be making your problem worse!

A reorganization of your current health system resources may be the better solution. Do you need to consider organizing differently the personnel, facilities, or materials which you already have? For example, do you need:

- New work groups?
- Different reporting procedures?
- New supervisory roles?
- New budgetary procedures?
- New training courses?
- Better maintenance procedures?
- New communication channels?

In the following exercise you will identify some possible solutions to your area of greatest need. You will need some blank cards or small pieces of paper. On each card list one solution. Also on each card list the person or organization in your community who would be responsible for the solution. Please see the example which follows. If there is no organization or person in the community which presently has responsibility, identify who should have the responsibility.

Solution: More primary health workers

Who's responsible: District health officer

Look at all the cards and choose one or more solutions which seem best to you and write it below.

Best solution(s):

---

---

These best solutions are your primary objectives--what you feel you should do to improve the area of greatest need in your health care delivery system.

Save your other solution cards as you will use them later.

For the best solutions you chose, list all the activities that would have to take place in order to reach the solution. List only one activity per card; you will probably have to make more cards for that solution. Each activity is called a sub-objective because it will contribute to accomplishing the primary objectives.

Lay the best solution cards out on a table and move them around so that you put them in order of what activity must be done first, second, etc., starting with the thing you must do first on the bottom. Each lower objective will help you accomplish the main objective and the objective immediately above it. Your primary objective is at the top.

This type of an arrangement of objectives is referred to as an objective tree, where the smaller objectives in the lower part feed into the higher objectives. Where two objectives must be done at the same time, or if there involves a choice of one or the other, the "tree" will branch out in several different directions. Using one idea per card makes it easy to discard bad ideas as you develop new ones, and gives you something to rearrange while you are thinking about the objectives. A sample objective tree is on the next page.

The primary objectives are seen as the main way by which the area of greatest community need is to be met. The purpose of carrying out all the other objectives in the objective tree is to enable the primary objectives to be fulfilled.

Based on the objective tree arrangement you just completed, which of your primary objectives would you select as the priority objective which your organization should be dealing with? In making this decision, consideration should be given to sub-objectives that must be completed by your organization before you can complete the primary objective. Circle your priority objective.

You may wish to select a second priority objective from among the primary objectives not previously chosen and repeat the process.

Review your tree arrangement to see if it is logical. Does each lower objective help you accomplish the main objective and the objective immediately above it?

After building this objective tree, you may decide that your primary objective is not really what your community needs the most. If you find that this objective is too difficult to achieve, go back and select a different solution or a different condition you think you most need to improve.

Once you have completed your objective tree, you may want to number or letter your objectives to make them easy to keep track of.

Copy the final arrangement of your objective tree onto the Table IV. "Organizational Objectives Tree."

ORGANIZATIONAL OBJECTIVES TREE  
(Example)

Condition to improve: Most people seldom use health services even when they are sick

Primary objectives:  
(solutions)

Who's responsible

Sub-objectives:

