User’s Guide to
the Responsibility and Authority Mapping Process (RAMP)
Version 1.0

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Acknowledgments

The Responsibility and Authority Mapping Process (RAMP) enables policymakers and managers to illuminate health managers’ or stakeholders’ perceptions about their responsibility and authority. The RAMP was developed by Riitta-Liisa Kolehmainen-Aitken and Elizabeth Lewis at Management Sciences for Health, who also wrote this User’s Guide. The RAMP is a further enhancement of MSH’s Decentralization Mapping Tool (DMT), which in turn arose out of the earlier Decentralization Planning Tool.

The opportunity to adapt the DMT to a wider context and refine it further arose through the USAID-funded REACH project in Afghanistan. Dr. Faizullah Kakar, Deputy Minister for Policy, Planning and Preventive Medicine in the Afghan Ministry of Public Health, wanted a better understanding of the perceptions of individual stakeholders in the redevelopment of Afghanistan’s health services. This request resulted in the application of the process in 13 provinces, with data collected from 110 individuals. The particular challenges of this application spurred the refinements that ultimately resulted in the RAMP. The final change was the decision to rename the tool RAMP; the name change reflects its usefulness in multiple contexts, not only decentralized or decentralizing ones.

We wish to thank Dr. Kakar and his colleagues for their invitation to apply the process in Afghanistan. We are also grateful for the support and very valuable contributions of our colleagues in the REACH project, especially Drs. Mubarak Shah, San San Min and Abdul Ali, and the Provincial Health Advisors of the REACH project. Without them the data would not have been collected nor the tool improved. Tashakoor!

Earlier efforts which led to the RAMP include the Decentralization Mapping Tool (DMT), and prior to that, the Decentralization Planning Tool (DPT). The DMT was developed by the Health Reform and Financing Unit of MSH with funds from USAID’s Latin America and Caribbean Regional Health Sector Reform Initiative (LACHSR), channeled through MSH’s Management & Leadership Program. Hector Colindres, Peter Cross, Riitta-Liisa Kolehmainen-Aitken, Lourdes de la Peza, and Judy Seltzer were responsible for revising the earlier DPT into the DMT. Elizabeth Lewis designed the DMT Excel formats that greatly facilitated data entry and analysis. The DPT in turn had been developed by James (Kip) Eckroad, Riitta-Liisa Kolehmainen-Aitken, Judy Seltzer, Steve Solter, and Randy Wilson with funding from USAID through the Family Planning Management Development II (FPMD II) project.

The DMT was field-tested in the Dominican Republic, Ecuador, Guyana, and Jamaica, and used in a modified form in Nicaragua. The field tests were invaluable for refining both the tool and its application methodology. We are very grateful to the many colleagues in our field-test countries for their support. We especially want to recognize Marjorie Holding-Cobham in Jamaica, Bheri Ramsaran and Jadunauth Raghunauth in Guyana, Patricio Murguetyio and his team in the Dominican Republic, Lida Moreno and her team in Ecuador, and our MSH colleagues and their counterparts in Nicaragua. Thomas Bossert of the Harvard School of Public Health, Jon Rohde and Scott McKeown at MSH, and participants in the September 2003 Regional Workshop for Senior Public Sector Policy Makers in Cuernavaca, Mexico, provided very useful suggestions.
Preface

The Responsibility and Authority Mapping Process (RAMP) is a practical management method designed for policymakers and senior managers to help identify those health management functions for which responsibility and management authority are most ambiguous. The underlying premise to the development of the RAMP is that managers who do not perceive that they have power over particular management actions (even if on paper they possess this power) are unlikely to take the responsibility or authority for them. Similarly, managers who do believe that they have been allocated such powers are likely to act, even if those powers are not formally theirs. The same is true of stakeholders, for example non-governmental organizations (NGOs) or training institutions, which may have been allocated certain responsibilities or authority over aspects of the health system. It is thus important to understand clearly managers’ and stakeholders’ perceptions of their powers in order to foster appropriate management action and reduce conflict.

HOW TO USE THIS GUIDE

The RAMP User’s Guide will take you through all the steps of applying the RAMP in your setting. It begins with an overview of the process and how you can benefit from it. It describes the process of applying the spreadsheet-based RAMP instrument, how to collect and analyze the data, and how to make decisions based on the findings. If you are already familiar with the RAMP, skim the Introduction and focus on other relevant section(s). If you used the earlier versions of the tool, (e.g., the DMT), the Introduction will orient you to how the tool has been modified, based on using it in the field.

This Guide is structured as follows:

- **Introduction.** This section gives you an overview of the RAMP: how health systems and organizations can benefit from using it, an orientation to the RAMP instrument, what the instrument consists of, requirements for using the instrument, and an orientation to the entire process.

- **Part I: Getting ready.** This section helps you to match the RAMP to your local setting, adapt the RAMP instrument as necessary, and plan the data collection.

- **Part II: Collecting, analyzing, and presenting the data.** This section explains how the RAMP is used to collect, analyze, and interpret the data, and how to present your findings.

- **Part III: Using the RAMP findings to guide management decisions.** This section suggests ways to take action, depending upon the results of your analysis.

- **Appendices.** The Appendices show you samples of a RAMP worksheet, analysis, and presentation, as well as how to adapt the RAMP if needed.
CONTENTS OF THE CD-ROM

The CD-ROM that accompanies this guide contains several files:

- electronic version of this User’s Guide in PDF in English (RAMP_User_Guide.pdf)
- electronic version of the RAMP in Excel (RAMP_template.xls)
- sample RAMP instrument filled in with data from a fictitious country (RAMP_example.xls)
- sample PowerPoint presentation with results of a RAMP exercise (RAMP_presentation.ppt)
I. Introduction to the Responsibility and Authority Mapping Process (RAMP)

A. What is the RAMP?

The Responsibility and Authority Mapping Process (RAMP) is designed to reveal and compare perceptions of health managers or stakeholder representatives regarding the distribution of responsibility and authority among management levels or stakeholder groups in order to identify management areas most in need of attention. The RAMP can be used to contrast perceptions about all nine functional areas (from health service delivery to health communication) that are required to manage a national health system. It can also be applied to examine how managers in one organization view the roles in managing a single area, such as personnel or financial resources.

The RAMP instrument described in this User’s Guide focuses on the health sector. The RAMP process can also be applied to other sectors. Such an application would require adapting the defined functions and questions in the RAMP instrument so that they are relevant to the sector in question.

The RAMP assesses perceptions. It does not examine how things are supposed to be managed under existing policies and plans, or whether the current and proposed future roles and responsibilities are the most appropriate ones. Understanding the perceptions of managers and stakeholders is essential for improving how the health system or health care organization is managed. If managers or stakeholders do not see themselves as having management responsibility or authority (even if these powers have been handed to them), they will not take on these roles. Conversely, if they perceive that they have such powers, they will seek ways to exercise them, even if managers above them or other influential stakeholders disagree.

B. How Health Systems and Organizations can benefit from the RAMP

The way health systems and organizations are managed is constantly evolving. There are many reasons for this. At the national level, decentralization may have allocated powers to new actors, such as local governments. Changes in health financing may have brought in different stakeholders, such as insurance funds. At an organizational level, a desire to improve a non-governmental organization’s (NGO) sustainability, for example, can lead to the local-level branch offices of that NGO being handed more independence. Ambiguity in management roles is a frequent experience of countries and organizations that are undergoing such changes. The new roles are rarely spelled out in sufficient detail to allow managers or stakeholders to be clear about their changed responsibilities and powers. Confusion and conflict are a common consequence, jeopardizing potential gains from the changes.

The RAMP is a very flexible process, and can be used for several different purposes at national and organizational level. It can be applied to:

- assess whether health managers or stakeholders currently share the same perceptions of how responsibility and authority are distributed;
- examine opinions about the way these powers should be allocated in the future;
• analyze perceptions at different points in time to see whether management roles become clearer over time; and
• study whether the distribution of management responsibility and authority shifts in a desired direction.

By revealing perceptions of managers or stakeholder representatives about their responsibility or authority over management functions, the RAMP allows policy-makers and high-level managers to identify and target the most critical management areas for action. Health systems and organizations benefit from the clearer definition of roles and responsibilities, reduced conflict, and better “fit” with the original intent and design of the changes.

C. ORIENTATION TO THE RAMP

The design of the RAMP is based on a functional analysis of a health system. The management of a health system or an organization requires action in several important functional areas. These include managing the delivery of health services, financial resources, and personnel. Each functional area consists of a set of key management functions. “Defining and supervising clinical standards, protocols and procedures” is an example of such a function in the functional area of health service delivery.

*Defining the critical groups of respondents whose perceptions are important to measure* is one of the first steps in applying the RAMP. Some examples of these critical groups are shown below.

• In an environment where *decentralization is taking place, or has already happened*, the critical respondent groups might be:
  - Central Ministry of Health (MOH)
  - Provincial health team
  - District health team
  - Health providers at the facilities (e.g., health centers and district hospitals)

• In a situation where you want to capture the perceptions of *key stakeholders* who play a role in the health system, the critical respondent groups might be:
  - Central Ministry of Health
  - MOH employees at the provincial level
  - NGO representatives
  - Donor representatives
  - Heads of training (medical and paramedical) schools

• If you want to assess perceptions *within a single organization*, you might choose the following groups of respondents:
  - President/CEO
  - Senior managers
- Middle managers
- Program and project staff

In this guide, we will use the term **respondent groups** to mean managers at key management levels, stakeholders, or other critical groups that have been chosen to participate in the application of the RAMP by sharing their perceptions.

Defining the entities that the respondent groups perceive as having responsibility or authority is another early step in applying the RAMP. In this guide, these entities are called **power holders**. Examples of power holders include the national Ministry of Health, provincial and district health offices, major NGOs and donors.

The RAMP includes the application of a mapping instrument, which consists of a set of matrices in Excel. The matrices list all functional areas and functions that are critical for managing a health system or an organization and that are potentially affected by changes in roles and responsibilities. For each function, the RAMP matrices include one or more “determining questions.” The questions probe respondents’ perceptions about which power holder(s) has responsibility for or authority over the function. The questions are formulated, as far as possible, as closed questions in order to reduce ambiguity in responses.

After applying the mapping instrument, the results are analyzed in two ways. The first analysis examines the degree of overall consensus among the respondent groups regarding responsibility for or authority over a particular management function, irrespective of the actual answers. The second analysis looks at agreement among respondents regarding their answers, i.e., the power holder(s) they perceive as carrying out a particular function. In a setting where the health system is decentralized or decentralizing, the latter analysis can be employed to show perceptions about whether the function is centralized or decentralized. Color-coded pie-charts are used to present the results for a full functional area.

The mapping instrument itself is set up to be bilingual. The version included with this User’s Guide is bilingual English/Spanish, but users can translate the terms and questions into another language and change the instrument's appearance with one simple menu click. Instructions for doing so can be found in Section II.A.4.C.

## D. Components of the RAMP Instrument

The Responsibility and Authority Mapping Process consists of three phases, which are covered in more detail in Sections II, III, and IV:

- getting ready for the RAMP field application
- collecting, analyzing and presenting the RAMP data
- using the RAMP findings for management decisions.

The RAMP instrument is comprised of various worksheets in one Excel workbook. There are several types of worksheets, each of which has a different purpose.
• The first worksheet (Read_first_Leer_primero) contains brief instructions; it is also the place where the user chooses the preferred language by clicking and making a choice from a pull-down menu.

• The second worksheet (Assumptions_Suposiciones) allows the user to enter basic data about the analysis: country, organization or institution, respondent groups interviewed, and the percentage cutoffs to use for defining High, Moderate, and Low levels of consensus.

• The third worksheet (Data_collect_Recopilación_datos) is the data collection questionnaire that may be printed out. It contains all nine functional areas, the functions within each, the determining questions to help assess respondents’ perceptions (both for the current situation and the desired future), and the potential power holders.

The main functional areas are:
- Health Service Delivery
- Public Health Surveillance and Response
- Financial Resources
- Personnel
- Drugs, Vaccines, and Supplies
- Equipment and Transport
- Capital Construction and Maintenance
- Health and Management Information
- Health Communication

• The next set of worksheets is for recording the responses received. Up to 10 groups may be interviewed, with up to 15 respondents in each group. Each group has its own page where the response data may be entered; the worksheets are named Responses_Respuestas_Gxx, where “xx” is the number of the group (e.g., 01, 02, or 03, up to 10). After the responses are entered, the instrument automatically calculates how many responses were received for each possible combination of power holders (for instance, “Central Ministry of Health only” or “Provincial Health Office and NGO sector”), and what the corresponding level of consensus is among those responses—High, Moderate, Low, or None. At the lower right of each worksheet in this section, pie charts appear automatically to illustrate the level of consensus by functional area.

Once the data are entered for the different respondent groups, each set of answers can be copied into the Responses_all_Respuestas_todas page. This page is useful for sorting the data in different ways so that various analyses can be done. For instance, you might interview different cadres of health staff in a series of provinces, but you would like to know if similar perceptions exist among all doctors, all nurses, all Provincial Health Officers, and so forth. When the responses are copied into one sheet, the data may be sorted by job title rather than respondent group, which allows you to look for patterns in these new groups of respondents.
• Most of the remaining worksheets are linked to the response recording sheets and automatically gather the data entered on those sheets. They are either summaries by functional area or an overall summary across all the functional areas, as indicated below:

- **Chart_data_Xx**, where “Xx” is the name of the functional area, automatically compiles the responses received from each respondent group for each question and for the functional area as a whole. It automatically calculates the number of responses received for each possible power holder combination—for instance, “Central Ministry of Health only” or “Provincial Health Office and NGO sector.” Each worksheet also contains a number of charts to show agreement on where each function is carried out.

- **Overall_summary_Resumen_global** compiles the data from all groups and all functional areas. It shows across all functional areas the overall level of consensus and agreement about where the various functions are carried out.

- **Chart_agreement_functional_area** shows the same agreement in graphical form but by each functional area.

• **Unique_codes_Códigos_únicos** is the worksheet that calculates all possible combinations of power holders in the RAMP.

• The final worksheet, **Terms_Términos**, lists all the functional areas, functions, determining questions, and other terms. If any of the terms need to be modified—whether the wording of the determining questions, the names of the power holders, etc.—those changes must be made on this page to ensure that they appear consistently throughout the instrument.

All other worksheets in the RAMP instrument refer to the Terms_Términos worksheet, so any changes in wording must be made only on that worksheet. Then the revised language will appear everywhere else that it is used in the RAMP instrument.

The functional areas:

All the functions crucial for managing a particular functional area are listed in its matrix. For each function, a set of questions is included to help determine which power holder(s) is perceived to have the responsibility or authority for that function. The questionnaire can be applied in one of two ways: respondents may each fill out an individual questionnaire, or the facilitation team may interview groups of respondents and record the consensus response of each group on a separate questionnaire. Responses are recorded by ticking a column of the corresponding power holder (for example, national, provincial, district, facility). More than one column can be ticked, if the respondent considers the function to be a shared responsibility or authority. If someone has a comment or clarification, that additional detail is recorded in a “Comments” column. (See Table 1 for an example of a completed matrix for the Health Service Delivery functional area.)
Table 1: Example of a completed Health Service Delivery matrix

<table>
<thead>
<tr>
<th>FUNCTION</th>
<th>DETERMINING QUESTIONS</th>
<th>CURRENT SITUATION</th>
<th>DESIRED FUTURE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Service Delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S1. Defining health service targets</td>
<td>1. Who sets health service targets for health programs and facilities?</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>S2. Defining service packages</td>
<td>1. Who defines the minimum service package for each level of care?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S3. Defining the service network</td>
<td>1. Who defines the types of health facilities and referral links in the health system?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S4. Defining and supervising clinical standards, protocols and procedures</td>
<td>1. Who defines clinical standards, protocols and procedures?</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>S5. Monitoring health service provision</td>
<td>1. Who is responsible for ensuring the achievement of provincial health service targets?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S6. Outsourcing services</td>
<td>1. Who has the authority to outsource clinical and/or technical services?</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>2. Who has the authority to outsource support services, such as laundry, security, etc.?</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>3. Who is responsible for ensuring contractual compliance by those who provide outsourced services?</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

E. REQUIREMENTS FOR USING THE RAMP INSTRUMENT

The hardware and software requirements for using the RAMP are:

- an IBM-compatible computer powerful enough to run Microsoft Excel 2000 and Adobe Acrobat Reader;
- a CD-ROM drive to access the Excel worksheets and the PDF files;
- the Windows-based spreadsheet program Microsoft Excel 2000 (or higher);
- Adobe Acrobat Reader (available free of charge from http://www.adobe.com), if you want to access the electronic version of the User’s Guide on the CD-ROM;
- a compatible printer that can print on A4, letter, or larger-sized paper.

