



# **YELLOW STAR PROGRAMME**

## **IMPROVING QUALITY OF HEALTH CARE**

### **TRAINING MANUAL FOR SUPERVISORS FACILITATOR'S GUIDE**

**Revised**

**August 2006**



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## ABBREVIATIONS

DISH	-	Delivery of Improved Services for Health
HC III	-	Health Centre Level III
HC IV	-	Health Centre Level IV
HSD	-	Health Sub-district
HUMC	-	Health Unit Management Committee
IMCI	-	Integrated Management of Childhood Illness
LTPM	-	Long Term Permanent Methods
MOH	-	Ministry of Health, Uganda
MCH/FP	-	Maternal and Child Health/Family Planning
NSG	-	National Supervision Guidelines
QA	-	Quality Assurance
QI	-	Quality Improvement
UNHCO	-	Uganda National Health Consumer's/Users Organization.
YSP	-	Yellow Star Programme

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The manual was developed by:

Dr. Elizabeth Ekochu	Supervision/Quality Assurance Specialist, DISH II Project
Ms. Grace Ojirot	Consultant Trainer, Health Training Consult
Ms. Ruth Maginoh	Consultant Trainer, Health Training Consult
<i>Technical input was provided by:</i>	
Dr. Vincent David	Health Management/Quality Assurance Advisor, DISH II Project
Dr. Henry Mwebesa	Assistant Commissioner (Quality Assurance), Ministry of Health
Dr. J. B. Ddamulira	Deputy District Director Health Services, Sembabule District

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The review has incorporated the experiences of Uganda National Health Consumer Organization's Advocacy interventions and community experiences of Africare – Ntungamo CIMCI, community experiences.

***The manual was revised by;***

Dr Elizabeth Ekochu – UPHOLD Quality Assurance Specialist  
Grace Ojirot – Consultant, Health Training Consult  
Lucy Asaba – Consultant Health Training Consult

Edited by:

Judith Oki - UPHOLD Training and Performance Improvement Specialist

***Consultant Trainers of Health Training Consult Ltd namely***

Rebecca Kakooza, Ruth Maginoh Olwit, Jane Rose Tussime, Putan Mary, Regina Nanjobe, Peninnah I. Kirokimu, Grace Ojirot and Lucy Asaba.

**SECTION A**  
**OVERVIEW OF THE TRAINING**

# 1 INTRODUCTION

## 1.1 ORGANIZATION OF THE MANUAL

This manual is divided into three sections: Section A gives an overview of the training process, Section B details the training process and provides individual session guides, Section C contains all Hand Outs used in training.

## 1.2 HOW TO USE THIS MANUAL

This manual is based on specific tasks that will enable supervisors to implement the Yellow Star Programme, to strengthen, monitor and evaluate integrated health care services and quality of care at lower health facilities. It can be used:

- As a whole document to train district and HSD supervisors.
- In parts, where specific sections of the manual can be adapted for use in training selected groups of health workers in formal workshops or as on-job-training during service delivery.

This Training Manual is used in collaboration with the Yellow Star Program Manual. Slides; or power point presentations or newsprints with key content can be made for each session.

## 1.3 DURATION OF WORKSHOPS

In a formal training, setting the workshop is four full days, with two days of classroom sessions, one day practical sessions in a facility and it community day of problem solving and action planning with facility staff and community members.

## 1.4 TRAINEES

Trainees will be supervisors at District, Health Sub-district (HSD) and Health Unit Levels who have the responsibility managing health workers providing integrated health services. Training will also include Community Development Workers (CDWs) and Health Assistants who work directly with communities.

## 1.5 TRAINERS/FACILITATORS

Trainers/facilitators in this manual should be in the concepts and practice of supervision and quality improvement (QI). They too should be familiar with the MOH *Quality Assurance for Health Workers in Uganda, Manual of Quality Improvement Methods*,

National Supervision Guidelines (NSG) and Yellow Star Programme (YSP). Each workshop should have a facilitator: trainee ratio of 1: 3 to 1:5.

## **1.6 PLANNING AND PREPARATION**

The training team should meet ahead of time to get acquainted and share experiences, and identify roles and responsibilities during the training. Specifically, they should:

- Review the objectives and content outline and match these with the learning objectives of the session.
- Review the learning process and session guide for each objective and training materials referred to in sequence of use.
- Review the slides and or prepare newsprint for each session and make necessary adjustments if need be.
- Prepare reading assignments and other relevant references that will help participants familiarize themselves with the content of sessions.
- Prepare the training materials for each session guide as follows:
  - For those referred to as newsprint or transparency, write the information on newsprint or transparency.
  - For those referred to as handouts, reproduce enough copies for each trainee.
  - Reproduce enough copies of guidelines and other tools for each trainee and facilitator.
- Assign sessions to facilitators and aim at co-training particularly if the session is one hour or more.
- Select and prepare the facilities/clinic sites and communities identified for practical experience, orient the clinic staff and seek for their co-operation and support. Facilities and communities should be near enough to the training venue so as to avoid time wastage traveling to far sites for practicum. The Health units selected should be the ones busy on the day scheduled for the assessment and supervision visits.
- Community Development Officers of those areas where the facilities are should be contacted, briefed and involved in the mobilization of the community and preparations for the community meeting. This should be done well ahead of the training.
- Ensure the HUMC and YSP committees (*where they exist and functional*) have been involved in the selection and preparation for community visits

- Ensure good time management. However, if the pace of participant learning is slow, the facilitators should:
  - Review and modify training methods.
  - Negotiate the use of extra-curricula time with participants (Sessions 6 and 9 may not get finished by the end of the day, but can be finalized during session 7 and 12 respectively).
- Meet at the end of each day to review the day's progress, plan and prepare for the following day.

## **2 GOALS AND OBJECTIVES**

### **2.1 TRAINING GOALS**

- a) To improve skills of HSD and district supervisors to enable them initiate/oversee quality improvement (QI) activities at facility and community level.
- b) To strengthen the linkages between the health care system and the users of health services.

### **2.2 TRAINING OBJECTIVES**

By the end of the workshop participants will be able to:

- a) Explain the concepts of Quality Assurance (QA).
- b) Explain the concepts of client rights and responsibilities, provider needs, right based approach as applied to quality care.
- c) Introduce the YSP and its various component activities to health workers, district leaders and managers, Community Development Workers, community leaders and health care users.
- d) Explain the problem solving cycle and relate it to support supervision, YSP and promotion of QI at facility and community level.
- e) Apply the principles of QA and in particular, team work approach, to identify problems affecting quality at health facilities and community and suggest solutions to them.
- f) Apply the process of community involvement in Quality improvement.
- g) Develop back-home application plans to strengthen supervision, the QI process and community involvement at HSD/facility levels

### **2.3 TRAINING TASKS**

As a result of training, supervisors will be able to help facility staff to:

- a) Conduct effective support supervision at facilities.

- b) Sensitize health workers, community leaders, and health care users about the YSP, client's rights and responsibilities and provider needs
- c) Discuss their roles in the process of QI.
- d) Assess the quality of services at health facilities using Yellow Star Programme tools.
- e) Identify, define and analyze key problems at facility level and community using QA tools.
- f) Use team building approaches to provide solutions to identified problems.
- g) Work with existing community based workers to create linkages between community and health facility for QA.
- h) Provide feedback to the District, Sub-county, HSD and facility leadership, health workers and community on quality improvement activities.
- i) Involve communities' assessment, implementation and monitoring of quality improvement.

## WORKSHOP SCHEDULE

<b>TIME</b>	<b>DAY 1</b>	<b>DAY 2</b>	<b>DAY 3</b>	<b>DAY 4</b>
8.00 –9.30	1. Registration, Welcome & Introductions Climate Setting	Support supervision, Feedback and Quality Improvement	Introduction to Field Visit Facility and Community	Processing Field Experiences
9.30-10.30	2. Overview of the workshop  Concepts of Quality Assurance		Field Visit: Supervision & Yellow Star Assessment at Facilities	Problem Solving Theory: Group work in problem identification based on field visits
<b>10.30-11.00</b>	<b>T E A B R E A K</b>			
11.00-12.00	Yellow Star Programme	Involving the Community	Supervision & Yellow Star Assessment at Facilities	Joint Problem solving with Facility staff and community representatives.
12.00-1.00	Basic Standards			
<b>1.00-2.00</b>	<b>L U N C H</b>			
2.00-4.00	Assessment tools	Involving the Community	Community Dialogue	Finalize Back Home Application Plans Evaluation of the Workshop
4.00-5.30	Developing team work approach.	Introduce: Back Home Action Plans (assignment)	Compile the Field Visit Report	Closure
<b>5.30</b>	<b>T E A</b>			

**SECTION B**  
**SESSION GUIDES**

## SESSION 1: CLIMATE SETTING



**Duration: 1 Hour 30 minutes**

### **Learning Objectives**

By the end of the session, participants will be able to:

1. Complete registration forms.
2. Address his/her colleagues and trainers by preferred name.
3. Share own expectations of workshop and agree on working norms to be followed.



### **Content**

- Registration.
- Welcome remarks and introductions.
- Participants' and trainers' expectations.
- Workshop norms and leaders.
- Administrative matters.

### **Method:**

- Participatory discussion.



### **Materials**

- Registration forms.
- Training kit (Newsprints, Masking tape, Markers) – for all sessions.

### **Activities**

1. Register participants as they arrive and let them put name tags on themselves.
2. Welcome participants and let them introduce themselves giving their preferred names for use at the workshop and other interesting facts about themselves.
3. List expectations from each participant and write them on newsprint.
4. Help participants choose workshop leaders and list workshop norms, writing them on newsprint.
5. Explain any administrative matters to participants.

### **Introduction guide.**

Names and preferred name during the workshop

Work place and designation, experiences with support supervision

Likes, dislikes and fears and workshop expectations

## SESSION 2: OVERVIEW OF WORKSHOP



**Duration: 1Hour 30 minutes**

### **Learning Objectives**

By the end of the session, participants will be able to:

1. Explain the rationale, goal and objectives of the workshop as well as the skills to be strengthened during training.
2. Compare the participants' expectations with workshop objectives.
3. Share the workshop schedule and agree on their roles in meeting the objectives of the course.
4. Explain the methods to be used during training.



### **Content**

- Rationale, goal and objectives for the workshop.
- Skills to be strengthened for effective support supervision and promotion of QI at health facilities.
- Workshop schedule.
- Roles of participants and trainers in meeting workshop objectives.
- Methods used for conducting the workshop.