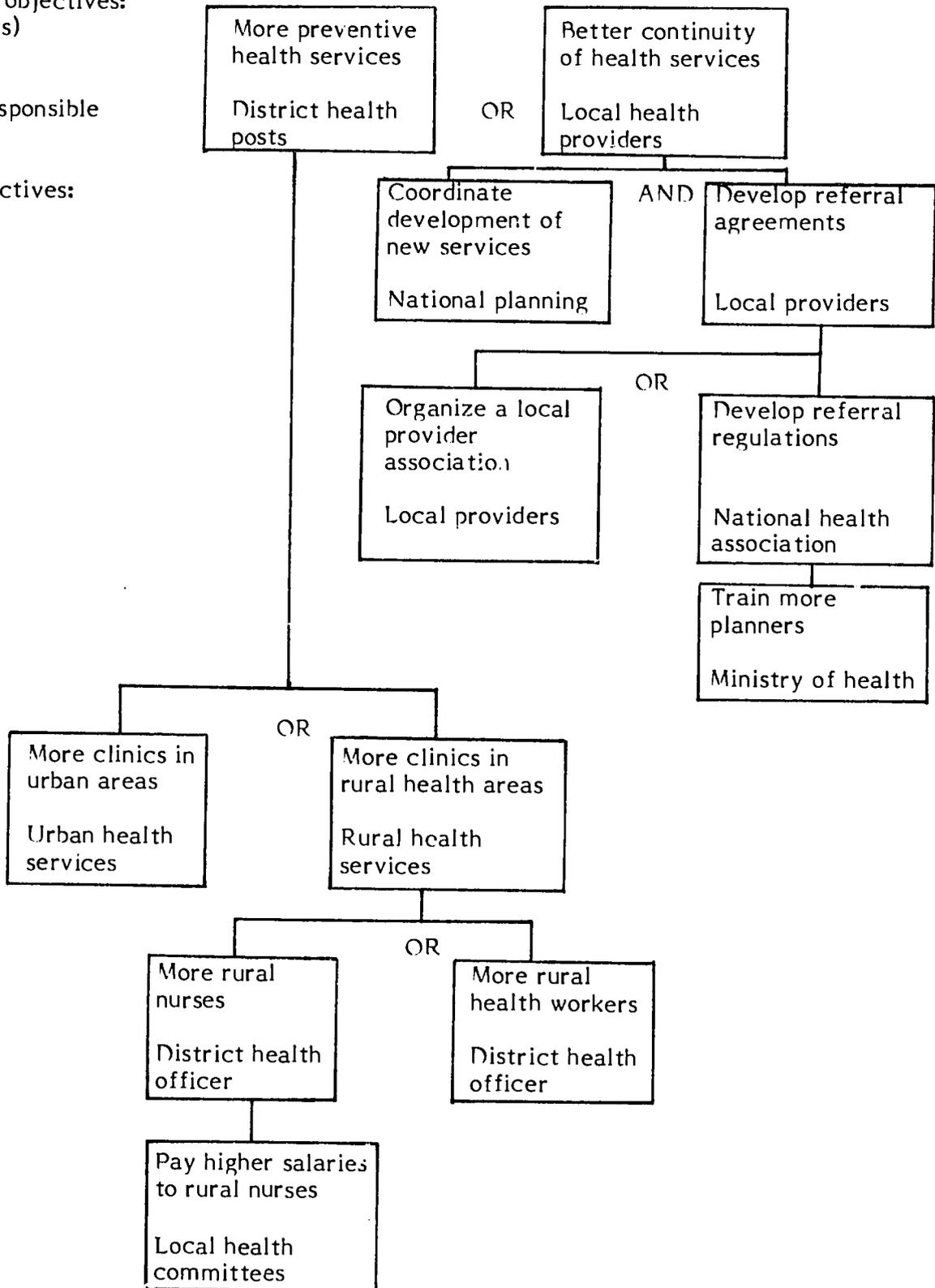


TABLE IV.  
ORGANIZATIONAL OBJECTIVES TREE  
(Fill in your tree here)

#### D. CONSTRAINING FACTORS

By constraining we mean limiting or preventing. A constraint acts as a roadblock to meeting your objectives. This section of the assessment identifies factors outside the organization, which:

- Constrain your organization so that the actual objectives you identified are not the best objectives for meeting the health priority needs; or
- Constrain your organization so that its performance is not effective in meeting its objectives.

If either of these conditions exist, the level of your organization's performance is less than ideal.

In the last section, you identified a priority objective which your organization should be addressing. In this section you will identify factors within your community that limit the ability of your organization to meet your priority objective. In carrying out this assessment, you will be completing Table V., "Organizational Objectives and Constraints."

Follow the objective tree down to the bottom objective on the tree. On Table V., write your bottom objective in the space labeled "objective."

Focusing for the moment only on this objective, what are major factors that constrain your organization from carrying out this activity? You may want to refer to the list of external environmental components which can affect organizations, which was given in I. Introduction. Record all your constraints for this objective in Table V. Do not be concerned about the order in which you list the constraints.

TABLE V

ORGANIZATIONAL OBJECTIVES AND CONSTRAINTS

Objective: \_\_\_\_\_

	<u>Constraints:</u>	<u>Your Influence</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Once you have listed all the constraints, you need to determine whether or not your organization has any influence over the constraint. There are three possibilities: you do not have any influence over the constraint; you have some influence over the constraint; or you have the power to change the constraint.

In the space beside each constraint, indicate your influence:

"X" if you do not have any influence

"I" if you have some influence

"C" if you have the power to change the constraint

What are the constraints for the other sub-objectives?

You will need to complete a Table V. for each sub-objective in your objective tree. Where a sub-objective or activity is identified as being the responsibility of another organization, list the major factors which constrain that organization from meeting the objective or carrying out the activity. For example, if the provision of "more clinics in rural areas" is identified as the responsibility of the district health officer, then any constraints are factors you feel would prevent the district health officer from providing additional clinics to rural areas.