The minimum skill requirements for using the RAMP are outlined in section F on the roles of facilitators.
F. ORIENTATION TO THE RESPONSIBILITY AND AUTHORITY MAPPING PROCESS

1. Phases of the process

The RAMP consists of three phases:

- getting ready for the RAMP field application
- collecting, analyzing and presenting the RAMP data
- using the RAMP findings for management decisions.

The RAMP is a process for accomplishing something, not an end in itself. In the preparatory phase, the goals for undertaking a RAMP exercise are clarified and agreed upon. This is a very important step and essential for ensuring that the data to be collected can indeed help you achieve your goals. After the goals are clear, the data collection methodology and the RAMP instrument itself are adjusted to match these goals and the local setting. The logistical aspects of data collection are then planned and organized.

Data can be collected in various ways; the method you choose should fit with your purpose for undertaking the RAMP analysis. Respondents can be asked to fill out a printed data collection sheet individually. An example of this would be to ask every member of a provincial health development committee to fill out the form. Such a committee might include representatives of central and provincial health authorities, NGOs, the private health care sector and the provincial government. Alternatively, data can be collected through guided, multidisciplinary group interviews of managers. In this case, the consensus answer of the group is recorded instead of the individual opinions. Such managers should be in charge of or knowledgeable about one of the nine functional areas of the RAMP, and work at the same management level (for example, a provincial level office of an NGO). The group interviews are held in a location that is most convenient for the managers, usually close to their workplace.

If data are collected from individual respondents, an external facilitator must first explain the RAMP exercise, show how the data collection sheet is to be filled out, and be ready to answer any questions that arise. To avoid biasing the results, the respondents should be asked not to discuss their answers before filling in the data sheet. You can, of course, collect the data from each respondent separately, one at a time, but this approach is likely to be more expensive and cumbersome. A better approach is to bring together several respondents in one place or use a regular gathering of key respondents for data collection. If the number of respondents is large and the time frame for collecting the data short, you may decide to use several facilitators to collect the data. If you do, you must make sure that they all understand the RAMP instrument and have been trained to facilitate the process.

When collecting the data through guided interviews, external facilitators ask the same “determining questions” from every group. The responses of prior interview groups are not shared with later ones. It is helpful to give respondents blank copies of the RAMP data collection sheet at the start of the guided interview, so that they can follow the line of questioning.
When the data are collected by asking individuals to fill out the data sheet, a single facilitator per data collection session is sufficient. If group interviews are used for data collection, the RAMP requires a minimum of two facilitators. While one runs the group interview, the other records the answers. If group members give different answers to a question, the facilitators wait until a consensus is reached, then record the answer. Any relevant clarifying comments, either from individual respondents or by groups, are noted in the RAMP matrix.

When data collection is done via guided interviews of respondent groups, the RAMP questions can generate a lively exchange among group members. The duration of the group interview depends on the ease or difficulty that the group experiences in reaching consensus answers. In most settings, one to two hours is sufficient to collect the data either from individuals or through a group interview. Unless travel time between locations is long, it is feasible to schedule one data collection exercise in the morning and another in the afternoon. After every two to three data collections, a minimum of one day is needed for data entry, verification, and analysis.

A half day is scheduled for the final feedback session. Senior-level representatives of all the respondent groups in the data collection are invited to attend. A written record of the most significant findings and recommendations, such as a print-out of a PowerPoint presentation, is provided to everyone attending. Depending on the available resources (including time), RAMP respondents can also be given CD-ROMs with the raw data and analyses so they can conduct additional analyses, as appropriate.

2. Roles of RAMP sponsors, facilitators, and respondents

The RAMP involves three main groups: sponsors, facilitators, and respondents. This section of the RAMP User’s Guide describes the responsibilities of these three parties in the different phases of the process. Each group is important for ensuring that the RAMP goes smoothly, the data collected are valid, and the findings result in concrete action. Additional groups may become involved, depending on the purpose of undertaking the RAMP. For example, if the process is intended to illuminate perceptions about roles in a decentralized setting, political bodies and the news media may be interested in the findings, particularly if decentralization is a controversial issue in the country concerned.

Role of RAMP sponsors:

The RAMP sponsors are individuals who recognize the benefit of undertaking a RAMP analysis, initiate the process and have sufficient political or organizational clout to help make it happen. Such individuals are either high-level personnel in the health system or organization to be studied or have excellent contacts and relationship with them. Sponsors may work in a Ministry of Health, a national health reform commission, regional health office, central office of a large NGO or other such agency. Leaders of a donor-funded project supporting major management improvement or health reform efforts may also sponsor a RAMP exercise. In the latter case, it is essential to ensure that national counterparts have been consulted and are in agreement prior to launching the RAMP.
The RAMP is designed to help pinpoint the management areas that need the most attention. Converting the RAMP findings to concrete actions requires the full commitment of the sponsors and, where relevant, their national counterparts.

Before the start of RAMP data collection, the sponsors should:

- understand the RAMP instrument and overall process;
- define the purpose of the RAMP exercise;
- help secure funding for the fieldwork;
- “open doors” for the facilitators by making appropriate introductions;
- collaborate in adjusting the process and instrument to the local setting;
- advise on and facilitate fieldwork logistics.

During the data collection phase, the sponsors should neither participate in nor observe the actual gathering of the data. Ensuring that the respondents can express their perceptions openly and frankly is essential for valid findings. Such frankness may not be possible in the presence of sponsoring individuals, who may be perceived—rightly or wrongly—to have their own agendas.

After the field work is completed and the data are analyzed, the sponsors have a very important role. They should:

- review and interpret the RAMP findings;
- disseminate the findings widely;
- organize and participate in discussions and debates on key findings;
- instigate or catalyze follow-up action.

Role of facilitators:

The facilitators of the RAMP may come from inside or outside the country in which the RAMP exercise takes place. In either case, the facilitators should be external to the health system or organization to be studied so that respondents consider them neutral in the way they design the field methodology and guide the data collection. It is essential that the facilitators be familiar with and understand key aspects of the local setting. These include the most important health indicators, the way the country or organization is governed, significant reform efforts, and who the main power brokers and opinion leaders are.

The facilitators must be thoroughly familiar with the RAMP instrument and process so that they can answer any questions from individual respondents. If data are collected through group interviews, it is also important that the facilitators possess a good grasp of health management so that they can clarify vague or conflicting answers from respondents. It is particularly important that they manage the group discussion so that every participant has an equal opportunity to express her or his perceptions. Thus, they must be skilled in fostering full participation by all group members and supporting consensus building. Whether data are collected from individuals or from groups, the facilitators need solid computer skills in Excel and PowerPoint to ensure accurate data entry and analysis, as well as effective presentation.
Before the data collection phase, the facilitators should:

- orient the sponsors to the RAMP exercise;
- adjust the RAMP instrument and process to the local setting, jointly with the sponsors;
- finalize local logistical arrangements for the field work.

During data collection, the facilitators should:

- explain the goals and process of the RAMP exercise to the respondents;
- manage the data collection process (e.g., by guiding the group interviews);
- as appropriate, gather filled data collection instruments from individuals or document the group decisions.

After data collection, the facilitators should:

- analyze the data;
- report the findings;
- suggest action steps, if requested;
- provide or suggest technical assistance to implement the actions, if requested.

Role of respondents:

The sponsors initiate the RAMP, and the facilitators manage the process. The respondents are the heart of it. The RAMP instrument is designed to gauge the honest perceptions of stakeholders or of managers at different levels of a health system or organization. While the respondents do not play a role prior to the data collection phase, the whole RAMP exercise is futile without their full engagement during and after it.

The most important role of the respondents during data collection is to share their perceptions openly and honestly about management areas with which they are familiar. If they are not knowledgeable about a particular management area, they should leave those answers blank. If interviewed as a group, every respondent should participate in reaching a consensus, because he or she brings in-depth knowledge that the other respondents do not possess about the way one of the nine functional areas is managed. A guided group interview can thus provide a valuable opportunity for sharing such information among group members.

After the data collection phase, the respondents should:

- join in examining and interpreting the analyzed findings, particularly as they pertain to their management level;
- suggest appropriate responses to identified weaknesses;
- take action in those areas that fall within their area of responsibility.
II. Part I: Getting ready

A. Step 1: Matching the RAMP to the local situation

1. Clarifying the purpose of the RAMP application

You need to be clear about the purpose of undertaking the RAMP application if you are sponsoring or facilitating one. Is the goal to identify those management functions about which managers are most confused or in conflict? Is the main purpose to examine how well managers’ perceptions of their own roles fit with what was intended when roles were allocated among different management levels in a health system or organization? Is the sponsor interested only about perceptions about the current situation or also about the way respondents would like to see responsibility and authority roles divided in the future? Or is the reason for the RAMP application to collect baseline data of stakeholders’ perceptions in a country where major reform efforts are being planned, including reallocation of roles between different health sector actors? If the latter, does the sponsor intend to repeat the application in the future to assess changes in perceptions over time?

The RAMP is easily adaptable and can be applied for all the reasons mentioned above—and many more. Each purpose requires modifications to the methodology. To make sound decisions about such adjustments, both sponsors and facilitators must be clear and in agreement about the purpose of the RAMP application.

As noted earlier, the RAMP instrument can be applied in one of two ways, depending on time constraints and other factors:

- The data collection form can be copied and given to key individuals for them to fill out on their own (with a facilitator present in the room to answer questions that may arise).
- Guided interviews of groups of respondents can be held, with the entire group sharing perceptions, discussing differences of opinion, and reaching consensus, and with the group facilitators recording that consensus response for each question in the data collection form.

2. Defining required analyses

After the purpose for undertaking the RAMP has been clarified, the analyses are designed to yield the desired information. It is crucial that you carefully design the analyses before you finalize the field methodology. It is the required analyses that dictate how and where the data will be collected, whether you collect individual responses or consensus answers, and whether you probe perceptions about the current situation only or also about the desired future.

Suppose that your purpose in applying the RAMP is to identify management functions where the most confusion and conflict currently reign among health managers. To do so, you must compare managers’ perceptions, functional area by functional area. In defining the required analyses, you must first decide which groups of managers you want to compare. Are you most interested in differences in the perceptions of managers who work at the same level but in different geographic areas (for example, members of regional health teams in different regions)? Or is it more important to contrast the perceptions of managers who work at different management
levels in the health system, for example at the central Ministry, provincial health office, and district health office? If the answer to the latter question is yes, what are the relevant management levels? Some will be obvious, but others may not be so straightforward. For example, should the semiautonomous national teaching hospital be considered a management level and thus included in your study?

In your analysis, you might want to contrast the RAMP data for a part of the country where the confusion and conflict are particularly severe with data from another area that seems to experience less confusion. Or you might be interested in comparing the perceptions of different stakeholder groups, for example by contrasting the views of central Ministry of Health top managers with those of provincial health managers, representatives of NGOs, and donor organizations or donor-funded projects. You can use the RAMP for all these analyses, but you must make sure to adjust the instrument and the process accordingly.

3. Determining the data collection method

You can collect individual opinions of respondents. Alternatively, you can collect consensus answers from groups of respondents. The option that you choose should be decided on the basis of your goals for undertaking the RAMP analysis. If your goal is, for example, to understand how the different members of a district health committee perceive the allocation of responsibility and authority between them, the appropriate method would be to collect individual opinions. Having data on perceptions of each relevant committee member allows you to compare the views of stakeholder groups (e.g., district government representatives versus district health directors), as well as those of district health committees in different geographical areas of the country.

If, on the other hand, your goal is to compare perceptions of management teams at different levels of your health system, you should consider collecting consensus opinions of these teams. Let us say that the health system in your country has three tiers: national, provincial, and district. By collecting consensus opinions of the health management teams at each level, you can examine how the views of the senior management team at the central Ministry of Health differ or agree with those of provincial and district health teams.

4. Identifying criteria for selecting respondents and data collection sites

When you undertake a RAMP analysis, it is unlikely that you will have enough resources to include all possible stakeholders or managers in all similar management entities (for example, all district health offices). You will have to make choices. Establishing criteria will help you decide who to include in the RAMP and where to collect the data – whether you collect them from individuals or from groups.

Let us say you want to gather data from stakeholders by having their representatives fill out the RAMP data collection form. Keep the following questions in mind when deciding which criteria to use to select the stakeholder groups that are represented.

- Do you want to make sure that the numerically largest stakeholder groups are included?
- Or do you want the politically most important ones?
- Or is it more important to learn the perceptions of the ones that work in all parts of the country, not only in one geographic area?
• Is it important to bring in those stakeholders who are likely to influence others’ opinions most?

Considering your reasons for undertaking the RAMP exercise, think through what criteria are important in your particular case for selecting the respondents.

If you will collect data through group interviews, you have two choices regarding where to arrange these discussions and who to invite. You can take a sample of similar management entities, interviewing all their relevant managers. Alternatively, you can invite relevant managers from separate but similar management entities and interview them as a group. In the first instance, you select a few of the district health offices, for example, and arrange a group interview in each. All relevant managers who work in each district health office are included in the group interview. In the second, you select a representative group of managers who among them have the relevant experience to answer the questions. They all work at the same management level and for a similar management entity (i.e., a district health office), but not in the same geographic location.

In all cases, you must define the criteria you use in sampling. Keep the following in mind when choosing your sample:
• In sampling management entities, is it important to choose at least one district health office from every province of the country?
• Do you want to contrast one geographic area versus another?
• Does the size of the district matter?
• In sampling managers, should the number of years of experience be used as one of the criteria?
  - If yes, what is the minimum number to be considered for selection?

These are the kinds of questions you must consider to ensure the best fit between the selection criteria and the purpose of the RAMP exercise.

**B. STEP 2: COLLECTING RELEVANT LOCAL DOCUMENTATION**

*Complete this step only if the facilitators are external to the local setting. Otherwise, you may proceed directly to Step 3.*

Before traveling to the country, the facilitation team should collect documentation regarding governance, the health situation, and other relevant information about the country and/or organization where the RAMP is being applied. This step can be accomplished by asking the counterpart (usually the Ministry of Health or a large NGO) or other local contacts to send what they think would be useful, either electronically or in hard copy, to the team leader. The team leader will then disseminate relevant documents to the other members of the team. Some examples of useful documents are national or regional health plans, NGO strategic plans, and organizational charts. If the RAMP exercise is undertaken to illuminate roles within a decentralized or decentralizing context, legal documents that describe any past or current changes in the country’s health laws or regulations, as they pertain to decentralization, can be very valuable.
This step is important for two main reasons:

- It is important to demonstrate to your local counterparts that you are aware of local customs, history, and politics, and that you respect their time by learning what you can in advance. You will be able to do a better job of facilitating the RAMP if you understand any recent or planned changes in the country or the organization as they relate to health management.

- The schedule is likely to be tight, once the facilitators arrive in-country. You may not have a chance to read, review and reflect on these types of documents. The more advance preparation the team has, the better prepared it will be to collaborate fully with local counterparts when the work in-country begins.

Sometimes you cannot obtain this type of documentation before your departure and there is no local counterpart office. In such a case, the logistics coordinator should arrive in-country prior to the RAMP facilitators to organize, collect, and—if possible—send the information to the facilitators before they travel to the country. If the logistics coordinator does not have time to obtain copies of relevant documents to send to them before they travel, he or she should ensure that copies of the documents are at the hotel when they arrive.