### **Methods**

- Brainstorming.
- Lecturette./Presentations



### **Materials**

- Prepared newsprints/transparencies on rationale and objectives of the workshop; Roles of participants during workshop.
- Handouts.

### **Activities**

1. Explain the rationale of the course and involvement of community development workers or Health Assistants in the training.
2. Display course objectives on newsprints/transparencies and clarify as necessary.
3. Compare participants' expectations and workshop objectives.

4. Explain that their supervisor experiences will be used during the session on support supervision.
5. Review the schedule explaining the process of the 4 days.
6. Draw attention to participants' roles in meeting workshop objectives.

## **SESSION 3: CONCEPTS OF QUALITY ASSURANCE AND CONSUMER RIGHTS AND RESPONSIBILITIES**



**Duration: 1Hour 30 minutes**

### **Learning Objectives**

By the end of the session, participants will be able to:

1. Define terms related to QA/QI.
2. Explain the principles of QA.
3. Relate the concepts and principles of quality to community /consumers of services
4. Discuss the client's/consumer's rights and responsibilities based on rights based approach to health care.
5. Discuss the role of the health workers, community health workers and consumers in ensuring and maintaining quality.



### **Content**

- Case study as an introduction to the session.
- Definition of terms: Quality/Quality Assurance/Quality Improvement and standards.
- Perspectives of quality as viewed by client and health workers.
- Principles of QA.
- Relationship of quality and principles of quality to clients/consumers
- Indicators/Standards of quality of care.
- Yellow Star Programme and its components
- The concept of Stars in Progress
- The role of health workers, community workers and consumers in ensuring and maintaining quality.

### **Methods**

- Case study in small group discussions
- Plenary discussion
- Brainstorming.
- Lecture.



## Materials

- Session 3: Handout 1: Case study and selected concepts
- Transparencies or newsprints on definition of QA terms; principles of QA and standards.
- YSP Activation Kit.
- “*Quality Assurance for Health Workers in Uganda, Manual of Quality Improvement Methods*,” MOH, 1995.
- *Session 3 Handout 2: Client’s Rights and Responsibilities, Provider Needs and Rights Based Approach to Health Care.*

## Activities

- Introduce the session by explaining session objectives.
- Read out case study to participants.
- Ask participants these key questions to focus the discussions on HW attitudes and Inter Personal Communication.
  - Is the situation depicted in the case study common in our setting?
  - What went well or was done correctly?
  - What went wrong at the health facility as indicated in the case study?
  - What would you have done differently?
- Wind up discussion by highlighting the key quality issues emphasizing the different perspectives of quality.
- Give out MOH *Quality Assurance for Health Workers in Uganda, Manual of Quality Improvement Methods* and refer to relevant pages for each topic.
- The concept and rationale of the *Stars in Progress Initiative*.
- The importance of quality issues, community participation and the need for stakeholder involvement.
- Ask 2 participants male and female to summarize the key leanings for the session.
- Ask participants (in groups of 2 or 3) to define the terms **Right** and **Need** and guide a discussion on each term using the transparency presentations.
- In large group ask participants to answer the following questions:
  1. Where are some rights of when they seek health services?
  2. What are some clients’ responsibilities in obtaining better health?
  3. What needs do service providers have to enable them provide quality services?

- Use the list of client rights and work out an example of provider behaviors that may violate that right.
- Introduce group work and divide participants in 3 groups
- Allocate minimum of 2 clients rights from the generated list to each group and assign the following tasks:

**Part 1. ALL GROUPS**

- (a) Discuss and list provider behaviors that may violate the client right allocated to your group
- (b) What are the client’s responsibilities in ensuring that the right is met?

**Part 2.**

**Group 1.** Discuss the role of **health workers** in ensuring and maintaining quality at health unit and community.

**Group 2.** Discus the role of **community development workers** in ensuring and maintaining quality at health unit and community.

**Group 3.** Discus and generates the role of **community** in ensuring and maintaining quality at health unit and community.

**Plenary**

- Groups present their work in plenary.
- Use handout on Patient’s Rights and Responsibilities according to UNHCO to make necessary additions on the discussion.
- Take participants through dreaming exercise for about 3 minutes on the most touching experience that involved violation of consumer rights at a health facility/work site. Let participants share the cases they visualized. Stress the emerging lessons from the shared cases.
- Summarize by reminding participants of the gravity of violating clients’ rights and the glaring gap in empowering communities to demand for their rights and honour their responsibilities which the current training intends to address. Refer participants to the handout on the role of health consumers in monitoring quality.
- Refer participants to the handout on the “*Role of Health Consumers in Monitoring Quality*”.

*Note: During all sessions of the workshop, use every opportunity to remind participants that you/they are using one of the principles of QA e.g. using additional information to decide on a root cause, or using teamwork when conducting YSP assessment. In that way, these principles will not remain theoretical concepts, but become embedded in day to day practice.*

## SESSION 4: THE YELLOW STAR PROGRAMME



**Duration: 1Hour**

### **Learning Objectives**

By the end of the session, participants will be able to:

1. Describe the background and rationale of Yellow Star Programme (YSP) using the quality of care model.
2. Describe the process of establishing and communicating the Basic Standards for quality health services to health workers and the community.
3. Describe the Yellow Star Programme (YSP) process of monitoring and certifying facilities that meet and maintain the basic standards to health workers and community members.
4. Explain the process of rewarding health facilities, health workers and supervisors for good performance in achievement of standards and interaction with clients.
5. Explain the role of supervisors in the Yellow Star Programme and role of Community Development Workers/Health Assistants.
6. Explain the cost of poor quality and how Yellow Star can help.



### **Content**

- Background and rationale for Yellow Star Programme (YSP).
- Process of establishing and communicating the Basic Standards of quality health services.
- Process of monitoring and certifying facilities that meet and maintain the Basic standards
- Process of awarding the Star Health Worker Award to health workers/supervisors.
- Role of supervisors in the Yellow Star Programme.

### **Methods**

Lecture/ discussion.



### **Materials**

- Transparencies Yellow Star Programme.
- Yellow Star Programme Binder for Supervisors (Section 1 and 3).

## **Activities**

1. Present introductory lecture with transparency (or Refer to Sect. 1 YSP Manual) covering:
  - Yellow Star Programme strategy and description (See Basic Standards of Health Services).
  - Process of communicating standards.
  - Monitoring and certifying facilities that meet and maintain the Basic Standards for health services.
  - Star Health Worker/Supervisor Award.
  - Results in the pilot districts.

*Refer participants to the YSP Manual and briefly describe how it is organized. Highlight section 1&3 to find the strategy and description of Yellow Star Programme.*

2. Allow and respond to questions raised during and at end of the session.
3. Invite participants to read the YSP manual in detail and familiarize themselves fully with the process.

## SESSION 5: BASIC STANDARDS FOR HEALTH SERVICES



**Duration: 1Hour**

### Learning Objectives

By the end of the session, participants will be able to:

1. Explain the meaning of a standard
2. Explain the characteristics of a good standard
3. Describe the organization of the list of Basic Standards of Health Services.
4. Discuss the Basic Standards for Health Services.



### Content

- Definition of Basic Standard.
- Characteristics of a good standard
- 6 focus areas of basic standards
- The National Supervision Guidelines.
- Discussion of Basic YSP Standards for Health Services.

### Methods

- Lecture/discussion.
- Individual and group reading through the standards from Supervisors Binder.



### Materials

- Transparencies on organization of Basic Standards.
- Supervisor Binder (Section 2).
- National Supervision Guidelines

### Activities

1. Introduce the meaning of Standard
2. Discuss the characteristics of a good standard
3. Introduce organization of list of Basic Standards using transparencies or YSP Manual Section 2.0
4. Read through Basic Standards with participants **one by one**. Make sure participants are clear about the definitions and means of verification for each standard.

5. Entertain and respond to questions during session and *list concerns/fears/comments about the standards. (Refer these to the YSP Working Group or to QA Department, Ministry of Health).*
6. Discuss some of the basic standards that may be difficult to meet at facility level and the reasons why.
7. Generate solutions to the above stated difficulties.
8. Introduce the Activation Kit – Refer to YSP Manual Section 5

## SESSION 6: YELLOW STAR ASSESSMENT TOOLS

 **Duration: 2 Hours 30 minutes**

### Learning Objectives

By the end of the session, participants will be able to:

1. Describe the organization of the Assessment Tool for the Basic Standards for Quality Health Services.
2. Explain the process of conducting Yellow Star Programme evaluation using the assessment tools.
3. Explain how to keep records of facility scores and use the tracking system.
4. Demonstrate ability to conduct Yellow Star Programme evaluation using the assessment tools and document the scores.



### Content

- Process of conducting YSP assessment.
- Records of facility scores and tracking system.
- Practice assessing, scoring and certifying facility.

### Methods

- Introductory lecture/discussion on organization of tools.
- Reading assignment.
- Practice scoring, compiling and certifying a facility using hypothetical example.



### Materials

- Transparencies on assessment tools including scoring sheet for demonstration, using hypothetical example.
- Section 4 of Yellow Star Program Supervisor Binder.

### Activities

- Present introductory lecturette on YSP assessment tools using transparencies/newsprints on tools OR use the Yellow Star Program Supervisor Binder Section 4 and emphasize:
  - Explain assessment tool as a guideline designed to monitor basic

standards, a tool that can be used by supervision teams (2-4 people) and that assessment may take 3-5 hours depending on the size of facility or team.

- Scheduling of assessment visits should be made well in advance and the supervisors need to work closely with district YSP Focal Persons.
  - Supervisors need to use the best of their judgment on standards, but should not compromise the standard.
  - Assessments should be supportive rather than inspection-like.
  - The need to give both positive and negative feedback to the health workers.
- Refer participants to YSP Manual Section 4, page 1-4, to describe the organization of the tool citing major areas of the *Assessment Tool*.
  - Walk participants through the tool showing pages and how the tool is arranged and how it is scored.
  - Repeat the same process for the *Scoring Sheet* page 5.
  - Introduce a case study and divide participants into 2 groups and give instructions for the groups. Distribute the score sheets to the groups

#### ***Instructions for group work***

- Read the case study and complete the score sheet according to the findings in the case study
  - Analyse and summarize the scores for report out in the large group.
- Allow one hour for the group exercise and call for report outs in plenary
  - Note down the list of concerns/questions/comments during the report outs.
  - Respond to concerns and *re-demonstrate difficult areas* where necessary to ensure common understanding of the process.
  - Use information in the YSP Manual Section on page 8: “***After Assessment Review***” to discuss how the supervisor will use these scores to provide feedback to facility staff and facilitate problem solving
  - Lead the discussion on ***How to fill the scoring Sheets*** on page 8.
  - Ensure all participants understand the scoring and compiling of the scores.
  - Explain that in the subsequent visits the supervisors needs to refer to these results to track any changes.
  - Refer participants to Section 7: ***Tracking Results*** and lead the discussion on

how to continuously track changes for improving quality at the facility,  
identify opportunities for improvement and conduct problem solving.