The analysis of constraining factors really is a question of how much influence your organization has. If you have a lot of political influence in your community, then you may be able to accomplish certain things. If you do not have very much political influence, then you may be more limited in what you can accomplish. Another factor to consider is how much risk your organization is willing to take. If you are willing to take some risks, then you may feel that a constraint is one that you can overcome. You may feel confident that you have enough influence to change or convince another organization, even though there may be a lot of opposition to your ideas.

If your organization is more conservative, then you may not be ready to take many risks and will want to make sure you have full support before you go ahead with any new strategies.

How would you rank your organization on taking risks?

	1	2	3	4	5	
Willing to take a lot of risks	<hr/>					Not willing to take any risks

This will give you some idea of whether you might be willing to take some risks. When you are in the process of taking some action, depending on what else is going on in your environment, you may decide it would be good to take risks or that it would not be good to take risks.

Note that where a sub-objective is identified as being the responsibility of another organization, your concern is to determine how to change that organization, not how to carry out that activity yourself. As an example, if it is necessary to get the ministry of health to train more primary health workers, you would want to get the ministry to change its manpower training policies, not for your organization to train more primary health workers. If you have no influence over the ministry's decision of how many primary health workers to train, then you would mark an "X" beside a constraint on manpower policies--you cannot change it. If you do have some influence in whom the ministry of health trains, you would mark "I." And if you feel you would have the power to change the ministry's policies, you would mark a "C."

If the constraints occur within your organization, you may have a good chance of overcoming them. If they occur in some other part of the health system or within another government sector, you may have a difficult time trying to bring about the change you want. It all depends on your influence. You may find it helpful and necessary to talk with other organizations and individuals to determine how they would react to a particular proposal--if you are uncertain how they might react. For example, what would the ministry of health think of spending more funds on clinics and less on hospitals? What would the ministry of health think of hiring more female family planning workers? What would the district health officer think of allocating a fixed amount of district funds to communities who demonstrated independence and interest in the improvement of their own health services?

If you look at your lists and you have marked an "X" beside all the constraints, you need to go back and re-examine some of your answers! Certainly you have some areas of external influence which you are not recognizing.

At this point you are ready to choose the constraining factors you want to try to change, and to identify strategies, or courses of action, for most effectively changing them.

## E. STRATEGIES

Your proposed action or objective, and the constraining factors represent a relationship whereby change in one is brought about through a change in another. Performance is changed by altering one or more of the constraining factors. The constraining factors thus represent combinations of alternative ways for changing organizational performance to meet the proposed objective. Strategies to bring about these changes represent preferred management behavior.

Review how you completed Table V. for each objective. Look at which ones need to be changed in order to change performance to meet the sub-objective or activity. It should be noted that while each of the constraining factors limits performance, it may not be necessary or even desirable to change all of the factors in order to produce the desired results. For example the "level of expenditures fixed," "a single pay scale policy," "fixed salary levels," and "lack of consensus among administrators" may be factors which act to constrain an organization from paying higher salaries to rural nurses. However, in order to pay higher salaries to rural nurses it may only be necessary to increase the "level of expenditures"--the amount of money in the budget for salaries.

Where more than one factor needs to be changed to produce a desired result, these factors can be considered as units. For example, in order to pay higher salaries to rural nurses it might be considered necessary to change both the "fixed salary levels" and the "single pay scale policy." These two factors would therefore be considered as a unit and treated as such in the analysis.

Where different combinations of factors would bring about the desired change, these combinations can be considered as alternative actions. If, for example, the combination of changing the "level of expenditures," "fixed salary levels," and "single pay scale policy" is seen as being enough to enable the organization to pay higher salaries to rural nurses, it might be considered as one course of action to be followed. If the combination of changing the "fixed salary scale," "single pay scale policy," and the "lack of consensus among administrators" is also viewed as enough to enable the organization to pay higher salaries to rural nurses, it may be considered as an alternative to the first approach.

Your judgment will be necessary to determine which and how many of the constraining factors will need to be overcome in order to achieve your objective--how many are sufficient to bring about the desired change in performance and what options are available for alternative approaches to change.

After looking at the alternatives, select a constraining factor or factors that you wish to change to most effectively meet the proposed objective or action. Consider the control your organization has over the change, and the likelihood of the change being accepted and made.