**C. STEP 3: ADAPTING THE RAMP INSTRUMENT TO THE LOCAL SETTING**

The RAMP instrument has been developed in Excel, and these instructions assume that you have intermediate spreadsheet skills. If you do not have these skills, you will want to recruit someone for your team who is comfortable using Excel.

There are two main reasons for having the RAMP instrument in Excel. One is so that the calculation of number of respondents, level of consensus and agreement, and creation of charts all happen automatically, as soon as respondents’ answers are recorded on the response sheets. The other reason for having the instrument in Excel is to make it easier for you to modify it. The RAMP instrument uses the same data in various places and in different ways, and if you need to make a change in one place, you want it to be consistent throughout the instrument. As described in the Introduction, the instrument features the main data collection sheet, as well as analysis pages for each respondent group and chart data pages for each functional area. You may need to change the wording of a particular question to fit the local context, and you need the corrected wording to appear both on the data collection sheet and the chart data page for that function. We have taken advantage of Excel’s capabilities with formulas to automate this process. How does it work? One of the worksheets in the file is called *Terms_Términos*; it includes all the questions and terms used in the instrument, in English and Spanish (or another language, if you choose to have it translated into some other language). This is the page where you make changes. The data collection sheet and the response and chart data pages all link back to this page. You make changes once, and the other sheets will reflect those changes automatically.

The step-by-step instructions that follow tell you how to modify various sections of the RAMP instrument to fit your local setting. In each case, you will need to share a copy of the data collection sheet with key people in the Ministry of Health or the senior level of your organization who are knowledgeable about the different functional areas covered by the instrument. You can
either circulate a photocopy of the data collection sheet found in Appendix A of this Guide, or you can print out a copy from the Excel file found on the CD-ROM.

1) If you are printing a copy from the Excel file, open the Excel workbook and click on the worksheet tab entitled Read_first_Leer_primero, which is the first worksheet in the workbook. (Apart from the chart data sheets, each worksheet is named in both English and Spanish to help you navigate the workbook more easily.)

2) Click in cell D4. You will see a drop-down menu with two choices: English and Other. The version of the instrument on the CD-ROM contains English and Spanish text. If another language is needed, you may simply translate each term and question on the Terms_Términos page and choose “Other” from the drop-down menu on the Read_first_Leer_primero worksheet in order to have all of the questions and other text (such as chart titles and legends) to appear in the other language. See Figure 1.

3) Highlight the appropriate language using your mouse, and click on it to select it.

4) Now go to the Data_collect_Recopilación_datos sheet. You will note that all of the headings and questions are now in the language that you have chosen.
5) Recall that you can record respondents’ perceptions of the current situation as well as their views on how responsibility and authority should be distributed in the future. If your application of the RAMP involves only the current situation, you may want to hide the columns for recording “Desired Future” perceptions to avoid confusion.

a) If you want only the “Current Situation” columns to appear:
   i) Unprotect the worksheet (Tools, Protection, Unprotect Sheet).
   ii) Select columns H through K, either by clicking in the gray column indicator row at the top (where the letters H, I, J, and K appear) or by going to any row and highlighting cells in those four columns).
   iii) Hide the columns (Format, Column, Hide).
   iv) Reprotect the worksheet (Tools, Protection, Protect sheet, OK).

6) Print out the data collection sheet, copy it, and circulate it to the senior resource people mentioned above.

7) Convene a meeting with these resource people to get their feedback.

8) Return to the Excel file to input any changes that are necessary. Detailed instructions are given below. Remember to make all changes on the Terms_Términos page.

9) Before making changes, save the Excel file under a different name. From the Excel main menu, choose File, Save As, and give the file a new name. Use this new file when making changes.

1. Modifying the power holders

As mentioned before, respondents may choose one or more power holders as answers to each question about responsibility or authority for a given function. The power holders may be management levels within a health system, such as National, Provincial, District, and Facility. Alternatively, they may be different groups of key stakeholders, such as National Ministry of Health, Provincial Health Office, NGOs, and Donors. Or they may be management levels within a single organization. In your country or organization, you may have more or fewer power holders, and they may not necessarily have the same names as the ones in the RAMP. For example, many Latin American countries are divided into departments rather than provinces. Thus, you may need to modify the power holders in the RAMP instrument.

1) Begin by clicking on the Terms_Términos page and, if necessary, scrolling the worksheet so that you are at the top of the page. See Figure 2. You will note that English terms appear in column A, and Spanish terms (or another language, if you are having the RAMP instrument translated) appear in column C. They have been laid out in parallel to remind the design team and future users of the instrument that if changes happen in one language, the same changes must be made in the other language. If you are using the instrument in one country and you decide that changes are necessary, you probably do not have to be concerned with making changes in the other language, unless you plan to present your results in both English and the other language. Note: To make any of the following changes, you may need to unprotect the worksheet. To do this, click on Tools, Protection, Unprotect sheet.
2) If you need to change the name, but not the quantity, of the power holders:
   a) Make changes by typing in the correct respondent group names in rows 15 through 18.
   b) Enter the data in column A if you are using the instrument in English, and in column C if you are using the instrument in Spanish or another language. (For instance, instead of Provincial and District, you may need to change the two intermediate names to Department and Local Health Authority.)
   c) Note that the name of each power holder should start with a different letter to ensure that the counting function works correctly. If this is not the case, think of a synonym or other unique word with the same starting letter. For instance, if you have defined two of your key power holders as National level of the MOH and NGO, perhaps you could change “National” to “Central” so that you have a unique starting letter for each power holder.
   d) Save the file (remember to give it a new name if you have not already done so).

3) If you need more power holders: We strongly suggest that you do not add more power holders. Ensure that more names are really essential before making this type of change. Why do we say this? For every power holder added, the number of possible combinations of responses increases significantly. For instance, if you include three power holders, you will
have 7 possible combinations (plus 1 for “None/Does not exist/Not applicable”). If you have four power holders, you will have 15 possible combinations (plus 1 for “None”). If you have five power holders, you will have 31 possible combinations (plus 1 for “None”). The RAMP instrument is set up for up to four distinct power holders; if you truly need more, follow the instructions below very carefully to ensure that the instrument will be able to count and calculate the numbers of responses, level of consensus, etc. **Also be aware that if you add a fifth power holder, the charts will become very hard to read; it is unlikely that you can choose 32 distinct colors that will help you to interpret the results.**

a) Look at rows 15 through 18 of the **Terms_Términos** page.

b) Decide where you need to insert the name of the additional power holder. For instance, you may need to add **Regional** between **National** and **Provincial**.

c) **Ensure that each power holder’s name starts with a different letter.** The RAMP instrument takes the first letter of each name and uses it as a unique code, which you will also use when doing data entry. It is essential that each power holder has a different first letter. You may need to use a synonym if you have two power holder names that begin with the same letter. For example, if you have both “National” and “NGO” on your list, you may decide to change “National” to “Central” so that each name begins with a different letter.

d) Put the cursor anywhere in the row below where you want to add the name.

e) From the main menu, choose **Insert, Row**.

f) Type in the name (either in column A or C, depending on the language you have chosen).

g) Change the names of other power holders, if necessary.

h) Save the file.

i) By adding a power holder, you will need to make a number of other changes to the instrument to ensure that its automatic counting and calculating features work properly.

   i) First, save the file under a new name in case you make a mistake when adjusting the workbook. That way you can return to the earlier version if you need to.

   ii) After saving the file under a new name, begin by changing the data collection sheet, **Data_collect_Recopilación_datos**, to include the new power holder.

      (1) Click on the worksheet and unprotect it by choosing **Tools, Protection, Unprotect sheet**.

      (2) In the upper part of the worksheet, where the titles appear, click in a cell to the right of where you want to insert an extra column. For example, if you need to add a **Regional** level between **National** and **Provincial**, click in the column that says **Provincial**.

      (3) From the main menu, choose **Insert, Columns**.

      (4) Unless you have hidden the “Desired Future” set of columns, you will need to repeat this step again so that you have inserted a column for the new power holder twice—once in the “Current Situation” set of columns and once in the “Desired Future” set of columns.
(5) Now copy the formula from an adjacent column into the blank cell in the title area of the worksheet.

(6) Finally, adjust the formula reference so that it is linked to the appropriate row of the Terms_Términos page. If we follow this example of adding Regional, and the names of the power holders appear on rows 15-19 on the Terms_Términos page, then Regional would be in row 16, immediately below National. So we simply change the row reference in the formula to 16. (Make sure to change it in both places where it appears in the formula.) See Figure 3 below.

(7) Save the file.

Figure 3: Editing the formula when adding a power holder

iii) Next, go to the Unique_codes_Códigos_únicos worksheet (near the end, just before the Terms_Términos worksheet).

(1) Here, you will need to create the additional letter combinations that reflect possible responses. The table below shows possible combinations for three, four, and five power holders.
<table>
<thead>
<tr>
<th>For three power holders (7, plus 1 for “None”)</th>
<th>For four power holders (15, plus 1 for “None”)</th>
<th>For five power holders (31, plus 1 for “None”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (N)</td>
<td>National (N)</td>
<td>National (N)</td>
</tr>
<tr>
<td>Provincial (P)</td>
<td>Provincial (P)</td>
<td>Regional (R)</td>
</tr>
<tr>
<td>District (D)</td>
<td>District (D)</td>
<td>Provincial (P)</td>
</tr>
<tr>
<td>Facility (F)</td>
<td>Facility (F)</td>
<td>District (D)</td>
</tr>
<tr>
<td>N, P</td>
<td>N, P</td>
<td>R, P</td>
</tr>
<tr>
<td>N, D</td>
<td>N, D</td>
<td>N, F</td>
</tr>
<tr>
<td>N, F</td>
<td>N, F</td>
<td>R, D</td>
</tr>
<tr>
<td>P, F</td>
<td>P, F</td>
<td>R, F</td>
</tr>
<tr>
<td>None/Does not exist</td>
<td>None/Does not exist</td>
<td>None/Does not exist</td>
</tr>
</tbody>
</table>

(2) In rows 2 and 3, highlight the cells to the right of where you are inserting the new power holder. Right-click your mouse and choose Insert, Shift cells right, OK.

(3) Copy the formulas in rows 2 and 3 to the new space that you just created. Edit the formula in row 3 so that it is linking to the appropriate row on the Terms_Términos page.

(4) Rows 5 and 6 contain the possible combinations of responses and their associated codes. Remember that each power holder must have a unique one-letter code, which is the first letter of the power holder’s name. If this is not the case already, go back to the Terms_Términos worksheet and change the name of one of the power holders so that each begins with a different letter.
Part of the **Unique_codes_Códigos_únicos** worksheet is shown below in Figure 4. The one-letter codes in row 2 are generated automatically, based on the names of the power holders. This is why each power holder name must begin with a different letter.

**Figure 4: Excerpt of the Unique_codes_Códigos_únicos worksheet**

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unique codes</td>
<td>N</td>
<td>P</td>
<td>D</td>
<td>F</td>
<td>National, Provincial, District, Facility</td>
</tr>
<tr>
<td>Choices:</td>
<td>National</td>
<td>Provincial</td>
<td>National, District</td>
<td>National, Facility</td>
<td>National, Provincial, Sub-national</td>
</tr>
<tr>
<td>Power holder(s):</td>
<td>National</td>
<td>National, Provincial</td>
<td>National, District</td>
<td>National, Facility</td>
<td>National, Provincial, Sub-national</td>
</tr>
<tr>
<td>Code:</td>
<td>N</td>
<td>NP</td>
<td>ND</td>
<td>NF</td>
<td>NPD</td>
</tr>
</tbody>
</table>

(5) Insert extra columns as necessary and adjust the formulas in rows 5 and 6 until you have all 31 possible combinations (plus the one blank at the end for “None/Does not exist/Not applicable”).

(6) Save the file again.

iv) On each of the **Responses_Respuestas_Gxx** and **Chart_data_Xx** sheets, on the right side of the worksheets (where the automated counting formulas are found), insert extra rows in the corresponding spots to where you added new columns on the **Unique_codes_Códigos_únicos** worksheet. Adjust the formulas in the header rows so that each of the possible combinations is being linked in from the **Unique_codes_Códigos_únicos** worksheet.

v) On each of those same worksheets, copy the formulas that appear below the header columns (the formulas that actually count number of responses) so that your worksheets are counting properly.

vi) Save the file again.

vii) Once you have entered data and can see the automatically-generated charts, you may need to adjust the colors in the charts, or you may want to collapse some of the 32 power holder combinations into fewer, broader categories to improve readability. Think of a pie chart or bar chart with 32 possible segments; it would be very difficult to read, and likely would not add value to your analysis. For example, you can add all the responses that include the national and at least one of the lower levels into one broader “Shared national and sub-national” category. Those adjustments are beyond the scope of this document.
4) If you need fewer power holders:

a) Look at rows 15 through 18 of the Terms_Términos page.

b) Decide which row is unnecessary. For instance, your health system may be organized in three power holding tiers: National, District, and Facility. Thus, you do not have a Provincial level.

c) Put the cursor anywhere in the row that you want to delete.

d) From the main menu, choose Edit, Delete. You will get a pop-up dialog box as shown in Figure 5.

Figure 5: Delete row/column dialog box

![Delete dialog box]

e) Choose Entire row and click OK.

f) Now go to the Data_collect_Recopilación_datos sheet. You will notice a #REF! error message in cells D8 and I8 (or in the columns that correspond to the row you deleted), as shown in Figure 6 below. (As mentioned earlier, the data collection and summary sheets link back to the Terms_Términos page. This error message is telling you that the link no longer works, because the cell to which it referred has been deleted.)

g) Unprotect the worksheet by clicking on Tools, Protection, Unprotect sheet.

h) Delete each of the extra columns (one at a time) by ensuring that the cursor is in the column, then clicking Edit, Delete, then choosing Entire column from the dialog box.

i) Click OK.

j) Reprotect the worksheet by clicking Tools, Protection, Protect sheet, OK. (Enter a password only if you need one; the worksheet has not been password protected.)
k) For each data response sheet (Responses_all_Respuestas_todas, plus each Responses_Respuestas_Gxx sheet, where “xx” is the number of the respondent group) and each Chart_data_Xx sheet, you will also see #REF! error messages. They will be over on the right side of each worksheet, near the top, where the column headers are. They correspond to columns that are no longer relevant (since you have deleted one of the power holders and therefore reduced the number of possible combinations). Unprotect each sheet and delete each column that has a #REF! error message in the header. See Figure 7 below.

l) Reprotect the sheets after making all changes.
2. Adjusting the functions and determining questions

The process for adjusting functions and determining questions is similar to that of adjusting the power holders. The instructions below assume that you have already circulated a copy of the data collection sheet and that your review team has provided its feedback. If you have not taken this step yet, please refer to Part I: Getting ready, Step 3 of this Guide and follow the instructions there.