- Allow questions and clarify areas that were not clear.

## SESSION 7: DEVELOPING A TEAMWORK APPROACH

 **Duration: 1 Hour 30 minutes**

### Learning Objectives

By the end of this unit participant will be able to:

1. Explain the rationale for effective working teams.
2. Describe characteristics of an effective team.
3. Explain the factors that facilitate teams to work effectively.
4. Apply coaching methods to facilitate teams to work effectively.



### Content

- Rationale for effective working teams.
- Characteristics of an effective team
- Tips for facilitating effective team work
- Role of supervisors in facilitating team work



### Materials

- 2 sets of “team game” as outlined in instructions (Broken squares).
- Handout on teamwork approaches

### Method

- Lecture, small and large group discussion.
- Game: Notes; this must be prepared ahead of time; see instructions page 26.

### Activities

1. Introduce the session with a team game by asking for 10 volunteers to play in 2 groups (five in each) to complete the task in five minutes. For each group ask for 2-3 volunteers to observe the exercise.
2. Give instructions to players and observers separately:
  - i. **To observers:** Explain to them what is expected to happen in the game and the rules of the game and give these instructions:

## **OBSERVERS:**

### **Observe and note down**

- The different behaviors the team members' exhibit during the game: leading, listening etc
- Whether they follow the instructions and keep the rules of the game
- Any other useful observation

ii. **To players:** Explain that each member will receive an envelope containing pieces of cardboard/manila paper for making squares.

The task of the group is to make five squares of equal size; one in front of each person and the task will be completed when each person has a perfect square, equal in size to those of the other group members.

Give the rules to be followed by the members:

### **Rules of the Game: Players**

#### **The rules to follow during the exercise:**

- a. No talking, no pointing, no gesturing, no communicating in any way.
- b. You may give pieces to the other members, but you may not ask for or take pieces from them: all you can do is give.
- c. You may not simply toss the pieces you don't need into the centre of the table so that others may have them; you must give them directly to another person.
- d. You may give away all your pieces even if you have already formed a square.

3. Start the game and allow it to go on for 5 minutes then request participants to stop **but not** to dismantle their squares.

4. Use the following questions to process the game:

- First the players in one group and then other groups in turns one question at a time:
  - How do you feel about the game? Why do you feel the way you do?
  - How many squares did your group make? What enabled you make the squares?
  - What difficulties did you experience in making the squares?
- Then ask observers to report on their findings (according to observers Task)
- Display the newspaper with correct squares and collect the pieces of the squares.
- In plenary ask all the groups to share what happened in their groups using the following questions:
  - Who was willing to give away pieces of his/her square?
  - Was there someone who, when s/he had completed his/her square, withdrew from the

group?

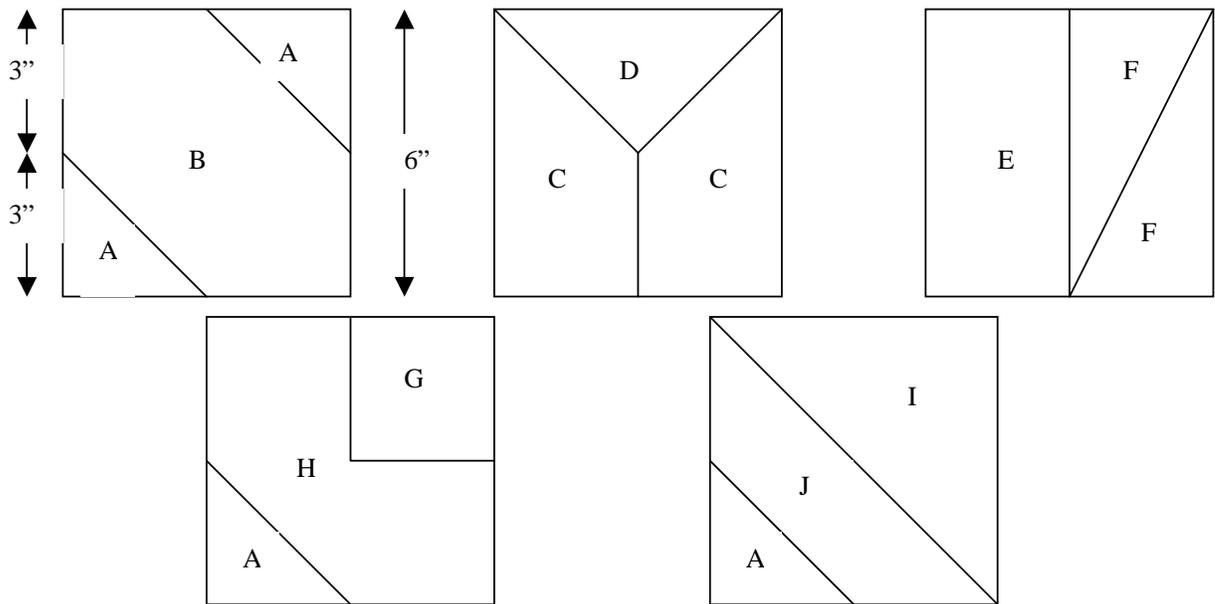
- Was there someone who couldn't make a square, but who was unwilling to give away his/her pieces?
  - Was there someone who was motivated to help others form their squares?
  - Were there group members who became anxious and frustrated?
  - Did the group develop a spirit of collaboration? What made the difference?
  - Was there someone who broke the rules by speaking or pointing or gesturing?
5. Obtain facilitators' inputs, summarize the game and link it to the session to generate discussion on, characteristics of effective team members, and attributes of team members
  6. Using transparencies and handout provided, explain the rationale for working in teams and characteristics of an effective working team
  7. Use transparencies and handout and experiences in the game to enrich the discussions on factors that facilitate teams to work effectively
  8. Using handout lead discussion on methods of applying coaching methods to facilitate teams to work effectively.
  9. Ask the participants what they have learnt from the game, what they will do differently at their places of work to improve team work.

#### **INSTRUCTIONS FOR PREPARING FOR THE "TEAM GAME"**

##### **Making a Set of Broken Squares**

A set consists of five envelopes containing pieces of cardboard cut into different patterns which, when properly arranged, will form five squares of equal size. One set should be provided for each group of five persons.

To prepare a set, cut out five cardboard/manila paper squares each exactly 6" x 6". Place the squares in a row and mark them as below, penciling the letters lightly so they can be erased.



The lines should be so drawn that, when the pieces are cut, those marked with the same letter should be exactly the same size. Several combinations are possible that will form one or two squares, but only one combination will form all five squares, each 6" x 6". After drawing the lines on the squares and labeling the sections with letters, cut each square along the lines into smaller pieces to make the parts of the puzzle.

Label five envelopes 1, 2, 3, 4 and 5. Distribute the pieces into the five envelopes as follows: envelope 1 has pieces I, H, E; 2 has A, A, A, C; 3 has A, J; 4 has D, F; and 5 has G, B, F, and C.

Erase the penciled letter from each piece and write instead the number of the envelope it is in. This makes it easier to return the pieces to the proper envelope for subsequent use after a group has completed the task. Note: *(these envelopes should be prepared before the session)*

## **SESSION 8: SUPPORT SUPERVISION AND FEEDBACK IN QUALITY IMPROVEMENT**

 **Duration: 1 Hour 30 minutes**

### **Learning Objectives**

By the end of this session, participants will be able to:

1. Discuss the weaknesses of traditional supervision and the rationale and benefits of the new approach to supervision.
2. Explain the methodology of conducting effective support supervision at a facility including the planning, skills required, reporting and follow up.
3. Explain the meaning and guidelines of giving and receiving feedback
4. Explain the link between support supervision, YSP and QI.
5. Discuss the importance and role of communities in monitoring quality health care at facility



### **Content**

- Definition of support supervision.
- Rationale and benefits of new approach to supervision.
- Roles and qualities of support supervisors.
- Methodology of conducting support supervision at facilities.
- Application of support supervision for follow up action.
- The link between support supervision, YSP and QI.
- The role of the community in monitoring quality at the facility.
- Supervision within a health facility (use National Supervision Guidelines – Chapter 8)

### **Method**

- Lecture and discussion.



### **Materials**

- Transparencies (or flip charts) on:
  - Definition of support supervision.
  - Rationale for new approach to supervision.

- Benefits of support supervision.
- Roles and qualities of support supervisors.
- Methodology of conducting support supervision at clinic.
- Meaning of feedback
- Purposes of feedback in service delivery.
- Guidelines for giving and receiving feedback.
- Application of supervision for follow up action.
- The link between support supervision, YSP and QI.
- National Supervision Guidelines
- Handout on Support Supervision

### **Activities**

1. Ask for two volunteers and ask them to role play a situation of a supervisor and supervisee
2. Use the script for Maria and the Supervisor script.
3. Coach the players.
4. Give instruction for the class to observe how the supervisor gives Maria feedback and how Maria receives feedback
5. Process the role play
6. Introduce the session on support supervision linking it from the role play.
7. Guide a discussion using transparencies and handouts to review definition, rationale, benefits of SS; roles and qualities of supervisors.
8. Explain the overall methodology of conducting Support supervision and giving feedback to a supervisee.
9. Ask for two volunteers to replay the role play (Maria and her supervisor)
10. Process the role play using questions at the end of the role play.
11. Compare the first role play to this one.
12. What were the outstanding differences in the giving and receiving feedback on the part of Maria and the supervisor?
13. Explain how supervision reports and YSP score sheets/tracking help supervisors focus on opportunities for QI and follow up action.
14. Guide a discussion on the importance and role of community in monitoring quality at facility level.

15. Refer participants to the handout

**Note:** *This is a very important concept in the training process that cannot be over emphasized. Throughout the discussion, refer the participants to the NSG as this is the basis of the supervision system.*

### **ROLE PLAY - MARIA AND HER SUPERVISOR**

Select two participants and coach them to act out the role play building on the outlined scenario. Process the role play using the questions on the next page to discuss whether the supervisor conducted support supervision and gave feedback correctly. Use guidelines on roles and qualities of supervisor and giving feedback to revise skills of supervision/feedback.