After you have selected a constraining factor or combination of constraining factors to change, go on to analyze how they can be most effectively changed.

The selection of strategies to change constraining factors is based on:

- the extent of agreement on the proposed change among the individuals, groups and organizations; and
- the kind of control your organization has over factors in the environment.

You indicated your influence on each constraint by the codes you used in Table V., "Organizational Objectives and Constraints":

If you put an "X" in the square, then your organization currently has no input into the decision making process. In this case the analysis will consist of a description and selection of ways in which your input can be developed. If no viable alternatives exist for making a significant input, then the problem of management deficiency does not lie with your organization but at a higher level in the system. It must be emphasized, however, that the analysis should not be limited to existing types of input. New approaches and techniques should be considered for implementation.

If you put an "I" in the square, then your organization currently has input into the process of decision making and change.

If you put a "C" in the square, then your organization currently has decision-making control over the situation and can bring about change through its own action.

Where there is either an "I" or a "C," you will need to analyze the extent to which there is agreement or agreement can be reached among the individuals, groups, or organizations involved in the proposed change, and select a course of action most appropriate to the situation. In assessing the extent of agreement on the proposed change, three types of situations can be identified: (Description of situations and typology of intervention strategies is adapted from Roland Warren, Social Change and Human Purpose: Towards Understanding and Action, Chicago: Rand McNally, 1977.)

Cooperative--In this type of situation there is general agreement for changing the constraining factors. While the degree of enthusiasm the individuals, groups, or organizations involved show may range from general apathy to strong support, the important point is that they do not oppose the change. In this situation the activity would center on figuring out the details of the proposed change, overcoming apathy, securing active support, and getting the resources required to carry out and stabilize the change.

Campaign--In this type of situation there is no general agreement for changing the constraining factors. The individuals, groups, or organizations involved may either oppose such a change, feel that the objective being pursued is not worth the effort required, or disagree on the way the change is to be made. While there is a lack of agreement on the proposed change, there is, however, the belief that agreement can be reached through persuasion. The activities undertaken by the organization are therefore directed towards reaching consensus and gaining support for the change, so that the people involved can proceed cooperatively towards achieving the desired objective.

Contest--In this situation there is opposition to the proposed change. Furthermore one is convinced that the opposition can not be won over and must therefore be defeated if the change effort is to be successful.

In terms of priority actions, you should consider acting first in those areas in which a cooperative situation either exists or may be easily achieved. Generally it is the case that if people are willingly brought into the change process, they will be less likely to resist the specific actions as they develop. People are more likely to support the implementation and stabilization of the change; they help to insure that the change will be long lasting by not attempting to undo it.

Tables VI., VII. and VIII. list a range of possible strategies which correspond to the types of situations outlined above--cooperative, campaign and contest. In assessing the type of situation, you were asked to use your judgment in determining whether the people and organizations involved approved or disapproved of the proposed change, and to estimate the extent to which they hold these positions. In considering appropriate strategies for action, the concern becomes: given the position held by the various people concerned, what can be done to assure that the proposed change is actually made? It is necessary to look beyond simply the extent of agreement or disagreement. This will provide the additional information that will help to narrow the choice of strategies from among those included within each of the broad categories.

TABLE VI.

COOPERATIVE STRATEGIES

Application:	Situations in which there is agreement on general change objective
Activities directed toward:	Determining specifics of desired change Securing active support and obtaining necessary resources
Strategies:	Obtaining data which provide clear understanding of the situation, types of approaches, and resources necessary for making the desired change Identifying the proposed changes with the true interests, values, and beliefs of the groups affected
Types of actions:	Conduct studies Surveys Data collection Education programs Community meetings Organizational meetings Develop a research function Develop an evaluation Educational meetings Counseling Position papers Campaigns

TABLE VII.

CAMPAIGN STRATEGIES

Application:	Situations in which desired agreement does not exist but can be obtained through persuasion	
Activities directed toward:	Bringing about consensus among people and organizations involved in the proposed change, to allow for a cooperative strategy to be pursued	
	Reducing possibility of opposition to proposed change	
Strategies:	Convince people and organizations concerned that the outcome of the proposed change is desirable	
	Provide knowledge of the facts involved, identifying the proposed change with the true interests, values, and beliefs of groups affected	
	Try to alter the practices and values of these groups so that the proposed change is seen as being in-line with their own self interests. This is accomplished by internalizing new beliefs, or a more deeply rooted change in the practices and values of the group.	
	Offer rewards for cooperation, so that the change becomes acceptable on a basis other than its own merits (positive sanctions)	
Types of actions:	Conduct studies Surveys Consultants Data collection Education programs Community meetings Organizational meetings	Develop research functions Develop evaluations Develop diffusion systems techniques Educational meetings Counseling Position papers Campaigns Increasing staff positions