1) If you need to change the wording or terminology, but not the quantity, of the functions and determining questions:

   a) Click on the Terms_Términos worksheet tab. Scroll until you find the section(s) that need to be edited. The functional areas and questions appear in the order that they appear on the data collection sheet; thus, Health Service Delivery is the first functional area, Public Health Surveillance and Response is next, and so on.

   b) Make changes by typing in the updated information. You can press the function key F2 to edit the contents of the cell, or you can click in the cell, then click in the formula bar just above the worksheet and make the edits there. See Figure 8 below.
c) As before, you will enter the data in column A if you are using the tool in English, and in column C if you are using the tool in Spanish or another language.

d) Note that a number of questions refer specifically to the names of power holders. See, for example, the Financial Resources section, functions F3–F6, rows 77–98 on the Terms_Términos worksheet tab. If you made changes to the power holders in the step preceding this one, you will also need to edit the text of these questions so that they correspond to the power holders you have chosen to include in the RAMP.

e) Similarly, you will need to review and perhaps adjust the text in the Personnel section. The RAMP assumes that there may be different processes for hiring, firing, and transfer of professional and other staff (or for staff hired at different management levels—the central level versus the local level in a decentralized environment). In your country or organization, perhaps there is no distinction in human resource policies and procedures among different categories of staff. In any case, you will want to review the wording of the determining questions for functions P2, P3, P6, and P7 very carefully (see rows 104–115 and rows 124–129 of the Terms_Términos page).

f) Save the file.
2) If you need to **delete** any functions or determining questions:

   It is possible that in your country, certain RAMP functions are always carried out by a particular power holder, such as the national MOH. If this is so, you may not want to spend time asking people about these functions, since the answer will always be the same. Thus, you may want to eliminate these functions or some of the determining questions.

   a) Go to the **Terms_Términos** page.

   b) If the sheet is protected, you need to unprotect it in order to make changes. Unprotect the worksheet by clicking on **Tools, Protection, Unprotect sheet**.

   c) Delete the row(s) that correspond to the unnecessary functions or determining questions. Ensure that the cursor is in the row that you want to delete, select **Edit, Delete** from the main menu, then choose **Entire row** from the dialog box.

   d) Click **OK**.

   e) Reprotect the worksheet by clicking **Tools, Protection, Protect sheet, OK**. (Enter a password only if you need one; the worksheet has not been password protected.)

   f) If necessary, renumber the questions. (For example, if a function has five determining questions and you delete question 3, you need to renumber questions 4 and 5, which are now questions 3 and 4.)

   g) Now go to the **Data_collect_Recopilación_datos** sheet. You will notice a #REF! error message in the cell(s) where you deleted functions or determining questions. (As mentioned earlier, the data collection and summary sheets link back to the **Terms_Términos** page. This error message is telling you that the link no longer works, because the cell to which it referred has been deleted.)

   h) Unprotect the worksheet by clicking on **Tools, Protection, Unprotect sheet**.

   i) Delete the extra row(s) by ensuring that the cursor is in the relevant row or rows (if you have to delete a few rows that are next to each other, you can select more than one row at a time by clicking in the topmost row, holding down the left mouse button, and dragging the mouse down until all relevant rows are highlighted), then clicking **Edit, Delete**, then choosing **Entire row** from the dialog box.

   j) Click **OK**.

   k) Reprotect the worksheet by clicking **Tools, Protection, Protect sheet, OK**. (Enter a password only if you need one; the worksheet has not been password protected.)

   l) Now go to each data response sheet in the Excel file (**Responses_all_Respuestas_todas**, as well as **Responses_Respuestas_Gxx** for each group of respondents). Delete the row(s) where the #REF! error message appears by following the instructions in step i) above.

   m) Similarly, for each **Chart_data_Xx** page, delete the unnecessary rows (the question itself, where the #REF! error message appears, plus all the associated responses that are being linked in from the **Responses_Respuestas_Gxx** sheets).

   n) Ensure that you reprotect all worksheets after you have made these changes.
3) If you need to add functions or determining questions:

Although every effort has been made to include a comprehensive set of functions and their associated determining questions, your review team may want to expand the research on some functions by adding more determining questions, or handle a particular function in a different way. If so, you may want to add either a function or determining question to capture the relevant information.

a) Go to the Terms_Términos page.

b) If the sheet is protected, you need to unprotect it in order to make changes. Unprotect the worksheet by clicking on Tools, Protection, Unprotect sheet.

c) Insert a row or rows in the relevant section of the worksheet. To do this, put the cursor anywhere in the row below where you want to add a function or question.

d) Next, from the main menu, choose Insert, Row.

e) In the new blank row, type in the new function or question (in either column A or C, depending on the language you have chosen).

f) Adjust the numbering of the functions or questions in the relevant section if necessary.

g) Note: You can use the Format Painter tool to ensure that the formatting of the new row is consistent. On the Standard toolbar, look for the icon to the right of the Copy and Paste icons (it looks like a little paint brush). First, ensure that the cursor is in the cell with the format that you want to apply. Next, click on the Format Painter icon. Finally, click in the cell that needs to be formatted. The formatting will be applied to the new cell. See Figure 9 below, which shows the location of the Format Painter. The figure also shows the formatting of the functions (italics) and determining questions (indented text with text wrap enabled).
h) Reprotect the worksheet by clicking Tools, Protection, Protect sheet, OK. (Enter a password only if you need one; the worksheet has not been password protected.)

i) Save the file.

j) Now go to the Data_collect_Recopilación_datos sheet. You will also need to insert rows on this page to correspond to the additional functions or questions that you have added on the Terms_Términos page. (Recall that the data collection and summary sheets link back to the Terms_Términos page, so you will notice some gaps in the numbering that coincide with the additions that you have made.)

k) Unprotect the worksheet by clicking on Tools, Protection, Unprotect sheet.

l) Find the section of the worksheet that corresponds to where you added a function or question.

m) Insert as many rows as necessary in the relevant section of the worksheet. If you are inserting rows below any merged cells, it will be easier to “unmerge” the merged cells first. You will find merged cells in the FUNCTION column if a particular function has more than one determining question.

n) (This step is necessary only if you need to “unmerge” cells): Click in the merged cell, right-click with your mouse, choose Format Cells, click on the Alignment tab, and uncheck the box labeled Merge cells.

o) To add a row, put the cursor anywhere in the row below where the additional function or question should appear.

p) Next, from the main menu, choose Insert, Row.

q) Repeat this step until you have inserted sufficient rows.
r) In the new blank row or rows, you will need to copy and modify the formula that links in the text from the Terms_Términos page. The following example will show you how to do this.

s) Let us assume that you want to insert a new determining question to supplement function S2, Defining Service Packages, in the Health Service Delivery functional area. In your country, you have both minimum (basic) and more comprehensive service packages, and you want to know respondents’ perceptions about who is responsible or has authority for defining the elements of both service packages. Thus, you add a question about comprehensive service packages. Assume that you have already added the question to the Terms_Términos page, following the directions above.

t) On the Data_collect_Recopilación_datos sheet, copy the formula from the row above the empty row. You can do this by using the Copy icon, or you can put your cursor in the cell containing the formula and press Ctrl-C. (Hold down the Ctrl key and then press the letter C, while still holding the Ctrl key.)

u) Now place your cursor in the empty cell where the new function or question should appear.

v) Click on the Paste icon, or press Ctrl-V if you prefer to use the keyboard shortcut rather than the mouse.

w) If you “unmerged” any cells earlier, you can merge them again by highlighting the cells that you want to merge (click and drag with your mouse to highlight more than one cell), then right-click with your mouse, choose Format Cells, click on the Alignment tab, and click on the box labeled Merge cells so that a check mark appears in the box.

x) Edit the formula that you just pasted by pressing the function key F2, or by clicking in the formula bar. In this example, where we are adding a new question to the second Health Service Delivery function, the new question appears in row 30 of the Terms_Términos page, so we want to ensure that the formula refers to that row.

y) Figure 10 shows the formula being edited in the formula bar. When the formula was copied from the row above, it referred to cells A29 and C29 of the Terms_Términos page. You need to change the row reference because the new question appears in row 30 of the Terms_Términos page. Simply change the 29 to a 30. You will need to make two changes: one reference to cell A30 and the other to cell C30. Note that the formula is in the form of an IF statement. If you are not familiar with this type of formula, here is how it works: The formula tells Excel to take one action if the selected language is English (link to column A), and to take a different action if the selected language is Other (link to column C). If neither language has been selected, the formula will display a message to let you know that you must choose a language.

z) When you are done editing the formula, press Enter.
aa) You may want to fix the borders (lines around the cells) as well. This is not essential, but it does help visually. Each function within a functional area is offset by a heavy solid line, while determining questions within each function are separated by thin solid lines. If a function has more than one determining question, the relevant cells in column A are merged so that it is obvious that the determining questions are all associated with that particular function.

bb) Reprotect the worksheet by clicking Tools, Protection, Protect sheet, OK. (Enter a password only if you need one; the worksheet has not been password protected.)

cc) Go to each of the response worksheets (Responses_all_Respuestas_todas, and each Responses_Respuestas_Gxx sheet) to insert the needed row(s) in the appropriate place(s). Over to the right, after all of the data collection columns, copy the counting formulas from the row above or below the new row into the new row.

dd) For each of the Chart_data_Xx worksheets, you will need to add multiple rows for each question that you add. This is because you need one row for the question itself and one row for each group of respondents interviewed. If you have 10 respondent groups, you would need to insert 11 rows.
i) After inserting the rows, use the format painter from one of the other questions to format the new rows for easier readability.

ii) Copy the formulas for the preceding (or following) question and names of respondent groups.

iii) Adjust the formula where the question appears so that it is referring to the appropriate row, as described earlier in this section.

iv) Over to the right, copy the formulas that pull in the responses from the response sheets. Each “block” of responses refers to the same row number on each of the data response sheets, so you can highlight the entire area and do a search and replace to adjust the row number. Be sure to include the dollar sign (absolute row reference) when doing the search and replace. For example, if your new question appears in row 16 of the data response sheets and you copied the formulas that refer to row 15, highlight all the formulas that pertain to the new question, search for $15 and replace with $16.

4) If you are analyzing both the “Current Situation” and “Desired Future,” you will want to save two copies of your Excel file after you have made all possible changes, and before you start doing data entry. In one file, you will record all the responses to the “Current Situation” set of columns; in the other file, you will record all the responses to the “Desired Future” set of columns. Then you can compare the respondent groups’ perceptions about what currently exists and how they would like to see the functions in future, and whether any groups change their opinions about how things are done currently and how they should be done in future.

D. STEP 4: ORGANIZING THE LOGISTICS

The RAMP exercise will not be successful if the data collection schedules and other logistical issues are not arranged well and in a timely manner. The following list of key tasks should be completed, if possible, before the facilitators start their work. This preparation allows the facilitators and sponsors to begin technical work at once.

The logistical arrangements may be made by the sponsors or by an external logistics coordinator hired by the facilitators. The list that follows, although not exhaustive, should be useful in either case. The arrangements will obviously differ from country to country, depending on who is funding the RAMP exercise, how the data will be collected, and whether the facilitator team comes from inside or outside the country or organization concerned.

Pre-trip logistical arrangements:

1) Agree on travel dates, if applicable (for facilitators who arrive from outside the country).

2) Agree on a rough schedule for data collection, analysis and presentation of the findings to key stakeholders. You should know which data collection method will be used, how many data collection points there will be, and whether and how long the facilitators will be traveling outside the capital city.
3) If necessary, arrange for tickets, hotel reservations, and advances to cover per diem payments and other anticipated costs (for example, meeting costs, rental of LCD projector and local transport).

4) If you work for the facilitators, identify a local logistical counterpart from the organization where the sponsors work. Obtain all of his/her contact information (e-mail, office, and mobile/cell phone) before departure.

5) Verify that it is possible to pay the hotel and other costs (if applicable) with a credit card. Determine which credit cards are accepted, and whether traveler’s checks are also accepted. If not, advise the facilitator team of any constraints.

6) Ensure that you have sufficient copies of the RAMP data collection form and other relevant documents.

Hotel arrangements:

1) Confirm hotel reservations for the facilitators and arrange for taxi or shuttle bus pick-up at the airport.

2) Secure a meeting place where the facilitators can work on the RAMP analysis after the data have been collected. Ensure that the room is clean, has functioning electrical outlets for laptop computers, and is well ventilated. If the meeting place is in the hotel where the facilitators are staying, include coffee breaks and food when negotiating the price of the room.

3) In addition, arrange for a larger room for a debriefing at the end of the RAMP exercise.
   a) You might have a breakfast or lunch meeting, depending on what works best with local customs and schedules.
   b) Inspect the room to ensure that it is clean, has functioning electrical outlets for laptop computers, and is well ventilated.
   c) If the room is in a hotel, inform hotel staff of the approximate number of attendees, and confirm the number as soon you have an accurate estimate.

4) Make sure that a working LCD projector and screen for the debriefing are available from the hotel or the sponsors. Rent this equipment if necessary. In addition, ensure the availability of supplies such as felt tip pens, CD-ROMs, flip chart paper, and diskettes.

5) If the facilitators are traveling outside the capital city, make lodging arrangements for them, keeping per diem limits in mind.

Transportation arrangements:

1) If you are an external logistics coordinator, and the sponsors are not able to provide in-country transportation, the concierge at the hotel will usually be able to put you in contact with a vehicle or shuttle service. Prices are often negotiable, so do not hesitate to bargain (for instance, you may suggest 25% less than the initial price quoted to start).

2) Wherever possible, keep receipts of all costs incurred locally, especially if you are using an outside service that will not be billed automatically to your hotel room. Obtain all
documentation necessary to satisfy auditing requirements. If you pay cash to an external driver, write up a receipt showing the amount and description of services provided and have the driver sign it.

**Initial logistics meetings with relevant counterparts:**

1) If you are an external coordinator, schedule a meeting with your local logistics counterpart as soon as possible after your arrival in country. Finalize with him/her the schedule for data collection. The process of arranging meetings and preparing the schedule should have begun before the trip; however, given competing demands on the time of key stakeholders, it is possible that some changes will be necessary. Thus, review the agenda soon after your arrival to ascertain if all the respondents have been advised of the importance of the RAMP analysis, and of the date, time, and location of the scheduled data collection sessions.

2) If appropriate, you can contact the respondents directly to check that they know about the purpose and timing of the RAMP exercise, and to emphasize the importance of their participation.

3) If the schedule for data collection is not finalized before your arrival, do your best to ensure that it is finalized before the facilitators arrive. Doing so will minimize confusion and save time, and it should be your first priority as you work with your local logistics counterpart. If you feel that the arrangements are deviating from what was previously agreed on, check with the lead facilitator prior to committing to any changes. (There may be good reasons for schedule or other changes; your goal is to avoid last-minute surprises, and to ensure that the facilitators have time to plan for contingencies.)

4) If your local counterpart or other local stakeholders ask technical questions that are not within your realm of expertise, refer them to the lead facilitator.

**III. Part II: Collecting, analyzing, and presenting the data**

**A. Step 5: Using the RAMP instrument to collect the data**

This section of the Guide has two sets of instructions. One is for guided interviews and the other is for working with groups where each individual fills out the data collection form separately.

You should have already circulated the RAMP instrument, solicited feedback on the questions and the terminology, and made any changes needed, following the instructions in Part I: Getting ready, Step 2.

1. **For guided interviews:**

   *If possible, be sure that at least two people are responsible for recording the responses to the interview questions.* It is very helpful to have one person asking the questions, clarifying the responses, and taking notes, while the other has the responsibility of entering the data in the questionnaire. This allows the person conducting the interview to focus on the questions and on clarifying any ambiguous responses. After the interviews are completed, the facilitators should
compare notes to confirm that they all have the same understanding of what was said during the interviews.

1) Once you have the validated version of the RAMP instrument, you should print out the Data_collect_Recopilación_datos sheet and make sufficient copies to take with you to the guided interviews. All facilitators will probably want a copy. In addition, interviewees also appreciate having a copy of the questionnaire so that they can follow along as you ask the questions.

2) For each interview conducted, fill out the identifying information at the top of the data collection sheet before the interview is conducted. (If you do several interviews in a row, you may lose track of which set of responses belongs to which group of persons interviewed unless you make a note on the worksheet.)

3) Note that an answer may contain one, two, three, or all power holders, depending on the function and on the policies and procedures developed in the country or organization. You can also add clarifying comments in the rightmost column of the data collection sheet. See the sample matrix in Figure 11.