#### **SUPERVISOR:**

Maria you did a poor job of preparing those reports yesterday and I am very annoyed

#### **MARIA:**

Well, it was Aida's fault. She did not give me the statistics on time.

#### **SUPERVISOR:**

Nevertheless, it was your responsibility to make sure that the reports were submitted in good order.

#### **MARIA:**

I have been so busy with other things and I didn't have enough time to devote to those reports. Really I am overworked here.

**SUPERVISOR:** I often see you wasting time around the clinic. I think you had enough notice to prepare better. Please don't make the same mistake next time.

### **QUESTIONS FOR PROCESSING THE ROLE PLAY**

What was happening in the role play?

What roles of a supervisor have/have not been applied?

What characteristics of a supervisor have/have not been applied?

What effect did or will the supervision style have on the supervisee's performance?

Did the supervisor give supportive feedback properly?

Did the supervisor give corrective feedback properly?

What does the supervisor need to do in order to improve her skills?

## SESSION 9: INVOLVING THE COMMUNITY IN THE YELLOW STAR PROGRAMME



**Duration:** 2 hours

### Learning Objectives

By the end of the session, participants should be able to:

1. State the meaning of community involvement and community dialogue
2. Explain the importance of community involvement and community dialogue in quality of care/YSP.
3. Identify influential persons in the community (**stakeholders**) and discuss their roles in implementing health programmes to promote quality improvement.
4. Describe the process of starting and sustaining community involvement and dialogue for quality improvement and utilization of services.
5. Demonstrate ability to organize and conduct a community meeting for quality improvement in a selected community.



### Content

- Meaning of Community Involvement and Community Dialogue.
- Importance of community involvement and dialogue in promoting, improving, monitoring and sustaining quality of care.
- Key stakeholders in the community who assist in implementing health services and their major roles in influencing health activities at community and health facility levels.
- Process of organizing, conducting and evaluating community meeting for quality improvement
- Simulation of community meeting.
- Practicum in the field.



### Materials

- Transparencies/news prints
- Section 10 of YSP Manual
- Role play/Mini drama script

- Handouts: .....
- Guidelines for conducting the community meeting
- Guidelines for conducting the joint community/facility meeting

**Methods**

- Ice Breaker
- Brainstorming
- Large group discussion
- Role play/Mini drama
- Actual practice

**Activities**

- At lunch time, select and prepare participants for role play.
- Introduce topic by asking participants to brainstorm on what they understand by community involvement and community dialogue.
- Let participants brainstorm on some key/ influential persons in the community and explore how they assist in implementing health programmes i.e. what are the current mechanisms of community involvement. Assess whether the mechanisms work or if they need to be modified. Write the answers on newsprint in tabular form.
- Ask participants to list major roles that different influential persons **should** play in the community for Quality Improvement. Refer to *YSP Supervisor's Manual – Section 10* to highlight the roles of Community Development Workers, HUMC.
- Lead a discussion on the need/rationale for community involvement and dialogue in quality improvement, referring again to the *YSP Supervisor's Manual Section 10* for highlights.
- Let the selected participants act out the role play and use the questions below to discuss community involvement and process of the dialogue:
  - Were the roles of the actors (Chairman, Councilor, Health Worker, NGO, CDW etc) clear?
  - Is this type of meeting important?
  - Do meetings in the community usually run like this?
  - What was done well?

- What was not done well?
- What would you do differently to improve the meeting process and its outcomes?
- Refer participants to the handout on guidelines for conducting the community meeting/dialogue for quality improvement. Guide participants through the steps to conducting an effective community dialogue meeting using the handout.
- Emphasize to participants the importance to master the process because it is the same process they will use to conduct actual community meeting during practicum on the following day.
- Ask participants the appropriate mechanisms for establishing and maintaining community-facility partnerships.

*Note: YSP/QoC Committee was one proposed solution for community involvement, especially in implementing follow up action. It is however, not the only solution an active HUMC can & should play this role. The discussion above should explore the current mechanisms for community involvement, to assess if they work and or need to be modified before setting up a new committee.*

**Script for Role play/mini drama for initiating dialogue in community**

***The Chairman:***

- Mobilize community members for a meeting and introduce your executive members
- Request the CDW to introduce the purpose of the visit as well as the visitors.

***The CDW***

- Welcome members to the meeting and request the visitors (Health Unit In charge, Councilor, NGO representative, CDW) to introduce themselves.
- Inform members that the main purpose of their visit is to introduce the services offered at the health unit, sensitize people on rights & responsibilities of patients in health care, the YSP and share the challenges and possible solutions for the health facility. (and to have community views)
- Emphasize that the meeting is for sharing views on services provided at facility, roles and responsibilities of community and challenges faced by each party but not to point fingers at each other.
- Invite the In-Charge of Health Unit to briefly talk about the status of services provided at the facility.

***In Charge Health Unit***

- Thank members for coming and inform them that this is the beginning of the health facility and community close interaction.
- Stress that the HU belongs to the community and exists to help community members to promote and maintain health.

- Give a brief on the services offered including VCT, Antenatal care & delivery, PMTCT, treatment of malaria, diarrhea, cough, immunization and health education.
- Enumerate challenges faced by health workers in trying to provide quality services such as low turn up for the services by the community, delays in seeking health services, insufficiency of drugs and the bore hole does not function because the community is vandalizing it.

***NGO representative:***

- Emphasize on what the Health Unit Management has started is in line with your core strategy of centralizing communities in service delivery.
- Mention that you have noticed that you are partners with the health unit and pledge to provide funds to repair the health facility bore hole.
- Call upon community members to form a user management committee to ensure security and maintenance for the borehole.

***CDW:***

- Moderate the discussion. Also educate community members on their Rights and Responsibilities in health care and the needs of health workers in ensuring quality health care delivery.

***Councilor:***

- Thank community members and visitors for coming together to discuss issues that concern both parties.
- Mention that HWs and patients need to cooperate because they are partners in health care
- Thank the visitors and pledge the district support on improving health care at the health unit.

***Chairman:***

- Thank the visitors and community members for the fruitful discussions and pledge to organize such meetings on a regular basis to keep health workers and communities informed of what is going on at community and health facility and see how to address the challenges faced in health care.
- Close the meeting.

## **SESSION 10: INTRODUCTION TO FIELD VISITS – HEALTH FACILITY AND COMMUNITY (THEORY).**



**Duration: 1 Hour 30 minutes**

### **Learning Objectives**

By the end of the session participants should be able to:

1. Explain the purpose of the visit to the health facility and community.
2. Review the process of effective support supervision and the link between support supervision, YSP and QI.
3. Explain the supervision and Yellow Star assessment process to be taken at the facility.
4. Prepare for supervision/YSP monitoring visits to two health facilities based on the field guidelines.

### **Methods**

- Brainstorming/discussion.
- Lecturette.



### **Materials**

- Extracts of supervision guidelines (Reproductive Health, IMCI, Aseptic procedures).
- Copies of YSP Basic Standards, Assessment Tools and Scoring Sheets for each team
- Handout: Guidelines for field visit
- Pencils and pens.
- Packed lunch

## **Activities**

***NB Agree in advance with District Focal Person, which facilities are to be visited and if possible, obtain previous supervision reports for all the facilities to be visited***

***The District Focal Person should also work with Health facility person and CDW to select one community per facility for community dialogue meeting The HUMC and (YSP Committee where they exist) should be involved in the selection and the visits. The communities should be very close to the health facility in-order to allow participants move quickly to facilitate the community meeting on the same day.***

1. Present transparencies/newsprints on field work: purpose (practice in supervision/YSP assessment); health facilities to be visited, timing of visits, observations to be made, expected outcomes.
2. Give each group the supervision reports (if available) for the respective facility to review and identify service areas to be supervised. Recap session on effective supervision and feedback briefly to remind participants of what is expected of them in the field.
3. Divide participants into 2 groups and allocate to the selected health facilities ensure that technical areas are divided among the group e.g each group has RH and IMCI skills.
4. Ask each group to select a team leader and recorder
5. Allocate participants to their own facilities to begin the process of establishing YSP at the facility and respective community.
6. Distribute the guidelines for field visits and go through the process to be followed at the facility including: In-briefing supervision, assessment and scoring; compiling and giving individual and group feedback on performance before leaving the facility.
7. Distribute Yellow Star assessment tools/score sheets and NSG checklists.
8. Ask (and assist) the leader of each group to allocate individual roles to participants during the field visit i.e. who should cover which aspect of the assessment and scoring as per assessment tools.

***NOTE:** It is important to assign these roles before going to the facility to avoid time wasting and indecision during the supervision. Make sure that each group has supervisors experienced in IMCI and Reproductive health supervision. Make sure that the facilities to be visited are informed in advance and are prepared to receive the teams.*

9. Give the list of expectations of the field visit:

- Assessment score of the facility
- Strengths and quality gaps
- List of problems faced by the health workers in providing quality services
- Issues for community dialogue

10. Explain that participants will be expected to identify performance problems as well as other hindrances generated by the health unit staff.

11. Explain that they will assess and provide support supervision, compile the scores and eventually give individual and group feedback to staff before they leave the facility.

12. Explain to participants that after the health facility assessment they will visit the community near the facility to introduce Quality of Care and find ways of involving the community. Remind them that community representatives will join them the following day for problem solving

## **SESSION 11: FIELD PRACTICE IN SUPPORT SUPERVISION AND YELLOW STAR PROGRAMME ASSESSMENT AT FACILITY.**



**Duration: 3Hours**

### **Learning objectives**

By the end of the session, participants will be able to:

1. Conduct effective support supervision.
2. Demonstrate the ability to evaluate quality of health services using Yellow Star Programme assessment tools.
3. Give individual feedback to health workers about supervision findings.
4. Identify problems to be solved with staff at the facility.
5. Demonstrate to facility staff how to keep records of facility scores and use the tracking forms



### **Content**

- Conduct effective support supervision.
- Use of assessment tool and scoring sheet to assess the facility.
- Give individual feedback on performance.
- Compile the scores.
- Identify key problems at facility (based on the scores and others)
- Give feedback to facility staff.

### **Method**

- Demonstration and practice of supervision and YSP assessment at facilities.