TABLE VIII.  
CONTEST STRATEGIES

Application:	Situations in which there is an absence of agreement and the conviction that agreement is unattainable
Activities directed toward:	Defeating or overcoming the opposition through direct or third party intervention
Strategies:	Placing the authority of a third party (law, administrative policy, regulation, etc.) behind the changes to be affected  Placing the authority of the organization (or one's own authority) behind the changes to be affected
Types of actions:	Development of administrative regulations Development of coalitions of organizations/groups Consolidation of programs Merger of organizations Development of agreements Proposing new laws and regulations Development of political contacts Organizational restructuring Judicial decisions

The constraining factors may be either structural, procedural, or based on a set of values or beliefs. Bringing about changes in these factors may therefore require the adoption of strategies which address the need for structural, procedural, or value changes in the target group or organization. For example, restrictions on levels of expenditures are seen as being procedural. In that case it is perhaps necessary only to bring additional information to the attention of the people concerned, so that they better understand the situation. The appropriate strategy may thus simply entail routine data collection or conducting a special study.

A second example involves altering the fixed salary levels to provide higher salaries for nurses in rural areas. As stated earlier, this may simply be seen as a procedural change. However, providing salaries to nurses in rural areas which are higher than those paid to their urban counterparts may be in conflict with certain sets of attitudes held by your community--only the less qualified nurses are assigned to the rural areas, indicating that the more qualified are assigned to urban hospitals. Opposition to such an action may thus persist until there is a change in those attitudes. The choice of a strategy which is not directed towards altering such attitudes would therefore be ineffective in this instance.

In summary, in selecting strategies:

1. Determine whether your organization currently has either decision-making control over the situation and can bring about change through its own action, or has input into the process of decision making and change. This information is on Table V.
2. Assess the extent to which there is agreement among the people and organizations concerned on the proposed change in the constraining factor.

3. Select the broad category of strategies which corresponds to your assessment of the situation, that is, cooperative, campaign or contest.
4. Determine what is actually involved in changing the constraining factor. Does it involve structural change, a procedural change, or a change in attitudes values and beliefs?
5. Identify the specific type or types of strategies and activities to be pursued and record your answers in Table IX.

In choosing a strategy, the organization increases the number of actions it takes for the purpose of increasing its control over decisions affecting organizational and performance related to the priority objective. It should be recognized that it is not possible and would be undesirable to have the organization gain control over all decision areas. The level of control desired is that which produces the most preferred outcome. While this level can never be precisely defined or evaluated, it is the organization's responsibility, through its management, to set goals consistent with community values and to achieve levels of output to effectively meet these goals. The organization should attempt to increase its control over decisions to meet these ends.

Now proceed with developing strategies, using Tables VI., VII. and VIII. as a guide to identify strategies appropriate for each constraint, for changing all constraining factors which you selected as being necessary and sufficient to bring about a desired affect. The selection of strategies for Table IX. is judgmental, based on your belief that they will produce the desired affect. For each constraining factor you choose to change (identified by "X," "I," or "C") list one or more specific course of action that you might try. There will be more potential courses of action than you need or that you will be able to efficiently carry out, so it is necessary to choose only those necessary to produce the desired result, and those which you feel will be most effective in producing this result. Your organization should then proceed to design a plan for implementing the selected strategies.

TABLE IX.  
STRATEGIES

Objective: \_\_\_\_\_

Constraining factor  
to be changed, and  
your influence:

\_\_\_\_\_

Strategy category:

\_\_\_\_\_

What is involved with  
the change:

\_\_\_\_\_

Strategy:

\_\_\_\_\_

Type of action:

\_\_\_\_\_

Objective: \_\_\_\_\_

Constraining factor  
to be changed and  
your influence:

\_\_\_\_\_

Strategy category:

\_\_\_\_\_

What is involved with  
the change:

\_\_\_\_\_

Strategy:

---

Type of action:

---

Objective:

---

Constraining factor  
to be changed and  
your influence:

---

Strategy category:

---

What is involved with  
the change:

---

Strategy:

---

Type of action:

---