Figure 11: Sample matrix, showing the Health Service Delivery function

<table>
<thead>
<tr>
<th>FUNCTION</th>
<th>DETERMINING QUESTIONS</th>
<th>CURRENT SITUATION</th>
<th>DESIRED FUTURE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Service Delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S1. Defining health service targets</td>
<td>1. Who sets health service targets for health programs and facilities?</td>
<td>X</td>
<td>X X</td>
<td></td>
</tr>
<tr>
<td>S2. Defining service packages</td>
<td>1. Who defines the minimum service package for each level of care?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S3. Defining the service network</td>
<td>1. Who defines the types of health facilities and referral links in the health system?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Who is responsible for verifying that the referral links are established?</td>
<td>X X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S4. Defining and supervising clinical standards, protocols and procedures</td>
<td>1. Who defines clinical standards, protocols and procedures?</td>
<td>X X</td>
<td></td>
<td>The district office is supposed to do it, but it does not really happen</td>
</tr>
<tr>
<td></td>
<td>2. Who is responsible for ensuring compliance with those standards, protocols and procedures?</td>
<td></td>
<td>X</td>
<td>Currently does not happen</td>
</tr>
<tr>
<td>S5. Monitoring health service provision</td>
<td>1. Who is responsible for ensuring the achievement of provincial health service targets?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Who is responsible for ensuring the achievement of district health service targets?</td>
<td>X X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S6. Outsourcing services</td>
<td>1. Who has the authority to outsource clinical and/or technical services?</td>
<td>X</td>
<td>X X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Who has the authority to outsource support services, such as laundry, security, etc.?</td>
<td>X X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Who is responsible for ensuring contractual compliance by those who provide outsourced services?</td>
<td>X X</td>
<td></td>
<td>The system of monitoring compliance does not function well.</td>
</tr>
</tbody>
</table>
2. For groups where each individual fills out a copy of the data collection form:

- You will want to have at least one facilitator present in the room to answer questions, clarify doubts, and so forth. The facilitator should instruct the respondent group to fill out the form as thoroughly as possible, including the information at the top of the form (employing organization/institution, job title, etc.) so that you can sort the data into different groupings later if you wish. For example, you may be collecting responses from different provincial health teams. Each team would be a different group. Within the health teams, you may have provincial health officers, physicians, nurses, pharmacists, etc. Later, you may want to compare responses of all provincial health officers, all doctors, all nurses, and so on. You will not be able to do this unless you know each respondent’s job title.

- Each respondent should record his or her responses by ticking the appropriate box(es), both for the “Current Situation” and “Desired Future” set of columns. Respondents may also write additional comments or clarifications in the **Comments** column.

- The facilitator should remind respondents that they do not need to respond to sections if those sections are beyond their experience (e.g., a pharmacist may not know about procedures for capital expenditures; that section may be left blank). This is not a test or a quiz; it is meant to measure perceptions, and blind guesses will only skew the results.

- The facilitator should then thank everyone for their time and ensure that all data collection forms have been handed in.

B. Step 6: Entering, analyzing and interpreting the data

Now that you have collected all the data, you need to analyze and interpret the responses. This section of the Guide is divided into two parts:

- the “mechanical” part, which covers entering the data in the response forms so that you can compare responses across groups;

- the “thinking” part, which will guide you through the analysis: for example, how to determine if a function is perceived as centralized or decentralized, and how to set the criteria for the levels of agreement for the pie charts that will display the results of the analysis.

1. The mechanics: Entering the data in the summary forms

You should now have a completed set of questionnaires from each guided interview or each respondent who filled out an individual questionnaire. The next task is to enter the data so that you can begin to see results and start the analysis in earnest. Ultimately, you will have a better picture of how each function is perceived by the different respondent groups at all levels of the health system or organization.

1) First, open the RAMP file you have been using. If you have not done so already, save it under two different names: one for the “Current Situation” responses and the other for the “Desired Future” responses.
2) Click on the Assumptions_Suposiciones page and fill in the blanks. (The text will already be in English or another language, depending on which language you chose in Part I.) The areas shaded green are the parts that you need to complete. See Figure 12, which shows an example of this worksheet.

a) For question 1, fill in the name of the country where you conducted the analysis.

b) For question 2, fill in the name of the organization or institution you are analyzing. This might be the government health system, a specific region or province, or some other choice.

c) List the respondent groups that you are comparing. The tool is set up so that you can compare up to 10 groups.

d) The data that you have entered here will appear automatically on each of the Chart_data_Xx worksheets; you do not need to re-enter them.

Figure 12: The Assumptions_Suposiciones page
3) Now you can proceed to the Responses_Respuestas_Gxx worksheets.

   a) In row 4, fill in the name of the respondent group. In the example shown in Figure 13 below, the first respondent group is the Ministry of Health Central office. (In this case, each respondent filled out a data collection form individually; if a guided interview had been done, there would be only one set of responses.)

   b) In row 5, fill in the group number. In the example below, we see respondent group number 1.

   c) In row 6, fill in the employing organization or institution. In this case, all respondents work for the Ministry of Health.

   d) In row 7, fill in the respondent’s job title. (Again, this is so you can sort responses across all groups later if you wish to analyze responses by job title or staff cadre.)

   Figure 13: Example of how to enter the data on the Responses_Respuestas_Gxx worksheets

   e) Now you can proceed to entering the responses to the determining questions. To enter the responses, use a simple letter code that corresponds to the first letter of each power holder (remember that the RAMP instrument automatically counts numbers of responses by seeing how many responses match the possible combinations). For example:
i) A function for which **only the national level** has responsibility or authority would be coded N.

ii) A function where responsibility is **shared** among the National, Provincial, and District levels would be coded NPD.

iii) A function that is the responsibility of the **facility only** would be coded F.

iv) Note the following when entering data:
   1. Do **not** put spaces or commas between the letters; simply enter the string of letters. The RAMP instrument will match letter combinations and it is expecting to see letters only.
   2. Make sure that you **enter responses in order of hierarchy**. For example, if the respondent has indicated that both the Province and District have responsibility for a function, enter the answer as PD, not as DP. (Excel interprets these as two different things, and will find a match only if the letter pattern matches exactly. All of the possible combinations are in hierarchical order; thus, National [N] would appear first, then Provincial [P], then District [D], then Facility [F].)

f) It may be useful to have a colleague work with you to enter the results from the interviews. One of you can read the answers aloud, and the other can type in the responses. If this is not possible, be prepared to spend significantly more time doing the data entry.

g) Once all responses have been entered for each respondent within a respondent group, you may continue on to the next respondent group response sheet and proceed as above.

h) When you have entered the data for all respondent groups, copy each set of responses to the **Responses_all_Respuestas_todas** worksheet. All of the shaded cells have been “unlocked” so that you may copy and paste, even if the worksheets themselves are protected.

i) Save the file.

j) **Optional**: if you wish to analyze the data by job title or staff cadre, save a copy of the file under a different name. Then proceed as follows:
   1. Go to the **Responses_all_Respuestas_todas** worksheet and unprotect the worksheet.
   2. Starting in cell B3 (unique respondent number), highlight all of the data entry area—down to the last determining question and over to the right for as many responses as you have.
   3. From the main menu, choose **Data, Sort, Options** (a little button in the lower right corner of the dialog box).
   4. Most often, we sort lists from top to bottom; however, in this case, we want to sort left to right. Click on the **Sort left to right** button; see Figure 14 below.
v) Click **OK**.

vi) If you want to sort by job title, choose Row 7, as shown below in Figure 15. If you want to sort by Employing organization/institution, choose Row 6.

vii) Figure 16 below shows the **Responses_all_Respuestas_todas** worksheet after it has been sorted by job title. After reviewing the new groups, you may want to adjust some of the job titles manually to ensure that they are grouped together. Since the sort is done alphabetically, you might have nurses appear in several places in the sorted list: Admitting Nurse, Nurse Practitioner, and Senior Nurse, for example. If you would like to analyze all of the nurses’ responses as one group, simply edit the job title and re-sort the list. For example, you could write Nurse, Admitting; Nurse Practitioner; and Nurse, Senior. Once you sort the list again, all of the nurses’ responses will be in the same section of the worksheet.

viii) Now clear the responses from each of the individual **Responses_Respuestas_Gxx** worksheets (highlight the data entry area and press **Delete**).
ix) Go back to the **Responses_all_Respuestas_todas** worksheet and copy the answers for the new “groups,” one section at a time, to one of the **Responses_Respuestas_Gxx** worksheets. For instance, Group 1 might now be all of the Provincial Health Officers, and Group 2 might be all the physicians who filled out individual data collection forms. *(Note that this alternate sort option is not available if you record consensus opinions during a guided interview.)*

Figure 16: The **Responses_all_Respuestas_todas** worksheet after sorting by row 7 (job title)

Now you are ready for the “thinking” part of the analysis and interpretation.

2. The “thinking” part: Setting criteria for levels of consensus and interpreting what you see

Now, with all the data entered and charts created automatically, you can begin to look for patterns. Is there consensus among most management levels or among stakeholders about who has responsibility or authority for particular functions, or do the answers vary widely? Are there particular functions or subfunctions where the respondents show a very high level of agreement or others where agreement is very low? This next step allows you to capture and quantify, to some extent, the perceptions of all your respondents. In addition to having the summary worksheets, the RAMP will also produce for you a series of pie and bar charts that show the results graphically. If you collected data from individual respondents in different parts of the
country, you can use Excel to sort the data so that you can compare stakeholder groups with each other. You can also compare the perceptions of teams, regardless of whether you collected individual answers or consensus opinions from them.

At this stage, you review all the responses and ask “How similar or different are the perceptions of the respondents regarding the different management functions?”

1) What is the level of consensus about responsibility or authority? The first step is to decide the level of consensus across all the groups. The RAMP instrument uses four categories: High, Moderate, Low, and None. This part of the analysis measures level of consensus among respondents, regardless of which power holder(s) in their perception carries out the function. For example, you could have 100% consensus because all respondents state that the National Ministry of Health has responsibility or authority for a particular function. You could also have 100% consensus if all respondents indicate that the health facility has the authority for a given function. At this stage, we are concerned with whether all respondents perceive that a particular power holder(s) holds the responsibility or authority, rather than which one it is.

Start with the Overall_summary_Resumen_global worksheet to see the results across all respondent groups. Next, you will probably want to examine the charts by functional area on the Responses_all_Respuestas_todas worksheet. Finally, look at the charts for each separate group of respondents (Responses_Respuestas_Gxx worksheets) to see whether the patterns are similar or different. Note that a color coding scheme has been used to help interpret the results more easily. The colors follow the widely-used traffic signal colors, with an additional color added for the fourth response category. Thus, the levels of consensus are as follows:

- High: Green
- Moderate: Yellow
- Low: Orange
- None: Red

Figure 17 below shows a sample chart from a RAMP analysis. This chart compares perceptions across all respondent groups for the whole Health Service Delivery functional area. What does it tell us? Responses were so varied that no single power holder or unique combination of them received a majority of responses. There was low (64%) to no (36%) consensus among groups regarding this functional area.

We can compare Figure 17 to Figure 18 below it. The latter shows the level of consensus within one respondent group for the same functional area. Here, we can see that the respondents in the smaller group had a much higher level of consensus about who was responsible or had authority. Consensus was high for 45% of the determining questions and moderate for the remaining 55% of the questions in the Health Service Delivery functional area.

1 If you hold a small number of interviews—say, three or four within a particular respondent group—you may want to use only three categories: High, Low, and None.
Note that in the example illustrated here, a “High” level of consensus is when at least 80% of respondents give the same answer to the question. You may set your own percentages if you wish. The RAMP design team has used the following guidelines to determine the level of consensus:

- “High” is 80% agreement or higher
- “Moderate” is over 40%, but less than 80%,
- “Low” is over 20%, but less than 40% and
- “None” is 20% or below

Remember that you can change the percentages for levels of consensus on the Assumptions_Suposiciones worksheet, if you need to.

Figure 17: Sample result across all respondents for the Health Service Delivery functional area
Note that these examples show the case where individuals within respondent groups each filled out a data collection form. If you had done guided interviews with respondent groups and recorded each group’s consensus perception, you could still do the overall analysis by comparing each group’s response with the other respondent groups’ responses. However, you would not be able to look at the extra “layer” of detail afforded by the individual data collection forms.

2) Where is the function carried out? Once again, as you enter all the data from the guided interviews or the individual responses, a number of charts are produced automatically. Now, we probe deeper to see which power holder(s) the respondents say has responsibility or authority. Since you have already entered the data, you may scan the responses from all interviews to see respondents’ perceptions about where the function is carried out. To carry out this step, look at the worksheets that present analyses by functional area (the ones labeled Chart_data_Xx, where “Xx” is the name of the functional area, for example Chart_data_PublicHealth). Look first at the summary chart at the top right of the sheet. It shows the agreement among respondents regarding their answers about which power holder(s) has responsibility or authority over this functional area. Are there notable differences in respondents’ perceptions about the nine functional areas? For example, is there one functional area where respondents saw the majority of responsibility or authority as belonging to the central level of a Ministry of Health? If yes, you may want to consider including that chart in your feedback presentation.

- The important thing to remember is that you are comparing perceptions about the roles of those critical power holders you defined at the beginning of the RAMP process (refer back to Section I.C, “Orientation to the RAMP”).
If you are interviewing key stakeholders who all collaborate in the health sector, you might be asking whether the National Ministry of Health, Provincial Health Office, or the NGO sector is responsible for certain health functions.

If you are working in a decentralized or decentralizing setting, you will be asking whether the function is centralized or decentralized. If all respondent groups say that a function takes place at the national level, then the function is perceived as centralized. Similarly, if everyone responds that a sub-national level, such as province, district, or facility, has responsibility or authority for a particular function, then the function is perceived as decentralized.

You may find that the various groups answer a question about power holders in quite different ways. The pie chart in Figure 19 below shows respondents’ perceptions about where functions within the Health Service Delivery functional area are carried out. In this example, we are analyzing a decentralized environment, with the following power holders: National, Provincial, District, or Facility level (or some combination of those). Across all respondents and determining questions within this functional area, 23% of the responses were “National only.”

You may want to place a number of power holder combinations into a joint category in order to simplify the charts somewhat. Thus, “Shared national and sub-national” would include any combination where respondents said the responsibility or authority belonged to the National level together with at least one sub-national level.

Figure 19: Sample result showing respondents’ perceptions of where functions within the Health Service Delivery functional area are carried out

Agreement regarding whether a function is carried out at the national or sub-national level:

Health Service Delivery

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>National only</td>
<td>38%</td>
</tr>
<tr>
<td>Provincial only</td>
<td>12%</td>
</tr>
<tr>
<td>District only</td>
<td>11%</td>
</tr>
<tr>
<td>Facility only</td>
<td>9%</td>
</tr>
<tr>
<td>Other sub-national (joint)</td>
<td>4%</td>
</tr>
<tr>
<td>Shared national and sub-national</td>
<td>23%</td>
</tr>
<tr>
<td>None/ Does not exist/ Not applicable</td>
<td>3%</td>
</tr>
</tbody>
</table>

Note that the charts showing where a function is carried out use a different color scheme than do the charts showing level of consensus. This is to avoid confusion when studying so many charts. The color scheme for this latter set of charts is as follows (if you have defined different power holders for your analysis, these colors will correspond to them):
• National level only: hot pink
• Provincial level only: blue
• District only: light gray
• Facility only: dark gray
• None/Does not exist/Not applicable: white
• All other combinations are some variation on the main color. For example, any combination that includes National as well as Sub-national (e.g., National and Provincial) is at the pink-orange-yellow end of the spectrum. Any combination that excludes National but includes Provincial (i.e., shared responsibility only as high as the Provincial level) is a different shade of blue. For the combination of District and Facility, the color is medium gray.

In addition to the summary chart for the entire functional area, the RAMP instrument provides you with other charts to aid in your analysis. Again, thanks to the built-in counting formulas, the RAMP instrument automatically produces bar charts for each determining question within a functional area. When scanning the bar charts for each determining question, look first for any patterns in responses to the different questions. Are there some questions to which all the respondents gave very similar answers? Are there others where their answers have little in common? Then see if you find any patterns within the responses to each question. Do you notice, for example, that in reference to a particular question, the majority of staff in an NGO head office responded that this responsibility or authority belongs only to the central level, whereas the other groups studied held a notably different view? If you notice clear patterns like this, you may want to include in your presentation a few examples of charts that show those patterns.