### **Materials**

- Extracts of NSG checklists (Reproductive Health, IMCI, Aseptic procedures).
- Copies of standards, assessment tools and scoring sheets.
- Pencils and pens.
- Pocket Files
- Handout: Guidelines for field practice

**Activities**

1. Review Guidelines for field practice.
2. Ensure that each group has materials required for visit i.e. NSG checklists, assessment tools, copy of standards.
3. Accompany the participants to the facilities and arrive at facility at least 30 minutes before the Assessment time.

**At the facility: on arrival at the facility:**

4. Request to the team leader to take leadership following the Guidelines for facility visit.
5. Use the guide below to observe and support the participants where appropriate :

	Action	Done	Not done	Comments
	Introduce the group to facility staff i.e. purpose of visit and request to conduct supervision and YSP assessment.			
	Use of supervision skills especially interpersonal communication			
	Use of assessment tools			
	Giving individual and group feedback			

6. Caution participants to accomplish all tasks in the given time.
7. Give feedback to individuals and as a group appropriately.
8. Ensure that participants have the expected out puts before they leave for the community visit.
9. Accompany participants to the community making sure they do not keep the community waiting.

## **SESSION 12: ESTABLISHING COMMUNITY/FACILITY PARTNERSHIPS FOR QUALITY IMPROVEMENT(COMMUNITY DIALOGUE)**



**Duration: 3 Hours**

### **Learning objectives**

By the end of the community visit, participants will be able to demonstrate ability to:

1. Conduct dialogue with community to:
  - Introduce the Yellow Star Program to the community as users of health services.
  - Explore community views on good and poor quality of health care.
  - Explore the community perceptions of the barriers to quality health care.
  - Explain the concept of patients/client's rights and responsibilities and provider needs in health care.
2. List community recommendations for improving health care delivery at their facility.
3. Guide community to select members who will remain involved in the monitoring of quality at facility and community.



### **Content**

- Introduction of Yellow Star program to community members.
- Community views on quality of care.
- Community perceptions of the barriers to quality health care.
- Introduction of concept of patients/client's rights and responsibilities and provider needs.
- Community recommendations for improving health care delivery.

### **Method**

- Lecturette
- Group discussions and presentations



## Materials

- Handouts: Guidelines for Community Meeting for QI
- Copies of standards, assessment tools and scoring sheets.
- Pencils and pens.
- Pocket Files

## Activities

### At Community - Role of CDW

- Ensure the team leader takes lead following the Guidelines for Community Meeting
- Observe the participants perform the activities below and note down points for giving feedback.
  - Introduce the group to community members, purpose of visit and process of the meeting.
  - Make presentations on the: Quality of Care concept, the status of the health care system at the facility serving this community.
  - Generate perceptions of community perceptions on the services provided at facility and their role in ensuring improved services.
  - Make presentation on the rights, responsibilities and provider needs and analyze the issues relating them to the clients/patient's rights and provider needs.
  - Summarize the meeting and guide the selection of community members to participate in the next day's meeting at the venue with facility staff.
  - Inform the selected members on the next days meeting at the workshop venue.
  - Thank the community for participation.
- Thank the community leadership
- Confirm the time and travel arrangements for the representatives of the community to the Joint Meeting the following day.
- Travel back with participants to the training venue
- Give a guided format for writing reports on the field visits to participants and ask them to prepare a report for the joint sharing with community.

**Introduction to the report:** To include type of the activity, Dates when conducted, Purpose of the activity

**Facility visit**

- Brief introduction of facility: Name of facility and level, location, staffing
- Purpose of the visit
- Results of the visit:
  - Assessment scores strengths and quality gaps
  - limitations of the health workers
  - recommendations for improvement

**Community visit**

- Brief introduction of the community visited: Name of community
- Purpose of visit
- Results of the visit:
  - Community perception of quality service
  - Community likes and dislikes about the facility
  - Community perception of their role in improving health care delivery at facility
  - Recommendations for improving health care delivery
  - List of priority problems in service health care
  - Possible solutions.
  - Names of the selected persons to represent community at the joint meeting.

## SESSION 13: THE THEORY OF QA PROBLEM SOLVING



**Duration: 1Hour 30 minutes**

### Learning objectives

By the end of the unit, participants will be able to:

1. Give an overview of QA problem solving.
2. Describe the steps used in QA problem solving.
3. Demonstrate ability to use QA tools and techniques to identify, define, analyze and develop solutions for problems at health facilities.



### Content

- Overview of problem solving
- Steps in problem solving.
- Problem analysis tools: Cause and effect analysis (root cause analysis).

### Methods

- Lecture and discussion.
- Case studies.

### Materials

- Transparencies on the steps of problem solving.
- Handouts: Problem Solving in QA
- Handouts: Case Studies for 1-4 groups.

### Activities

1. Use the handout/slides to give an overview and the rationale for using QA process in problem solving.
2. Introduce the steps of problem solving using transparencies/newsprints provided.
3. Take participants through each step as follows;
  - **To identify problems to be solved:** Introduce the criteria for selecting problem(s) to be solved, for participants to use for generating problems experienced at their place of work. If several problems have been identified,

teams can use these criteria to grade each problem and select the problem which gets the highest score.

- **Define the problem:** Guide participants to use the criteria in the handout/transparency /newsprint to formulate a problem statement.
  - **Identify the team to work on the problem:** use the questions in the criteria to guide who should be involved in solving the problem identified.
  - **Analyze the problem:** use questions in the handout under this step to describe and understand the process in which the problem exists. Agree on the QA tool to use for analyzing the problem. The less complex is Cause and –effect analysis using the 5 Whys or Fish bone Diagrams.
  - **Develop solutions:** use the questions in the handout to generate solutions to the identified root causes.
  - **Implement and test the solutions:** use the questions in the handout to lead the discussion.
4. Divide participants into groups and ask them to use the problems generated earlier to practice using the QA steps for problem solving.
  5. Critique the presentations
  4. Allow participants to share own experiences in problem solving.
  5. Ask participants to read the handout with detailed information on the problem solving process.
  6. Explain that the same process of problem solving will be repeated after the field visits and will be done together with facility staff and community members on the last day of the training.
  7. Wrap up the session by recapping on QI approaches. Use the transparency/newsprint with a table on Comparisons of the QI Approaches to summarize the session.

## **SESSION 14: SHARING OF FIELD EXPERIENCES AND DEVELOPING BACKHOME PLANS TO STRENGTHEN SUPERVISION AND QI**



**Duration: 2Hour 30 minutes**

### **Learning Objectives**

By the end of the session, participants will be able to:

1. Discuss common experiences (positive and negative) found during the field practice.
2. Generate a list of the common problems identified during the support supervision and assessment at the facility and issues, recommendations/resolutions made during the community visits.
3. List changes to introduce at facilities to enhance implementation of YSP at the facility and community.
4. Develop detailed back-home application plans to introduce and implement YSP in trainers own facility and community



### **Content**

- Common experiences found during the field practice.
- List of common problems
- List of changes to introduce/strengthen
- Back-home plans.

### **Methods**

- Group work and presentations.
- Discussion.
- Individual assignment



### **Materials**

- List of issues and recommendations generated by providers and community
- Newsprints on field presentations.
- Handouts of formats for action plans.
- Filled in assessment tools and scores

## **Activities**

1. On return from the field, process and wrap up the experiences in plenary by:
  - Asking each group to share their experiences at the facility and community meeting based on the task.
  - Discuss what was easy and difficult and how to improve on the difficulties.
2. Guide each group in prioritizing the problem identified and suggest feasible solution (s)
3. Explain that the problems identified during the support supervision and assessment at the facilities, the issues and recommendations from the community meetings will form the basis of the back-home plans for strengthening support supervision and quality improvement.
4. Briefly recap on the findings of the field visits, both the facility and communities.
5. Review the list of issues/problems and recommendations made by the providers and community members.
6. Ask participants whose facilities and communities were not visited to use these issues as examples to guide them identify problems at own facilities/communities.
7. Guide the participants to identify priority changes to be introduced at facilities/HSD and write the changes and activities to effect these changes in format provided. The changes should be in any of the broad areas of:
  - Strengthening the supervision process i.e. planning, teamwork, reporting and follow up.
  - Improving teamwork at the facility/HSD.
  - Initiating process of problem solving and QI.
  - Involving the community in quality improvement.
  - Focus on only three priority issues that will be implemented in the next three months
  - One or two issues should be related to working with the CDW to initiate community meetings in order to strengthen community and facility partnership.
8. Allow enough individual time for making the plans

9. Collect the back-home plans and after the workshop make copies (photocopy) and return a copy to the trainees. The copies should be given to HSD In-charge to use as tool for following up trainees as they implement the YSP and QI activities in the unit.

## **SESSION 15: SHARING FIELD EXPERIENCES AND PROBLEM SOLVING WITH FACILITY STAFF AND COMMUNITY MEMBERS.**



**Duration: 2 Hours**

### **Learning Objectives**

By the end of this session, participant will be able to:

1. Discuss common experiences (strengths and limitations) found during the facility and community visits.
2. Share the highlights of the performance and other problems identified during field practice both at the facility.
3. Apply problem solving steps and approaches to make feasible solution to the identified problems.
4. Make agreements with facility staff and community members on the way forward in strengthening quality at different levels.



### **Content**

- Common experiences during the field visits
- Highlights of the problems identified during support supervision and community visit.
- Application of problem solving steps and approaches
- Agreements with facility staff, community members and supervisors.

### **Method**

- Large group and plenary presentations.



### **Materials**

- Newsprint, masking tape and markers.
- Individual Back-home application plans
- Sharing Field Practice Experiences On The Facility Assessment And Community Meeting

## **Activities**

1. Welcome participants, facility staff and community members present for the sharing meeting.
2. Ask two or more health workers from the facilities to share their experiences and problems identified during the support supervision and YSP assessment in the respective facilities.
3. Allow facility staff to ask questions and make necessary clarifications.
4. Ask another participant to share the experiences and common issues/problems identified during the community visits.
5. Using the steps of problem solving and one problem identified demonstrate to the group the process to. Identify, define, analyze and generate possible solutions for the root causes of one key problem at the facility. Repeat the process using an example from the community.(if time allows)
6. Allow interruptions and ensure clarity of the process.
7. Using the identified problem, demonstrate making an action plan that shows actions, person responsible and when it will be done.
8. Ask participants to agree with the facility staff and community members how to complete the process of problem identification and solving at the different facilities.
9. Wrap up the session highlighting the benefits of the exercise and thank the facility staff and community members for attending.
10. Invite everybody to a closing ceremony.
  - Give staff feedback on the facility's performance/scores.
  - Help staff use problem solving tools to Observe and guide the participants in the exercise at the facilities.