The sample shown below in Figure 20 shows how responses to the first determining question under Health Service Delivery differ across the various respondent groups.
Figure 20: Sample result showing respondents’ perceptions to the first Health Service Delivery question about health service targets

1. Who sets health service targets for health programs and facilities?

Here we see that the first respondent group (Ministry of Health, Central level) had 100% agreement regarding the power holder, i.e., that health service targets are set at the National level. However, only one other respondent group (Province 4) had a majority of respondents who shared the same perception. For all other respondent groups, “National level” was not the most frequent response, and in Province 7 it was not mentioned at all. However, if we look at the combinations that include National and one or more sub-national levels, we can see that the majority of respondents (at least 70% in each respondent group, with one exception) do perceive that the National level is involved in one way or another. Province 7 is the only group that is an outlier, with just 30% of respondents saying that health service targets are set either with the National and District levels together, or with all levels. It is also interesting to note that Province 3 is the only group where some respondents had the perception that health service targets do not exist.

3) What are the most important things to keep in mind when reviewing all of the charts? You have a lot of information to absorb, and it may seem overwhelming at first. Here are a few key points:
a) First, scan the overall summary tab in the RAMP instrument to see the total responses in each category across all functional areas. This overall summary worksheet is called **Overall_summary_Resumen_global**. The two charts on this sheet give a broad view of respondents’ perceptions. The first chart shows the overall extent of consensus, regardless of the actual answers that the respondents gave to the determining questions. The second chart shows the level of agreement among respondents regarding their answers, i.e., which power holder(s) they perceive to have a particular responsibility or authority. In presenting the findings, you can start with these two overall snapshots, and then follow with selected highlights from each functional area.

b) Next, look at the summary pie charts for each functional area on the **Responses_all_Respuestas_todas** worksheet. They are located at the end and to the right of the data on this sheet. Note any areas of very high or very low consensus. If consensus is high, then managers probably do not need to focus on a particular functional area too much, because the function appears to be clearly defined and well understood. In our example above, perceptions are quite mixed. Of course, the results must be put in the context of what you know about that particular function. If the National Ministry of Health is truly the only power holder responsible for setting health targets, then it is obvious that the policy has not been communicated clearly, because many people perceive that it is a shared responsibility, and in some cases that the National level is not involved at all.

c) Scan the charts for the determining questions to see if any patterns leap out at you. If most respondents agree on most of the questions, but then you see some determining questions where the responses are more varied, you might want to focus your efforts on ensuring that the responsibility or authority over this particular function has been defined clearly and the definition has been communicated to everyone concerned with carrying out that function.

d) If policies have changed recently, pay special attention to the questions and functions associated with those policies. For example, you may be studying an organization that provides basic health services in a number of clinics across the region. The organization has just decided to change its drug procurement policy, recognizing that some clinics are closer to other regions than they are to the organization’s central office, and it might be faster and cheaper to procure drugs from a nearer city. However, many clinic managers are not yet aware of this change, and nearly all of them state that the central office is responsible for drug procurement. In this example, although the respondents have a high level of consensus, their perception does not reflect the new reality.

C. **STEP 7: PRESENTING THE FINDINGS**

*This section is primarily for the facilitators, although others may be interested in reading it.*

Now that you have completed the analysis, you will want to present the findings to the sponsors and other important individuals that the sponsors suggest should be invited. As mentioned in the section on logistics, a meeting should already be set up for this purpose. Where appropriate, you
may also want to schedule follow-on meetings with key individuals so that you can examine particular problem areas together in more depth.

Depending on the goals of the RAMP exercise and the field methodology you chose, you may be comparing the perceptions of managers at different management levels or regions, or those of different stakeholder groups. At the start of your presentation, you must make clear which groups are being compared.

You will probably not have time to cover all the functions within a functional area in the general feedback session. Remember to focus your presentation on the areas where the responses were most varied. Of course, if all the respondents were in agreement about who had responsibility and authority, that is also noteworthy. You should congratulate the sponsors and respondents on having a smooth process where everyone’s roles and responsibilities are clear and understood at all levels of the system or by all stakeholders. Our experience indicates, however, that some areas are usually less clear than others.

The following guidelines will help you prepare your presentation:

- You can copy the charts from the summary worksheet pages into PowerPoint. You can supplement these visual displays with a short narrative, highlighting areas of particularly high or low consensus, as well as other findings that you want to bring to the attention of those attending. Some examples are shown below in Figures 21 and 22.

**Figure 21: A sample slide from a summary presentation, showing the charts**

![Public health surveillance (currently)](image)
Figure 22: The corresponding short narrative to highlight specific findings

Public health surveillance and response: Current situation

- Central MOH
  - High consensus on 20% of questions
- Provincial public health directors
  - Moderate consensus in 20% of questions
  - No high consensus
- Provincial health office and NGO staff
  - No consensus in 30% of the questions
  - Poor consensus in all others

The RAMP analyses give you a wealth of data that you could potentially present. **Keep in mind the danger of information overload, and choose carefully what to present in the general feedback session.** Your presentation should clearly respond to the goals for undertaking the RAMP exercise in the first place. You should provide enough information to highlight key management concerns and get the participants interested in digging more deeply into the data regarding their own particular area. Do not present so much information that the essential messages get lost in an avalanche of charts and tables!

The following general outline, based upon a recent MSH presentation, may be used and will help you structure your own presentation in the general feedback session:

- Why develop RAMP? (This section described the background to the development of the entire responsibility and authority mapping process, as well as the spreadsheet-based instrument.)
- What does the RAMP consist of? (This section contained a brief overview of the mapping process and the instrument.)
- Uses of the RAMP (This section explained in general terms how managers can follow the process, use the instrument, and apply the results.)
- Methodology of application (This section described in more detail the process outlined earlier in the Guide: collecting the individual responses or consensus opinions of groups, and conducting the analysis.)
- Data analysis (This section briefly explained the different types of analysis.)
• Results of the analysis in the country (The specific findings were presented here.)
• Next steps (This section made suggestions of follow-on activities). In your presentation, this section would cover any suggestions for further analysis or corrective steps to address key issues.

Please turn to Appendix A-3 if you wish to see more detail. This Appendix contains a complete sample RAMP presentation. The same presentation can also be found in a PowerPoint file on the accompanying CD-ROM. You can adapt this presentation to your particular circumstances.
IV. Part III: Using the RAMP findings to guide management decisions

A. Step 8: Taking action

The RAMP exercise has been completed, and the data analyzed and presented. What next? If the application of the RAMP does not generate action to address the identified problems, the whole effort has been in vain. This section gives suggestions to decision-makers about how to determine what to address and how to take action. Who these decision-makers are depends on the issue concerned. The sponsors of the RAMP exercise may be able to influence future action, either because they themselves have the appropriate powers or because they can act as catalysts. Other issues might more appropriately be decided by senior level representatives of stakeholder groups, the high-level official at the central level of the health system or organization who is in charge of the particular functional area, or by managers at lower levels. The advice below is valid for all groups.

In deciding how to respond to the RAMP findings, you should first identify the functional areas and functions with least consensus. If you notice, for example, that respondents are reasonably clear about the way human resources are managed but confused about the management of financial resources, you should focus on the latter. When you examine the answers to each determining question, you may find that while the confusion in the financial resources functional area urgently needs attention, there are individual management functions in other functional areas where confusion about responsibility and authority is also acute. By writing down the functional areas and functions that need urgent action, you have prepared the first draft of your priority action list.

Take a look at your list, and examine whether confusion in these functional areas and functions is more or less likely to impede service delivery. **Those areas where confused roles and responsibilities are directly detrimental to the provision of services should rise to the top of your action list.**

Next, you must determine the reasons for the apparent ambiguity. Does the confusion in responsibility and authority regarding particular functions come from a lack of clarity in the way that the roles were initially defined? Were the roles clearly defined but the definitions not properly communicated to managers or stakeholders who were expected to take them on? Or is the main reason for the confusion a persistent reluctance by power holders either to relinquish their old roles or to accept new ones? These reasons demand very different actions in response, so it is important to be as clear as possible about the root causes.

By taking action and evaluating whether your actions make a difference, you will help improve the management of your health system or organization. You should focus your efforts on tackling the root causes of the problems. Roles may need to be defined better, if they were poorly delineated initially. New communication strategies may have to be developed and implemented to ensure that all are aware of their new roles. A management training program with a behavioral change component may be required to encourage the transition to these roles. Guidelines may be necessary for certain management functions to ensure that all managers understand how they are supposed to be managed. This process will take time, and you may encounter resistance to
change. However, the effort that you invest will be well worth it in the longer term, if all power holders are able to understand their new roles and how they contribute to improved health outcomes and better performance in the health sector.