*(If there are more than two facilities and communities visited, because of inadequate time and the amount of time needed to complete the problem solving process, agree on a common problem that is common in both facilities and communities and demonstrate the cause and effect analysis of problem identification and making a work-plan that brings out actions for the facility and actions for the community.)*

## SESSION 16: EVALUATING THE WORKSHOP

**Duration: 1Hour 30 minutes**

### **Description**

This unit gives participants an opportunity to share their reactions/feelings about the workshop. Both trainers and participants give each other feed back and make recommendations for next workshops. Participants and trainers make a way forward implementing the lessons learned.

### **Learning objectives**

By the end of the unit, participants will be able to:

- Provide verbal and written reactions on the value and process of the workshop.
- Make recommendations for improvement of future workshops.

### **Method**

- Discussion of written evaluation.

### **Activities**

1. Participants fill in evaluation formats before lunch hour.
2. Facilitators analyse the evaluations and give feedback after lunch.
3. Discussion of findings to get qualitative assessment of workshop.
4. Facilitators review participants' expectations and objectives of the workshop to evaluate achievements.

## SESSION 17: CLOSING THE WORKSHOP



**Duration: 1 hour.**

### **Introduction**

As the final session of the workshop the session provides an opportunity for district officers to hear participants' feedback and action plans and to pledge their support to the implementation of YSP.

### **Learning objectives**

By the end of the unit, participants will be able to:

- Provide the verbal reactions on the value and process of the workshop.
- Share back home plans with district officials.

### **Method**

- Discussion and presentation of back home plans

### **Activities**

Participants and invited guests assemble

YSP/ District trainer/DHT member gives welcome remarks

Remarks from participants' representative.

Presentation of back-home application by some participants (depending on available time) and invitation of comments from the district persons especially on logistical and technical support they will offer to the participants to enable them implement their action plans.

Remarks from Facilitators - Inform DDHS and participants about the follow-up activity and the dates.

Speech by the Guest of honour.

Closing.

## MASTER LIST

Session No/ Title	Handout No. /Title	Other materials/ equipment
1. Introductions, Expectations and Workshop Expectations	Registration Forms	Training Kits (Newsprints, Masking tape, Markers)
2. Overview of the workshop	1: Overview of the Workshop	Training Kits (Newsprints, Masking tape, Markers)
3. Concepts of Quality Assurance and Consumers Rights and Responsibilities	2. Case study 1 3. Selected Concepts of Quality Assurance 4. Clients Rights and Responsibilities and Provider Needs 5. The role of Health Consumers in Monitoring Quality Health Care	Training Kits (Newsprints, Masking tape, Markers)
4. The Yellow Star Programme	6: Yellow Star Programme Binder for Supervisors (Section 1 and 3)	Transparencies and Binder for Supervisors for YSP, Training Kits (Newsprints, Masking tape, Markers)
5. Basic Standards for Health Services	7. Supervisor Binder 8. National Supervision Guidelines	Training Kits (Newsprints, Masking tape, Markers)
6. Yellow Star Assessment Tools	9. Section 4 Yellow Star Programme Binder	Training Kits (Newsprints, Masking tape, Markers)
7. Developing a Team Approach	10. Team Work Approaches	Training Kits (Newsprints, Masking tape, Markers)
8. Support Supervision and Feedback in Quality Improvement	10. Feedback	Training Kits (Newsprints, Masking tape, Markers)
9. Involving the Community in Yellow Star Programme	11.	Training Kits (Newsprints, Masking tape, Markers)
10 Introduction to Field Visits – Health Facility and Community	11. Support Supervision 12. Evaluation Form	Training Kits (Newsprints, Masking tape, Markers)
11. Field Practice in Support Supervision and Yellow Star Programme Assessment at Facility	13. Guidelines for Field Practice for Support Supervision, YSP Assessment at Facility and Community Involvement in the Yellow Star Programme.	Training Kits (Newsprints, Masking tape, Markers)
12. Establishing Community/Facility Partnerships for Quality Improvement (Community Dialogue	14. Guidelines for Community Meetings for Quality Improvement	Training Kits (Newsprints, Masking tape, Markers)
13. The Theory of QA Problem Solving	15. Problem Solving in Quality Assurance 16. Case Study on QA Problem Solving	Training Kits (Newsprints, Masking tape, Markers)
14. Sharing of Field Experiences and Developing Backhome Plans to Strengthen Supervision and QI	17. Back-home Skills Application Plan Format	Training Kits (Newsprints, Masking tape, Markers)
15. Sharing Field Experiences and Problem Solving with facility staff and Community Members	Sharing Field Practice Experiences on the Facility Assessment and Community Meeting	Training Kits (Newsprints, Masking tape, Markers)



### Rationale

The mission statement of the Ministry of Health (MOH) states that: “the overall goal of the health sector is the attainment of a good standard of health by all people in Uganda in order to promote a healthy and productive life.” To achieve this end and ensure that clients attain their right to receive quality health care, health facilities must continually evaluate services they offer and find ways to make them better for clients. The Yellow Star Programme was developed as a means of encouraging health workers at all levels to improve quality through a system of supervision, certification and reward.

Supervisors, therefore, need to be fully oriented to the new Ministry of Health quality of care strategy i.e. the Yellow Star Programme. Supervision skills also need to be strengthened to promote effectiveness of support supervision, because a well functioning supervision system is necessary for the success of the programme.

#### 2.1 TRAINING GOAL

- i. To improve skills of HSD and district supervisors to enable them initiate/oversee quality improvement (QI) activities at facility and community level.
- ii. To strengthen the linkages between the health care system and the users of health services.

#### 2.2 TRAINING OBJECTIVES

By the end of the 4 days workshop on Supervision, Yellow Star Programme and QI activities at facility and community level, participants will be able to:

1. Explain the concepts of Quality Assurance (QA).
2. Explain the concepts of client rights and responsibilities, provider needs, right based approach as applied to quality care.

3. Introduce the YSP and its various component activities to health workers, district leaders and managers, Community Development Workers, community leaders and health care users.
4. Explain the problem solving cycle and relate it to support supervision, YSP and promotion of QI at facility and community level.
5. Apply the principles of QA, in particular, team work approach, to identify problems at health facilities and community and suggest solution to them.
6. Apply the process of community involvement in Quality improvement.
7. Develop back-home skills application plans to strengthen supervision, the QI process at HSD/facility levels and community involvement.

### **2.3 POST TRAINING TASKS**

As a result of training, supervisors at district/HSD and facility levels will be able to help facility staff to:

- a) Integrate YSP into on going district, HSD, Sub- county and health facility plans and budgets.
- b) Brief the district council on the out comes of the training, expected roles or contributions/ support needed for YSP.
- c) Make plans to monitor trainees back home application plans (Supervisors at District/HSD).
- d) Strengthen the process of quality improvement for progress and achievement of the Yellow Star at all levels.
- e) Assess the quality of health services at health facilities using Yellow Star Programme assessment tools.
- f) Identify, define and analyse key problems at facility level and community using QA tools.
- g) Use team building approaches to provide solutions to identified problems.
- h) Initiate community/facility partnerships and involve communities in quality assessment, implementation, and problem solving and planning for quality improvement.
- i) Dialogue with community on issues regarding quality improvement and explore community perspectives on services provided at facility.
- j) Orient sub county council and seek their support.
- k) Open YSP files at District, HSD, sub county and health facility levels.

- l) Involve communities in quality implementation, problem solving and planning for quality improvement at the respective health facilities.
- m) Strengthen the support supervision system at facilities and communities for stars in progress and achievement of Yellow Star.
- n) Sensitise health workers and community leaders and health care users about the YSP, client's rights and responsibilities, provider needs and discuss their roles in the process of QI.
- o) Work with existing community based workers to create linkages between community and health facility in QA.
- p) Provide feedback to the district/Sub county/HSD/Health facility leadership, health

*The CDW will specifically work together with HSD in charges, H/U in charges of units within his/ her sub county and plan to:*

- Organize and coordinate community/ facility dialogue and plans.
  - Identify opportunities to integrate YSP activities into Sub County/ work plan/ planned activities.
  - Identify support needed to facilitate integration of YSP and Community dialogue activities into district and HSD budgets.
  - Orient sub county councils and seek their support for YSP.
- a) Link with HSD/Facility in charges to meet community leaders to plan and organize for community meetings.
  - c) Together with health facility in charges make a plan stating dates for community meetings with different communities served by the facility.
  - d) Work with existing community based workers to create linkages between community and health facility in QA.
  - e) Provide feedback to the district/Sub county/HSD/Health facility leadership, health workers and community on quality improvement activities.
  - f) Involve communities in quality assessment, implementation and monitoring.

### ***Training Methods***

- Mainly participatory methods with practical skills demonstration and application in health facilities including community visit.



## **SESSION 3: HANDOUT 1 – CASE STUDY AND SELECTED CONCEPTS OF QUALITY ASSURANCE**

### **Case Study 1**

A Grand mother aged 55 came to “**Byona health centre IV**” with her grand child Jane who was weak and looked sick. The Nurse assessed the child and referred her to the ward that admits malnourished children. However, the grand mother was hesitant to take the child where she was referred. The nurse called in 3 fellow health workers to see the “difficult” woman. The 2 HWs and the one who called them all left disappointed. They insulted the woman saying “you are very unkind, difficult ungrateful and impossible to help, your child is going to die” The old woman was also very disappointed, kept holding her grand child and started crying.

One of the health workers felt sorry for her and had a brief talk with the old woman in which she realized that the woman was worried about who would take care of the remaining children at home once she stays at the health facility The health worker informed the Community Development Officer who came and helped to assess the situation. The CDO liaised with the old woman who later found a relative to stay with the other children at home as she continued to hospital with the sick grand child. On seeing her, the other health workers were surprised and wondered how the difficult woman could come back to the Health centre The child was admitted, recovered, the old woman went back to her village and started teaching other people on how to feed their children.

#### **Participants Discuss**

- What went wrong at the health centre?
- What impressed them and what would have been done differently and by whom?

#### **Meaning of Quality**

Quality is a measure of how good something is. It can be expressed as “*Doing the right thing the right way at the right time*” or performance according to standards.

### **Quality Assurance (QA)**

This is the systematic process for closing the gap between actual performance and desired outcomes. It is also performing according to set standards.

- All arrangements and activities that are meant to safeguard, maintain and promote quality of service delivery
- Proper performance (according to standards) of interventions that are known to be safe, that are affordable to the society in question, and that have the ability to produce an impact on health service delivery
- A system to support performance according to standards
- Doing the right thing right, right away

### **Quality Improvement (QI)**

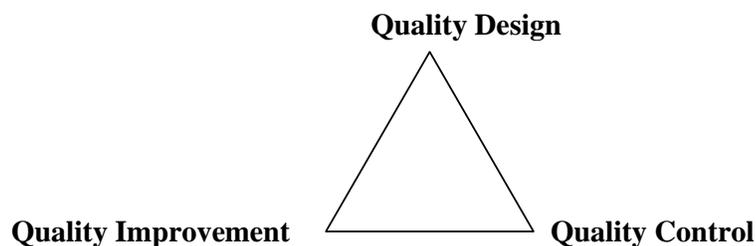
This is the continuous, day to day process of identifying opportunities for improvement and implementing solutions to them.

### **Why Focus on Quality?**

See: Rationale for Quality Improvement (Yellow Star Manual Section 1: The Yellow Star Strategy, HF3)

### **Quality Assurance Triangle**

**QA triangle:**



### **Quality Design**

- The master plan for quality assurance in the organisation from top level to community level?
  - How will quality be ensured/improved in the health system?
  - Who is to be involved and how?
  - What standards should be monitored at each level? Are the standards valid, reliable, clear, realistic and measurable?

## **Quality control**

- Continuously monitoring performance:
  - How is the quality of care monitored?
  - Who should be involved in the monitoring of service standards
  - How often should the standards be monitored?
  - How will the results of the monitoring be shared?

## **Quality Improvement**

- Continually and systematically closing performance gaps:
  - What are the quality gaps in the education system?
  - How do we continually address these quality gaps?
  - Who should be involved and how?

## **Principles of quality**

1. Meeting the needs of clients
  - Clients are experts of their own circumstances and should be considered in planning and implementation
  - Who are the clients?
2. Focusing on systems and processes
  - an organisation is a collection of interdependent systems and processes
  - Poor worker performance should be seen as a symptom of the systems failure rather than its cause
3. Using reliable data/information to improve services
  - How and by whom is EMIS utilised currently?
4. Improving quality through Teamwork
  - (Improving quality through better communication)

## **Dimensions of quality Improvement**

- Access to services
  - Physical access
- Technical competence
  - Are the providers providing services according to what is known to be technically sound?

- Functional access
- Effectiveness
  - Is the system doing what it is supposed to do?
  - Are clients receiving what they are supposed to?
- Efficiency
  - Using resources in the best possible way to achieve results
  - Can we get the same results with fewer resources?
- Interpersonal relations
  - Manager to provider
  - Provider to supervisor
  - Provider to provider
  - Provider to client
- Continuity
  - Does the client get all services s/he needs whether within the same facility or via referral system
  - Is the provider able to follow the client's progress from time of first interaction (same provider or good record system)

### **Common problems/quality dimensions**

#### **Client's Perspective of Quality - as seen from the perspective of the client, family, provider and the manager.**

For clients, quality depends largely on their interaction with providers, with emphasis given to attributes such as waiting time, privacy, ease of access and getting the service they want! Addressing clients' concerns is as essential as technical competence.

### **Perspectives of Quality**

#### **Clients' Perspective**

1. Access to information
2. Availability of drugs
3. Choice
4. Safety
5. Privacy
6. Confidentiality

#### **Providers' Perspective**

1. Regular training
2. Access to information
3. Good working environment
4. Availability of drugs and supplies
5. Guidance from other levels
6. Respect/recognition

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| 7. Dignity/courtesy<br>supervisors | 7. Encouragement from colleagues and |
| 8. Comfort                         | 8. Feedback                          |
| 9. Continuity of care              | 9. Self expression                   |

### **Standards**

A standard is “a statement of the expected”. Measurement of quality is possible using indicators or standards, but standards should be:

- Clear (understandable).
- Measurable (progress can be assessed over time).
- Acceptable (to all stakeholders: financially, socially, organizationally e.t.c.).
- Realistic (can be achieved, but still implies effort).
- Reliable (measured in the same way, with the same meaning in different places).
- Current (updated with technical advances).

Basic Standards for Quality of Health Services.

- Infrastructure
- Management Systems
- Infection prevention
- IEC./IPC
- Clinical Services
- Customer Services

**Note: For further information on these concepts, please refer to *Quality Assurance for Health Workers, Manual of Quality Improvement Methods*, MOH, 1995.**



## **SESSION 3: HANDOUT 2 - CLIENT'S RIGHTS AND RESPONSIBILITIES AND PROVIDER NEEDS**

It is a high time that now health consumers take on more responsibilities to prevent ill health and also to adopt appropriate lifestyles that help to prevent illnesses. They therefore need to become more aware and active in the treatment process rather than passive recipients of therapy. Therefore, there is need for full participation by health consumers at every stage.

Advocacy for consumer health right gives highlight on the importance of patients' health right and quality health care, providers and patients' obligations, legal and ethical basis for the rights. It calls fore a rights based approach to health, informed choices and actions.

The consumer health rights paradigm advocated for by UNHCO is an empowerment process for health consumers to fully understand their health rights and obligation to take them seriously as outlined below:

### **Patient' s rights:**

Patients are entitled to certain rights, which need to be observed and respected by all at all times.

#### **1. Individual (Patients) Respect:**

Patients must have their lives, bodies and personality respected in the course of their treatment (humane treatment).

#### **2. The right to receive equal treatments:**

The patient has the right to receive equal treatment irrespective of economic, social status, age, sex or type of disease.

#### **3. Right to Optimum Treatment:**

a) The right to the best possible treatment.

- b) The right to request the assistance and support of medical practitioners whenever necessary.
- c) The right to select their own doctor and medical institutions and change them, and when change, the patient has the rights to request for provided with copies of the records.

**4. The right to know (information)**

- a) Patients have the right to know all possible information necessary to understand their condition.
- b) Patients have the right to receive from their medical practitioners a fully comprehensive record of the course of their conditions, both nature and results of the tests, diagnosis, examinations and treatment already provided and the aims methods, content, risks and, prognosis of tests and type of treatment to be carried out as well as possible alternatives/choices.
- c) When a patient receives medical intervention, which has an element of research, experimentation or similar aim, should know the aims, the related side effects if any must be explained to him/her.
- d) Right to ask the medical institution for access to records regarding the medical treatment and to be provided with copies of medical treatment.
- e) A patient has right to know the name, qualification or role of the doctor and other medical practitioners who participate in the treatment process.
- f) Patient has a right to receive a detailed report of the cost of treatment from the medical institution and information about the public subsidy of the medical cost.

**5. Self Determination:**

Based on free will, a patient has the right to be consulted, to participate in select treatment or other medical intervention following the receipt of the information listed above, with the co-operation and advice given in good faith by medical practitioners.

**6. Right to Privacy:**

A patient has a right to privacy, the right to information not to be disclosed to any persons other than those directly engaged in the medical treatment without hi/her permission.

**7. Participation and representation:**

Patients have the right to be represented in matters of planning and management of the affairs of their own health care as individual and through chosen representatives or groups.

**8. Redress and grievances:**

Patients have a right to receive redress and have right to have them addressed by the health institutions.

**9. The right to die in dignity.**

Every patient has a right to die in dignity.

**10. The right to spiritual / moral comfort.**

Patients have the right to receive or decline spiritual comfort including the help of a religious minister.

**N.B** Right to health care are socio-economic rights, they do not just require governments to refrain from certain activities, but they require governments to create some positive legislative and financial commitment, they are therefore difficult to enforce (Hard choices in Health 2001).

“The right to health does not mean that poor governments put in place expensive health services for which they have no resources. But it does not require governments and public authorities to put in place policies and action plans which will lead to available and accessible health care for all in the shortest possible time, to ensure that this happens is the challenge facing both the human rights community and public health professionals” (Mary Robinson, UN High Commission for Human Rights)

The right to the highest attainable standard of health referred to, was first reflected in the WHO constitution of 1946 and in 1978 Declaration of Alma- Ata and again in

WHO assembly 1998. it has been firmly endorsed in a wide range of international and regional human rights instruments.

## **RESPONSIBILITIES OF A PATIENT**

All rights have responsibilities attached. Patients' responsibilities are also developed to re-enforce the mutual relationship between healthcare seekers and providers. It takes into account the changing approach to healthcare, which calls for active involvement and personal concern in managing our own health both as individual's human rights and social good.

### **A patient therefore has the obligation to:**

#### **1. Provide accurate and complete information to the healthcare provider**

The patient has to be truthful in providing information on his/her part and current health condition. This includes complaints, past illness, hospitalizations, treatment and changes in health condition and management.

#### **2. Cooperate and comply on treatment and follow-up actions.**

A patient has to be committed to medication, restrictions and appointments.

#### **3. Fulfill financial and other contractual obligations**

A patient should not default on hospital bills and other mutually agreed role expectations.

#### **4. Understand the conditions, limitations and consequences in the process of seeking and provision of healthcare**

This includes tests, surgical procedures, decisions made, risks and follow-up required. Every health unit has a range of services it provides and patient should not unduly influence the processes of healthcare or manipulate providers to perform practices beyond their mandate (Also reflects in the ethical guidelines of medical workers)

#### **5. Avoid personal injury and Harmful behaviour**

Every person should desist from drug/ substance abuse, pollution, recklessness and other ways that promote ill health in the community.

**6. Respect the rights and well being of others (including health workers and other patients).**

A patient should always be aware that there are others seeking and providing care (especially those in acute/emergency conditions requiring special help). Individual's interests should not harm the rights of others.

**7. Follow rules and regulations of health facility**

This calls for respect for values, mission and common guidelines set up in each health facility.

**8. Support the health care system/institution**

Citizens have a duty to contribute and participate in improving the health conditions in their communities (hygiene, helping those in vulnerable conditions) and financial contribution as may be mutually agreed by stake- holders (providers, policymakers and consumers).

**9. Accept all preventive and curative measures sanctioned by the law.**

This takes into account national needs and emergencies (immunization, during epidemics and other emergencies).

**10. Respect for public and personal property**

Should not destroy/ tamper with personal belongings of others, health facility and the environment.