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2 You may want to refer to books or articles that focus specifically on change management to help you through this stage of the process.
Appendices
APPENDIX A: SAMPLES
A.1. Sample RAMP data collection worksheet (blank template)
<table>
<thead>
<tr>
<th>FUNCTION</th>
<th>DETERMINING QUESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1. Defining health service targets</td>
<td>1. Who sets health service targets for health programs and facilities?</td>
</tr>
<tr>
<td>S2. Defining service packages</td>
<td>1. Who defines the minimum service package for each level of care?</td>
</tr>
</tbody>
</table>
| S3. Defining the service network | 1. Who defines the types of health facilities and referral links in the health system?  
2. Who is responsible for verifying that the referral links are established? |
| S4. Defining and supervising clinical standards, protocols and procedures | 1. Who defines clinical standards, protocols and procedures?  
2. Who is responsible for ensuring compliance with those standards, protocols and procedures? |
| S5. Monitoring health service provision | 1. Who is responsible for ensuring the achievement of provincial health service targets?  
2. Who is responsible for ensuring the achievement of district health service targets? |
<table>
<thead>
<tr>
<th>FUNCTION</th>
<th>DETERMINING QUESTIONS</th>
<th>CURRENT SITUATION</th>
<th>DESIRED FUTURE</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>S6. Outsourcing services</td>
<td>1. Who has the authority to outsource clinical and/or technical services?</td>
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<td></td>
<td>2. Who has the authority to outsource support services, such as laundry, security, etc.?</td>
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<td>3. Who is responsible for ensuring contractual compliance by those who provide outsourced services?</td>
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<td>Public Health Surveillance and Response</td>
<td>1. Who is responsible for defining which diseases and syndromes are routinely monitored through the surveillance system?</td>
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<td></td>
<td>2. Who is responsible for examining the surveillance data for trends, and reporting findings?</td>
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<tr>
<td></td>
<td>3. Who is responsible for collecting and integrating surveillance data from non-public providers (e.g., NGOs and private practitioners)?</td>
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<tr>
<td></td>
<td>4. Who is responsible for taking action, if routine surveillance reports are not submitted on time or properly completed?</td>
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<td>R2. Responding to epidemics</td>
<td>1. Who is responsible for investigating and responding to an increase in infectious disease(s)?</td>
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<td></td>
<td>2. Who is responsible for investigating and responding to an increase in chronic disease(s)?</td>
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<td></td>
<td>3. Who is responsible for determining procedures and protocols for the management of disease outbreaks?</td>
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<tr>
<td>FUNCTION</td>
<td>DETERMINING QUESTIONS</td>
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</table>
| **R3. Responding to risk factors** | 1. Who is responsible for investigating, and organizing a response to health risks from substandard basic hygiene, water and sanitation?  
2. Who is responsible for investigating and organizing a response to health risks from environmental pollution (e.g., poor air quality, toxic waste, etc.)?  
3. Who is responsible for investigating and organizing a response to occupational health risks?  
4. Who is responsible for investigating and organizing a response to risks for accidental deaths and injuries (e.g., from automobile accidents)? |
| **R4. Managing public health laboratories** | 1. Who is responsible for verifying compliance with standards for public health laboratories? |
| **R5. Establishing the legal basis of public health surveillance and control** | 1. Who is responsible for proposing legislation concerning public health surveillance and control?  
2. Who has the authority to pass laws and regulations concerning public health surveillance and control?  
3. Who has the authority to enforce public health laws and regulations, including sanctioning offenders? |
<table>
<thead>
<tr>
<th>FUNCTION</th>
<th>DETERMINING QUESTIONS</th>
<th>CURRENT SITUATION</th>
<th>DESIRED FUTURE</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td><strong>Financial Resources</strong></td>
<td>1. Who decides what user fees to charge (if any)?</td>
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<td></td>
<td>2. If user fees are charged, who determines the amount?</td>
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<td>3. If user fees are charged, who defines the waivers and exemptions, if any?</td>
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<td>4. If user fees are charged, who is authorized to retain the money?</td>
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<td>5. If revenue targets exist for user fees collected, who establishes the targets?</td>
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<td>6. If revenue is retained, who defines how it can be used?</td>
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<tr>
<td><strong>F1. Formulating financial policies for the health sector</strong></td>
<td>1. Who defines how the budget is structured (i.e., NOT the amounts, but the line items and the way they are defined)?</td>
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<td>2. Who defines the cost centers (i.e., the management units that incur costs and report on them)?</td>
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<tr>
<td><strong>F2. Establishing the budget structure</strong></td>
<td>1. Who defines the content and frequency of expenditure reports?</td>
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<td>2. To whom are the health facilities accountable for expenditure?</td>
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<td>3. To whom are the districts accountable for expenditure?</td>
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<td></td>
<td>4. To whom are the provinces accountable for expenditure?</td>
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<tr>
<td>FUNCTION</td>
<td>DETERMINING QUESTIONS</td>
<td>CURRENT SITUATION</td>
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<tr>
<td><strong>F4. Determining the budget request</strong></td>
<td>1. Who is responsible for preparing health facility budgets?</td>
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<td></td>
<td>2. Who is responsible for preparing district health budgets?</td>
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<td></td>
<td>3. Who is responsible for preparing provincial health budgets?</td>
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<tr>
<td><strong>F5. Obtaining budgeted funds</strong></td>
<td>1. Who has the final say on the amount of budgeted funds that health facilities actually receive?</td>
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<td></td>
<td>2. Who has the final say on the amount of budgeted funds that districts actually receive?</td>
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<td></td>
<td>3. Who has the final say on the amount of budgeted funds that provinces actually receive?</td>
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<td>4. Who determines what can be done with unspent funds?</td>
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<tr>
<td><strong>F6. Managing the budget</strong></td>
<td>1. To whom are health facilities accountable for managing their budgets?</td>
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<td>2. To whom are districts accountable for managing their budgets?</td>
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<td></td>
<td>3. To whom are provinces accountable for managing their budgets?</td>
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<td>4. Who has the authority to re-program (veer) budget lines?</td>
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<td>5. Who sets petty cash limits and/or imprest account limits for health facilities?</td>
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<td></td>
<td>6. Who sets petty cash limits and/or imprest account limits for the district health office?</td>
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<td>7. Who sets petty cash limits and/or imprest account limits for the provincial health office?</td>
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<td>FUNCTION</td>
<td>DETERMINING QUESTIONS</td>
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<tr>
<td></td>
<td></td>
<td>NATIONAL PROVINCIAL DISTRICT FACILITY</td>
<td>NATIONAL PROVINCIAL DISTRICT FACILITY</td>
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<tr>
<td>Personnel</td>
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</tbody>
</table>
| P1. Formulating personnel policy and planning | 1. Who is responsible for formulating personnel policy (e.g., policy on hiring, firing, compensation, etc.)?  
2. Who authorizes the creation of new posts?                                                                                                             |                   |               |          |
| P2. Hiring, firing and transfer of professional staff (e.g., doctors, nurses, accountants, etc.) | 1. Who authorizes filling an open post for professional staff?  
2. Who decides who will be selected for this post?  
3. Who has the authority to formally hire the person?  
4. Who has the authority to fire an employee?  
5. Who has the authority to approve staff transfers between management levels (e.g., from a district to a province or from one province to another)? |                   |               |          |
| P3. Hiring, firing and transfer of other staff | 1. Who authorizes filling an open post for other staff?  
2. Who decides who will be selected for this post?  
3. Who has the authority to formally hire the person?  
4. Who has the authority to fire an employee?  
5. Who has the authority to approve staff transfers between management levels (e.g., from a district to a province or from one province to another)? |                   |               |          |
| P4. Establishing compensation and incentive packages | 1. Who has the authority to make changes in the compensation system (e.g., levels of pay, salary scales, etc.)?  
2. Who is responsible for defining retirement benefits?  
3. Who has the authority to define and establish a financial incentives package for employees? |                   |               |          |
<table>
<thead>
<tr>
<th>FUNCTION</th>
<th>DETERMINING QUESTIONS</th>
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<th>DESIRED FUTURE</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td><strong>P5. Paying salaries and incentives</strong></td>
<td>1. If salary scales exist for a post, who has the authority to determine at what point on the scale a new employee will be paid? &lt;br&gt;2. If a financial incentives package exists, who has the authority to award it to an employee? &lt;br&gt;3. Who has the authority to negotiate with labor unions over salaries and incentives?</td>
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<tr>
<td><strong>P6. Managing disciplinary procedures for professional staff</strong></td>
<td>1. Who defines the disciplinary measures that can be used to discipline professional staff? &lt;br&gt;2. Who has the authority to apply such measures to professional staff?</td>
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<tr>
<td><strong>P7. Managing disciplinary procedures for other staff</strong></td>
<td>1. Who defines the disciplinary measures that can be used to discipline other staff? &lt;br&gt;2. Who has the authority to apply such measures to other staff?</td>
<td></td>
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</tr>
<tr>
<td><strong>P8. Legal protection</strong></td>
<td>1. Who is responsible for providing legal support to employees in cases of alleged negligence or malpractice? &lt;br&gt;2. Who has the authority to represent the institution in the event of a labor-related lawsuit?</td>
<td></td>
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<tr>
<td><strong>P9. Administering routine personnel matters</strong></td>
<td>1. Who authorizes sick leave or leave for personal reasons?</td>
<td></td>
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<tr>
<td>FUNCTION</td>
<td>DETERMINING QUESTIONS</td>
<td>CURRENT SITUATION</td>
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<tr>
<td>P10. Evaluating employee performance</td>
<td>1. Who defines the system used to evaluate staff performance?</td>
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<td></td>
<td>2. Who is responsible for carrying out performance evaluation of staff?</td>
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<td></td>
<td>3. Who is responsible for responding to the findings of the performance evaluation?</td>
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<tr>
<td>P11. Developing personnel (career development and training)</td>
<td>1. Who is responsible for carrying out a formal evaluation of personnel training needs?</td>
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<td></td>
<td>2. Who is responsible for arranging training for the employees?</td>
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<td></td>
<td>3. Who authorizes leave for training purposes?</td>
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<tr>
<td>P12. Managing employee motivation</td>
<td>1. Who is responsible for conducting a formal assessment of employee satisfaction?</td>
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<td></td>
<td>2. Following the assessment, who is responsible for preparing an action plan to improve employee satisfaction?</td>
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<tr>
<td>FUNCTION</td>
<td>DETERMINING QUESTIONS</td>
<td>CURRENT SITUATION</td>
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<tr>
<td>Drugs, Vaccines, and Supplies</td>
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<tr>
<td>M1. Determining the drug list</td>
<td>1. Who defines the essential drugs list? 2. Who authorizes the purchase of drugs outside the list?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>M2. Ordering drugs, vaccines, and supplies</td>
<td>1. Who has the authority to place an order for drugs and supplies for health programs and facilities? 2. Who has the authority to place an order for vaccines for health programs and facilities?</td>
<td></td>
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<tr>
<td>M3. Procuring drugs, vaccines, and supplies</td>
<td>1. Who has the authority to procure drugs and supplies? 2. Who authorizes drug purchases outside the normal drug procurement system? 3. Who has the authority to procure vaccines for health facilities and programs? 4. Who authorizes purchases of vaccines outside the normal vaccine procurement system?</td>
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<tr>
<td>M4. Distributing drugs, vaccines, and supplies</td>
<td>1. Who is responsible for distributing drugs and supplies from their point of procurement to health programs and facilities? 2. Who is responsible for distributing vaccines from their point of procurement to health programs and facilities?</td>
<td></td>
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<tr>
<td>M5. Defining standard treatments</td>
<td>1. Who defines standard treatment protocols? 2. Who is responsible for verifying compliance with such protocols?</td>
<td></td>
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<tr>
<td>M6. Verifying drug quality</td>
<td>1. Who is responsible for defining quality standards for the drugs? 2. Who is responsible for verifying the quality of the drugs?</td>
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<tr>
<td>FUNCTION</td>
<td>DETERMINING QUESTIONS</td>
<td>CURRENT SITUATION</td>
<td>DESIRED FUTURE</td>
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<tr>
<td>M7. Monitoring the drugs, vaccines, and supplies system</td>
<td>1. Who is responsible for the proper management of drugs and supplies in health programs and facilities?</td>
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<td></td>
<td>2. Who is responsible for the proper management of vaccines in health programs and facilities?</td>
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<tr>
<td>FUNCTION</td>
<td>DETERMINING QUESTIONS</td>
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<tr>
<td><strong>Equipment and Transport</strong></td>
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<tr>
<td>E1. Defining equipment policy</td>
<td>1. Who defines the type of equipment that health programs and facilities are allowed to acquire?</td>
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<td></td>
<td>2. Who defines the procurement process for acquiring the equipment?</td>
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<tr>
<td>E2. Approving equipment requests</td>
<td>1. Who authorizes the requests to purchase equipment?</td>
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<tr>
<td></td>
<td>1. Who is responsible for maintaining an inventory of fixed assets in provincial and district health offices?</td>
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<td></td>
<td>2. Who is responsible for maintaining an inventory of fixed assets in health facilities?</td>
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<td></td>
<td>3. Who is responsible for missing equipment?</td>
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<td></td>
<td>4. Who is responsible for maintaining major medical equipment, such as X-ray machines?</td>
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<td></td>
<td>5. Who is responsible for taking action in case of misuse of equipment?</td>
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<tr>
<td>E3. Maintaining and managing equipment</td>
<td>1. Who decides the type and number of vehicles that a health office, program or facility can have (e.g., ambulances, vehicles for supervision)?</td>
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<td></td>
<td>2. Who authorizes the purchase of such vehicles?</td>
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<tr>
<td></td>
<td>3. Who allocates vehicles and petrol to health offices, programs or facilities?</td>
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<td></td>
<td>4. Who is responsible for taking action in case of vehicle misuse?</td>
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<tr>
<td>E4. Acquiring and managing transportation</td>
<td>1. Who decides what donations health offices, programs and facilities can receive?</td>
<td></td>
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<tr>
<td>E5. Managing donations</td>
<td>1. Who defines the type of equipment that health programs and facilities are allowed to acquire?</td>
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<td>2. Who defines the procurement process for acquiring the equipment?</td>
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<td></td>
<td>1. Who authorizes the requests to purchase equipment?</td>
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<td>2. Who is responsible for maintaining an inventory of fixed assets in health facilities?</td>
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<td>3. Who is responsible for missing equipment?</td>
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<td>5. Who is responsible for taking action in case of misuse of equipment?</td>
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<td>1. Who decides the type and number of vehicles that a health office, program or facility can have (e.g., ambulances, vehicles for supervision)?</td>
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<td>4. Who is responsible for taking action in case of vehicle misuse?</td>
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<td>1. Who decides what donations health offices, programs and facilities can receive?</td>
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<td>FUNCTION</td>
<td>DETERMINING QUESTIONS</td>
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<tr>
<td><strong>C1. Determining the needs for new health facilities</strong></td>
<td>1. Who analyzes data to forecast new major construction needs for government health facilities?</td>
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<td>2. Who is responsible for the design of new government health facilities or major renovations?</td>
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<tr>
<td><strong>C2. Designing the health facilities</strong></td>
<td>1. Who defines the procurement process that must be followed in contracting for major new construction or renovation (e.g., type of tender process, etc.)?</td>
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<td></td>
<td>2. Who has the authority to issue the contract for carrying out major new construction or renovation?</td>
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<td></td>
<td>3. Who has the authority to supervise the performance of the contract for carrying out major new construction or renovation?</td>
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<tr>
<td><strong>C3. Contracting for infrastructure development</strong></td>
<td>1. Who is responsible for major building maintenance (e.g., weatherproofing and general painting of a building)?</td>
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<tr>
<td>FUNCTION</td>
<td>DETERMINING QUESTIONS</td>
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<tr>
<td><strong>Health and Management Information</strong></td>
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<tr>
<td>11. Designing the health and management information system</td>
<td>1. Who defines the minimum data set that the health and management information system collects?</td>
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<td></td>
<td>2. Who defines the basic set of health and management indicators necessary to monitor implementation of the basic health package?</td>
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<td></td>
<td>3. Who defines the basic set of health and management indicators necessary to monitor the implementation of public health programs and other initiatives?</td>
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<td></td>
<td>4. Who determines changes that are needed in data collection forms, data flow and reporting frequency?</td>
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<td>5. Who authorizes these changes to be made?</td>
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<td></td>
<td>6. Who authorizes the purchase of computer hardware and software for the information systems?</td>
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<tr>
<td>12. Using health and management information</td>
<td>1. Who is responsible for consolidating and analyzing the data?</td>
<td></td>
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<td></td>
<td>2. Who is responsible for interpreting the data, and providing feedback to the reporting level (with recommendations for action)?</td>
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<tr>
<td>13. Undertaking national assessments</td>
<td>1. Who is responsible for the design and revision of large-scale national facility or population-based assessments (e.g., DHS, MICS)?</td>
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<tr>
<td>FUNCTION</td>
<td>DETERMINING QUESTIONS</td>
<td>CURRENT SITUATION</td>
<td>DESIRED FUTURE</td>
<td>COMMENTS</td>
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<td>---------------------------------------------------</td>
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</tbody>
</table>
| I4. Maintaining the health and management information system | 1. Who is responsible for ensuring that the collected information is complete, valid and timely?  
2. Who is responsible for ensuring that the necessary resources (human, equipment, etc.) are available at various levels for sustainable functioning of the information system? | National, Provincial, District, Facility | National, Provincial, District, Facility |          |
<table>
<thead>
<tr>
<th>FUNCTION</th>
<th>DETERMINING QUESTIONS</th>
<th>CURRENT SITUATION</th>
<th>DESIRED FUTURE</th>
<th>COMMENTS</th>
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</thead>
<tbody>
<tr>
<td>Health Communication</td>
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<tr>
<td>HC1. Managing the health communication system</td>
<td>1. Who is responsible for planning the messages, audience and methods for promoting health services and informing clients about them?</td>
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<td></td>
<td>2. Who is responsible for developing plans for information, education and social communication (IEC) and promotion of health services?</td>
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<td></td>
<td>3. Who is responsible for paying for the production of materials used in IEC and promotion of health services?</td>
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<td></td>
<td>4. Who is responsible for evaluating the impact of health communication messages and strategies?</td>
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</table>
A.2. Sample RAMP analysis (partial)

Once the data are entered, the RAMP instrument automatically counts how many responses there were for each possible combination of power holders (e.g., National only; National and Provincial; Provincial only). The instrument then counts to see how many respondents gave the same answer, and determines the level of consensus for each question. The results are summarized graphically. The sample below shows charts for two of the nine functional areas, all of which are found at the bottom right of the Responses_all_Respuestas_todas sheet. You can see that there was much more consensus on Public Health Surveillance and Response questions than on Health Service Delivery questions.

For Health Service Delivery, there was low consensus among the responses to 64% of the questions, and no consensus on 36% of the questions.

For Public Health Surveillance and Response, there was high consensus among the responses to 33% of the questions.
In the sample below, taken from the **Chart_data_HealthServices** sheet, the pie chart at the upper right of the worksheet shows the percentages of respondents who agreed on the power holder(s) who had responsibility or authority to carry out the function. Immediately below the pie chart, you can see bar charts for each of the determining questions in that functional area. These bar charts show much more detail about areas with more or less agreement. For example, the MOH Central respondent group was in full agreement on question 1 (top bar on the bar chart), while most of the provincial groups had different perceptions.

Every respondent in the MOH Central group said that this particular area (health service targets) was the responsibility of the National level.

The respondents in several provinces, including Province 6, gave five different answers.
A.3. Sample RAMP presentation of findings

The Responsibility and Authority Mapping Process (RAMP)

Presentation outline

- Why develop the RAMP?
- What does the RAMP consist of?
- Objectives of a RAMP exercise
- Methodology of application
- Results of field trial
- Next steps

Why develop the RAMP?

- Health sector and other reforms are changing how health services are delivered
- These changes have considerable management implications
- Clear definition of responsibility and authority is lacking
- Confusion of roles is common

A simple tool is needed to assess health managers' understanding of where new management responsibilities reside.

What does the RAMP consist of?

- RAMP is a process with three phases
  - Prepare for field application
  - Collect, analyze, and present data
  - Use findings to make management decisions
- RAMP instrument facilitates data collection and analysis
- RAMP data collection worksheet is an easily adaptable matrix
  - Nine functional areas
  - 1-12 functions per functional area
  - 1-7 determining questions per function
    - Questions are closed to reduce confusion
    - Clarifying comments can also be recorded
Nine functional areas

- Health service delivery
- Public health surveillance and response
- Financial resources
- Personnel
- Drugs, vaccines, and supplies
- Equipment and transport
- Capital construction and maintenance
- Health and management information
- Health communication

Excerpt from the RAMP data collection matrix

<table>
<thead>
<tr>
<th>FUNCTION</th>
<th>DETERMINING QUESTIONS</th>
<th>CURRENT SITUATION</th>
<th>DESIRED FUTURE</th>
<th>COMMENTS</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>NATIONAL</td>
<td>PROVINCIAL</td>
<td>DISTRICT</td>
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<tr>
<td>Health Service Delivery</td>
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<tr>
<td>S1. Defining health service targets</td>
<td>1. Who sets health service targets for health programs and facilities?</td>
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<tr>
<td>S2. Defining service packages</td>
<td>1. Who defines the minimum service package for each level of care?</td>
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<tr>
<td>S3. Defining the service network</td>
<td>1. Who defines the types of health facilities and referral links in the health system?</td>
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<td></td>
<td>2. Who is responsible for verifying that the referral links are established?</td>
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<tr>
<td>S4. Defining and supervising clinical standards, protocols and procedures</td>
<td>1. Who defines clinical standards, protocols and procedures?</td>
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<tr>
<td></td>
<td>2. Who is responsible for ensuring compliance with those standards, protocols and procedures?</td>
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<tr>
<td>S5. Monitoring health service provision</td>
<td>1. Who is responsible for ensuring the achievement of provincial health service targets?</td>
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<td></td>
<td>2. Who is responsible for ensuring the achievement of district health service targets?</td>
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<tr>
<td>S6. Outsourcing services</td>
<td>1. Who has the authority to outsource clinical and/or technical services?</td>
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<td></td>
<td>2. Who has the authority to outsource support services, such as laundry, security, etc.?</td>
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<td></td>
<td>3. Who is responsible for ensuring contractual compliance by those who provide outsourced services?</td>
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</tbody>
</table>

Objectives of RAMP exercise

*Practical way to:*

- Assess whether all respondents have the same understanding about who has responsibility or authority
- Compare perceptions among respondent groups about distribution of responsibilities among different power holders
- Compare respondents’ understanding at different points in time
Methodology

- Interviews:
  - Guided interviews with groups of respondents, or respondents filling in the data collection form individually
  - All key respondent groups represented

- Analysis and report:
  - Degree of consensus among respondent groups
  - Extent of agreement regarding which power holder(s) has responsibility or authority to carry out the functions

A quick tour through the RAMP instrument

Sample completed response sheet
Sample chart showing level of consensus among all respondents

Consensus among respondent groups about who is responsible or has authority:

Health Service Delivery

<table>
<thead>
<tr>
<th>Level</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>High</td>
<td>36%</td>
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<tr>
<td>Moderate</td>
<td>0%</td>
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<tr>
<td>Low</td>
<td>64%</td>
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<tr>
<td>None</td>
<td>0%</td>
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</tbody>
</table>

Sample bar chart showing different groups’ responses to a determining question

1. Who sets health service targets for health programs and facilities?

<table>
<thead>
<tr>
<th>Group</th>
<th>Responses</th>
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<tbody>
<tr>
<td>MOH Central (6)</td>
<td>National</td>
</tr>
<tr>
<td>Province 1 (10)</td>
<td>National, Provincial</td>
</tr>
<tr>
<td>Province 2 (8)</td>
<td>National, District</td>
</tr>
<tr>
<td>Province 3 (11)</td>
<td>National, Facility</td>
</tr>
<tr>
<td>Province 4 (4)</td>
<td>National, Provincial, District</td>
</tr>
<tr>
<td>Province 5 (8)</td>
<td>National, Provincial, Facility</td>
</tr>
<tr>
<td>Province 6 (9)</td>
<td>National, District, Facility</td>
</tr>
<tr>
<td>Province 7 (10)</td>
<td>National, Provincial, District, Facility</td>
</tr>
<tr>
<td>Province 8 (9)</td>
<td>Provincial</td>
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<tr>
<td>Province 9 (7)</td>
<td>Provincial, District</td>
</tr>
</tbody>
</table>

Legend:
- National
- National, Provincial
- National, District
- National, Facility
- National, Provincial, District
- National, Provincial, Facility
- National, District, Facility
- Provincial
- Provincial, District
- Provincial, Facility
- Provincial, District, Facility
- District
- District, Facility
- Facility
- None/ Does not exist/ Not
Analysis of findings in our situation

All functional areas

- 136 determining questions
- 82 total respondents across all respondent groups

Current situation Consensus among respondent groups about who is responsible or has authority:

- High: 28%
- Moderate: 47%
- Low: 15%
- None: 10%

Overall Summary

Current situation Agreement regarding whether a function is carried out at the national or sub-national level:

- National only: 28%
- Provincial only: 15%
- District only: 12%
- Other sub-national (joint): 7%
- Facility only: 4%
- Shared national and sub-national: 4%
- None/ Does not exist/ Not applicable: 11%

Overall Summary
Current situation Agreement regarding whether a function is carried out at the national or sub-national level:

- Health Service Delivery
- Public Health Surveillance and Response
- Financial Resources
- Personnel
- Drugs, Vaccines, and Supplies
- Equipment and Transport
- Capital Construction and Maintenance
- Health and Management Information
- Health Communication

Legend:
- National only
- Provincial only
- District only
- Other sub-national (joint)
- Shared national and sub-national

Facility only
None/Does not exist/Not applicable
Health service delivery: summary charts

- Number of determining questions: 11

Consensus among respondent groups about who is responsible or has authority:

<table>
<thead>
<tr>
<th>Health Service Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
</tr>
<tr>
<td>Moderate</td>
</tr>
<tr>
<td>Low</td>
</tr>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consensus</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>36%</td>
<td></td>
</tr>
<tr>
<td>64%</td>
<td></td>
</tr>
</tbody>
</table>

Agreement regarding whether a function is carried out at the national or sub-national level:

<table>
<thead>
<tr>
<th>Health Service Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>National only</td>
</tr>
<tr>
<td>Provincial only</td>
</tr>
<tr>
<td>District only</td>
</tr>
<tr>
<td>Facility only</td>
</tr>
<tr>
<td>Other sub-national (joint)</td>
</tr>
<tr>
<td>Shared national and sub-national</td>
</tr>
<tr>
<td>None/ Does not exist/ Not applicable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agreement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>National only</td>
<td>38%</td>
</tr>
<tr>
<td>Provincial only</td>
<td>3%</td>
</tr>
<tr>
<td>District only</td>
<td>12%</td>
</tr>
<tr>
<td>Facility only</td>
<td>4%</td>
</tr>
<tr>
<td>Other sub-national (joint)</td>
<td>11%</td>
</tr>
<tr>
<td>Shared national and sub-national</td>
<td>23%</td>
</tr>
<tr>
<td>None/ Does not exist/ Not applicable</td>
<td>9%</td>
</tr>
</tbody>
</table>

Health service delivery: key points

- Very low level of consensus
  - No high or moderate consensus on any questions
  - No consensus on 36% of questions

- Many functions at National level
  - 23% of answers were “National only;” another 38% were “Shared national and sub-national”
Public health surveillance and response: summary charts

- Number of determining questions: 15

Consensus among respondent groups about who is responsible or has authority:

- 33% High
- 27% Moderate
- 0% Low
- 40% None

Agreement regarding whether a function is carried out at the national or sub-national level:

- 35% National only
- 13% Provincial only
- 7% District only
- 4% Facility only
- 28% Other sub-national (joint)
- 12% Shared national and sub-national
- 4% None/Does not exist/Not applicable

Public health surveillance and response: key points

- High consensus among responses to 1/3 of questions
  - Some of this due to high percentage of respondents who said that functions did not exist (35% of answers)
- Also the second-highest level of “No consensus”—27% of questions, second only to Health Service Delivery functional area
Financial resources: summary charts

- Number of determining questions: 26

Consensus among respondent groups about who is responsible or has authority:

- 35% have a high level of consensus
- 61% have a moderate level of consensus
- 4% have a low level of consensus
- 0% have no consensus

Agreement regarding whether a function is carried out at the national or sub-national level:

- 26% of answers were "National only"
- 31% of answers were "Shared national and sub-national"
- 13% of answers were "District only"
- 10% of answers were "Provincial only"
- 10% of answers were "Other sub-national (joint)"
- 5% of answers were "Facility only"
- 5% of answers were "None/Does not exist/Not applicable"

Financial resources: key points

- Moderate level of consensus for 35% of questions, but low consensus for another 61% of questions
- Across all functional areas, the smallest percentage of "No consensus" (4%)
- One of the more centralized functional areas: 31% of answers were "National only," with another 26% "Shared national and sub-national"
- Relatively high level of facility involvement, compared to other functional areas
  - In 13% of answers, perception was that facility alone had the responsibility or authority
Personnel: summary charts

- Number of determining questions: 33

Consensus among respondent groups about who is responsible or has authority:

- High: 9%
- Moderate: 18%
- Low: 30%
- None: 30%

Agreement regarding whether a function is carried out at the national or sub-national level:

- National only: 22%
- Provincial only: 21%
- District only: 6%
- Facility only: 17%
- Other sub-national (joint): 9%
- Shared national and sub-national: 9%
- None/Does not exist/Not applicable: 6%

Personnel: key points

- High or moderate consensus for 61% of questions
- Across all functional areas, the second-highest percentage of “None/Does not exist” answers (22%)
- In 17% of questions, function was perceived to be carried out at District level only, higher than any other functional area
Drugs, vaccines, and supplies: summary charts

- Number of determining questions: 15

Consensus among respondent groups about who is responsible or has authority:

<table>
<thead>
<tr>
<th>Consensus Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>19%</td>
</tr>
<tr>
<td>Moderate</td>
<td>31%</td>
</tr>
<tr>
<td>Low</td>
<td>37%</td>
</tr>
<tr>
<td>None</td>
<td>13%</td>
</tr>
</tbody>
</table>

Agreement regarding whether a function is carried out at the national or sub-national level:

<table>
<thead>
<tr>
<th>Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>National only</td>
<td>26%</td>
</tr>
<tr>
<td>Provincial only</td>
<td>16%</td>
</tr>
<tr>
<td>District only</td>
<td>16%</td>
</tr>
<tr>
<td>Facility only</td>
<td>16%</td>
</tr>
<tr>
<td>Other sub-national (joint)</td>
<td>2%</td>
</tr>
<tr>
<td>Shared national and sub-national</td>
<td>8%</td>
</tr>
<tr>
<td>None/ Does not exist/ Not applicable</td>
<td>7%</td>
</tr>
</tbody>
</table>

Drugs, vaccines, and supplies: key points

- Third highest percentage of questions with “No consensus” (19%)
- About 50% of responses indicated some level of National involvement, either “National only” or “Shared national and sub-national”
Consensus among respondent groups about who is responsible or has authority:
Equipment and Transport

- High: 8%
- Moderate: 0%
- Low: 23%
- None: 69%

Agreement regarding whether a function is carried out at the national or sub-national level:

- National only: 30%
- Provincial only: 14%
- District only: 17%
- Facility only: 6%
- Other sub-national (joint): 4%
- Shared national and sub-national: 15%
- None/Does not exist/Not applicable: 18%

5. Who is responsible for taking action in case of misuse of equipment?

- National
- National, Provincial
- National, District
- National, Facility
- National, Provincial, District
- National, Provincial, Facility
- National, Provincial, District, Facility
- Provincial
- Provincial, District
- Provincial, Facility
- Provincial, District, Facility
- District
- District, Facility
- Facility
- None/Does not exist/Not applicable

Equipment and transport: key points

- No questions with high consensus
- Second-highest percentage of “Low consensus” questions
- By far the highest percentage of responses indicating that function takes place at Provincial level only (17%)
- Greatest percentage of respondents perceived that these functions are carried out jointly at sub-national levels (without needing to consult the National level)—18%
Capital construction and maintenance: summary charts

- Number of determining questions: 7

Consensus among respondent groups about who is responsible or has authority:

Capital Construction and Maintenance

- High: 14%
- Moderate: 14%
- Low: 29%
- None: 43%

Agreement regarding whether a function is carried out at the national or sub-national level:

Capital Construction and Maintenance

- National only: 33%
- Provincial only: 20%
- District only: 29%
- Facility only: 6%
- Other sub-national (joint): 6%
- Shared national and sub-national: 3%
- None/ Does not exist/ Not applicable: 3%

Capital construction and maintenance: key points

- Highest percentage of “Moderate consensus” across all respondents
- Approximately 57% of responses showed either High or Moderate consensus—second highest across all the functional areas
- High degree of responsibility and authority at National level
  - 63% of answers were either “National only” or “Shared national and sub-national”
Health and management information: summary charts

- Number of determining questions: 11

Consensus among respondent groups about who is responsible or has authority:

- High: 18%
- Moderate: 36%
- Low: 46%
- None: 0%

Agreement regarding whether a function is carried out at the national or sub-national level:

- National only: 8%
- Provincial only: 25%
- District only: 8%
- Facility only: 6%
- Other sub-national (joint): 17%
- Shared national and sub-national: 13%
- None/ Does not exist/ Not applicable: 40%

Health and management information: key points

- No “High consensus” for any of the questions in this functional area
- Responsibility perceived as concentrated at National level: highest combined percentage of “National only” and “Shared national and sub-national” (64%)
- Second highest percentage of responses indicating the perception that functions are carried out jointly at the sub-national level (17%)
Health communication: summary charts

- Number of determining questions: 4

Consensus among respondent groups about who is responsible or has authority:

Health Communication

- 25% High
- 0% Moderate
- 0% Low
- 75% None

Agreement regarding whether a function is carried out at the national or sub-national level:

Health Communication

- 48% National only
- 15% Provincial only
- 15% District only
- 7% Facility only
- 7% Other sub-national (joint)
- 2% Shared national and sub-national
- 0% None/ Does not exist/ Not applicable

1. Who is responsible for planning the messages, audience and methods for promoting health services and informing clients about them?

Health communication: key points

- Very low level of consensus overall
  - Low consensus on 75% of questions
  - No consensus on remaining 25% of questions
- Despite lack of consensus, nearly half (48%) of responses agreed that responsibility was shared among national and sub-national levels
APPENDIX B: ADAPTING THE RAMP FOR SPECIFIC PURPOSES

This User’s Guide discusses many ways that the RAMP can be modified—by changing the names of the respondent groups, by adding or deleting respondent groups, and by changing the wording or quantity of determining questions. Those topics will not be covered in this Appendix; rather, this section of the Guide shows you how one country took the RAMP instrument and modified it for a specific purpose.

- Example: Adapting the instrument in Nicaragua

Our colleagues at the Nicaraguan Ministry of Health (in Spanish, Ministerio de Salud, or MINSA) made various adaptations to an earlier version of the RAMP instrument. The MINSA was going through a reorganization process and wanted to measure perceptions as the reorganization proceeded. They defined 11 “organizational systems” within the Ministry (as contrasted with the functional areas in the RAMP instrument). In addition, they wanted to measure opinions and perceptions—not only about the current situation, but also the “desired situation” in the future. In fact, this innovative suggestion led to the MSH team to make this feature an integral part of the final RAMP instrument. Therefore, the MINSA team made the following changes to the earlier version:

- Arranged the functions and determining questions by organizational system, not functional area.
- For each organizational system, added an “Affirmations” section that defined the ideal characteristics of the system, in order to measure how closely this ideal was met in the respondents’ view.
- In the Determining Questions section, included additional columns to note the responses corresponding to “desired situation” as well as “current situation.”
- Instead of group interviews, the team handed out a copy of the questionnaire to each participant and collected individual responses. The questionnaire asked for some identifying information: date, profession, and job title (in order to facilitate subsequent analysis by region, profession, or job classification). This innovation was also incorporated into the current RAMP instrument so that users have the option of doing guided interviews and recording consensus opinions, or handing out questionnaires for people to fill in individually.

The data analysis also incorporated some new elements; for example, the team prepared histograms to show the frequency of responses for each group of affirmations.

Examples of these changes are shown below. Please note that all of the data screens are in Spanish. However, some translations have been provided, and the general layout will give you some ideas of how you might adapt the RAMP instrument for your own circumstances.
Figure B-1: Main menu of the adapted instrument, showing each organizational system
(The name of each system is linked to the corresponding page in the spreadsheet)
**Figure B-2: An example of the affirmations**
(Respondents are asked to rank how well MINSA is doing, on a scale of 1 [Very bad] to 6 [Excellent])

<table>
<thead>
<tr>
<th>No.</th>
<th>Afirmación sobre la situación actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Los proveedores disponen de los recursos necesarios para cumplir con las metas y estándares acordados en los convenios y/o compromisos de gestión.</td>
</tr>
<tr>
<td>2</td>
<td>La provisión de los servicios se ofrece en forma articulada, utilizando apropiadamente los recursos, establecimientos y capacidad instalada disponible.</td>
</tr>
<tr>
<td>3</td>
<td>Se brinda un paquete básico de prestación de servicios a las personas, de forma integral, en los diferentes ciclos de vida y escenarios de atención (individuo, familia, comunidad, escuela, centro laboral, establecimiento de salud y entorno).</td>
</tr>
</tbody>
</table>

**Translation of affirmations about the current situation:**
1. Providers have the resources they need to meet their goals and standards as agreed in the management contracts and/or commitments.
2. Health service provision is offered in a coordinated way, making appropriate use of resources, health facilities, and available installed capacity.
3. An integrated package of basic health services is provided to clients, at each phase of their life and in various settings (individual, family, community, school, workplace, health facility, and environment).

**Translation of the column headings:**
- Evaluation scale (the scale goes from “Very bad” to “Excellent”)
- Critical aspects that need to be improved
- Suggestions to improve them

<table>
<thead>
<tr>
<th>No.</th>
<th>Afirmación sobre la situación actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Los proveedores disponen de los recursos necesarios para cumplir con las metas y estándares acordados en los convenios y/o compromisos de gestión.</td>
</tr>
<tr>
<td>2</td>
<td>La provisión de los servicios se ofrece en forma articulada, utilizando apropiadamente los recursos, establecimientos y capacidad instalada disponible.</td>
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</tr>
</tbody>
</table>
Figure B-3: An example of the data analysis:
Histogram showing the frequency of responses to the affirmations that correspond to Health Delivery System

Here we can see that no respondent thought that the Health Delivery System was “Excellent” (score of 6) or “Very good” (score of 5). A few respondents thought that the system was “Good” (score of 4; n=2 respondents), but the majority ranked it as “So-so” (score of 3; n=16), “Bad” (score of 2; n=13), or “Very bad” (score of 1; n=8).