**Provider needs**

1. Training on technical and communication skills
2. Information on technical issues, updated regularly
3. Infrastructure, including appropriate physical facilities and efficient organization
4. Supplies of contraceptives, equipment and educational materials
5. Guidance from service guidelines, checklists, supervision

6. Back up from other providers and levels of care
7. Respect and recognition from co-workers, managers, clients and community.
8. Encouragement to provide good quality of care
9. Feedback from managers, supervisors, other service providers and clients
10. Self-expression so that managers consider their views when making decisions.

*(adopted from IPPF Framework: Clients Rights and Provider' needs)*



## SESSION 3 HANDOUT 3 - THE ROLE OF HEALTH CONSUMERS IN MONITORING QUALITY HEALTH CARE

### INTRODUCTION

Quality health is a basic human right, which should be enjoyed by everybody.

Health is made at home and repaired in health unit (DGHS). Quality healthcare is a pre-requisite for effective repair of health. All individuals (men, women, poor, youth etc) require quality in healthcare.

The role of consumers in monitoring quality of health is of ultimate importance in the quest for quality improvement and attainment of the national goal of poverty reduction, good government of the improvement of quality of life for all Ugandans.

At community level, barriers to participation in the government process have been cited as causes of poverty. Poverty have been defined by the poor as, among other things, a result of ignorance and a sense of powerlessness, deprivation of basic human rights and a feeling of helplessness to influence the conditions around oneself. (UPPAR 2000)

Monitoring provides an opportunity to consumers to not only reduce that sense of powerlessness but also promotes ownership of initiatives that are realistic and tailored to the needs of the consumers. In the monitoring process, consumers develop an appreciation of the issues at hand.

### DEFINITION OF CONCEPTS

Concept	Definition
<b>CONSUMER :</b>	Person who buys goods or uses services
<b>PATIENT</b>	User of health services whether healthy or sick (WHO). (NB. In context of receiving health care)
<b>MONITOR</b>	To watch and check something over a period of time in order to see how it develops so that you can make any necessary changes,

<b>CONSUMER PERSPECTIVE OF QUALITY CARE</b>	Consumer's perception of quality care may be different from that of providers and policy makers. Individual consumers/constituencies may also perceive it differently. Important ingredients include: -
	<b>Interpersonal relationship</b> – attitude reception, handling.
	<b>Physical needs</b> – consumer / patient perception of ill health.
	<b>Diagnosis</b> – availability, technical competence,
	<b>Cost of care</b> – financial, time, convenience
	<b>Effectiveness</b> – improvement, recovery, follow up.
	<b>Equity</b> – does care discriminate some, are consumers getting equal care.

#### **REQUIREMENTS FOR MONITORING QUALITY**

- Legal backing e.g. patients' charter, guidelines/regulations standards
- Empowerment in terms of sensitization on policy and consumer rights and responsibilities.
- Established systems for monitoring such as complaints submission and handling processes that lead to resolutions.
- Published systems regular feed back on quality assessment by beneficiaries.
- Laid down guidelines for monitoring specifying ingredients, level of involvement, timeframe, processes, participants etc.
- Specified involvement of consumers in performance monitoring initiatives/ programs such as MOH Quality Assurance, Yellow Star, Immunisation etc.
- Deliberate measures to include vulnerable groups – women, youth, PWDs.
- Consumer blocks-organizations, councils to collect and analyze information.

#### **THE IMPORTANCE OF CONSUMER' IN MONITORING QUALITY**

- Major stakeholders in quality healthcare.
- Critical source of feedback.
- Builds confidence and partnership.

- Promotes transparency and accountability.
- Ensure practical/ effective interventions reducing wastage.
- Creates ownership and support of health systems.
- Realistic appreciation of shared roles and responsibilities and overall situation.
- Improves participation and utilization.

## **THE ROLE OF CONSUMERS IN MONITORING**

- Understand their role.
- Ensure adherence to set standards.
- Give inputs for improvement of quality healthcare.
- Enrich the process with a consumer perspective.
- Contribute to the achievement of the oval goal of the health sector.
- Appreciate / understand constraints / opportunities.
- Advocate for policies / initiatives that promote quality healthcare.
- Participate effectively, positively, all the time, individual and by representation.

## **OPPORTUNITIES**

- **National policy** – embedded provisions for consumer monitoring.
- Community empowerment to enable consumers takes responsibility for their own health.
- Establishment of health committees.
- Special interest group's right.
- Partnership with stakeholders-establishment of National health Assembly.
- Promotion of infective consumer participation in planning process.
- Facilities establishment and operation of community based health information systems.

## **CHALLENGES**

- The state of health services in Uganda manpower, infrastructure etc.
- Consumer capacity to monitor-organization, structures, resources, etc.
- Poverty levels.
- Apathy and the traditional relationship of consumer-provider.
- Ignorance-information dissemination, conceptualization of issues.

- Culture, attitudes.
- Political / social/ economic class domination.
- Costs in terms of time and other resources.

#### **WAY FORWARD.**

- Increase awareness for all stakeholders and open up of partnership/linkages
- Adopt rights based approach-put necessary measure in place, to enable consumers take responsibility of their own health.
- Relevant training for health providers.
- Operationalise relevant structures such as Health Unit's Management teams.
- Adequate support to professional councils and association to enable them enforce existing monitoring structures.
- Support/ partnerships for monitoring, civil society, CBOs.

*(Adapted from UNHCO materials)*



## **SESSION 7: HANDOUT TEAMWORK APPROACHES**

### **SUPERVISORS AS FACILITATORS AND TRAINERS OF TEAMS**

Supervisors act as both facilitators and trainers of teams. As facilitators, they should observe team process & give supportive or corrective feedback about interactions (e.g. decision making, conflict management, group exercises). As trainers, they should impart knowledge and build skills in individuals and teams.

#### **Reasons to Work in Teams**

- More complete working knowledge of any process
- Can address larger problems
- More openness, less blaming of others
- Greater number of ideas for solving problems if different skills are available for implementing solutions
- Greater acceptance and implementation of solutions /satisfaction in contribution
- Develop stronger working relationships
- Opportunity to learn new skills

#### **Characteristics of an Effective Team**

- Clear goals, roles, expectations, preparations
- Sensitivity to each other's needs
- High level of interest and commitment
- Avoid interruptions and distractions
- Good time management/ record keeping
- Constructive criticism/self assessment
- Recognition and appreciation of efforts
- Mutual trust

## **Team Building**

Team building is the processes of helping a group develop into a collaborating, effective unit. The goal of team building is to assist members acquire knowledge and skills in group processes, that improve the team's ability to conduct activities such as effective meetings, decision making, conflict resolution, problem solving, creativity.

### **How to Build Teams**

- Set climate/norms
- Establish goals, expectations for team members
- Identify what needs to be done to accomplish activities
- Assign responsibilities and implement what has been agreed upon
- Make arrangements on mechanisms for giving & receiving feedback
- Share strengths and limitations i.e. knowledge, skills, behaviors
- Check and monitor progress of the team

### **How to Maintain Effective Teamwork**

- Provide clear and consistent leadership
- Encourage regular meetings and informal consultations
- Foster a non-threatening environment giving priority to establishing harmonious relationships
- Encourage different types of personalities to work together
- Disseminate information regularly
- Have mechanisms for conflict resolution
- Encourage transparency in accountability for responsibilities & resources
- Delegate authority and responsibility to encourage initiative
- Provide coaching to maintain and update the team's knowledge, skills & positive attitudes

### **Team Member Roles**

- Support team leader

- Express opinions - for/against
- Provide open, honest , accurate information
- Act in positive manner
- Provide appropriate feedback, giving praise when it is due
- Accept ownership for decisions
- Maintain confidentiality
- Be loyal
- View criticism as opportunity to learn

### **Team Leader Roles**

- Communicate effectively
- Be open, honest, fair
- Give praise when due
- Criticize constructively
- Act consistently
- Display tolerance and flexibility
- Treat members with respect
- Set goals, roles with members
- Inform members on goals, roles
- Be accessible to members
- Represent the team and defend their actions
- Be assertive/take charge

The team building process is made possible if the supervisor learns how to:

- Work with groups
- Manage personalities
- Manage conflicts
- Manage resources

Outlined below, are some tips on each of these areas.

## **GROUP DYNAMICS: WORKING EFFECTIVELY WITH GROUPS**

As a facilitative supervisor, your goal is to help your customers – be they other supervisors or site staff – solve their quality-related problems by themselves. In order to improve quality; site staff will have to work as a group or team to address their problems. Most staff have little experience in working effectively in groups, and even less experience in groups comprising different levels of staff. Consequently, your job as a facilitative supervisor is to learn how to work effectively with groups and coach other supervisors or clinic managers in these skills.

Working with groups may seem difficult to you. But the proverb “many hands make light work” applies here. Eventually, as the site staff learn to work effectively as a team, their collective wisdom and experience will enable them to solve their own problems, thus lessening the burden on you.

In order to work effectively with groups, you will need to know how to:

- Foster a non-threatening environment
- Encourage different levels of staff to work together
- Encourage different types of people and personalities to work together
- Manage and resolve conflict

### **Fostering a Non-Threatening Environment**

A threatening environment will work against problem solving, since staff will not contribute their insights and ideas if they don't feel comfortable. Consider the following components to ensuring a non-threatening environment

#### **Respect**

All members of the group must feel valued and appreciated. No member should be treated with disrespect. As a facilitative supervisor, your role is to model respectful treatment of all the members, regardless of their rank, seniority or position. The following behaviours will help foster a respectful environment:

- Use good communication skills with everyone. This will show that the person's opinion is valued regardless of his or her position in the organisation's hierarchy.
- Set ground rules at the outset (e.g. interrupting people, attacking people rather than ideas, sarcasm and the like, are not acceptable behaviours in the group).

- Deflect or neutralize aggressive behaviors

### **Confidentiality**

- If staffs are to feel free to voice their opinions in group meetings, it is important to establish ground rules at the beginning. For example, the group may agree that all discussions will be held in strict confidence. This rule should be adopted at the outset and restated after each meeting.
- Confidentiality does not necessarily have to apply to all of the group's deliberations, but may pertain only to certain topics or kinds of interactions. Members should agree at the beginning of the discussion whether to keep it confidential, if necessary.
- A member may request that his or her statements in a given situation be kept confidential. Members must honor such a request.
- If it is learned that any member has broken confidentiality, the facilitator should approach the member, remind him or her of the role, and explain the negative impact of the breach. Breaches of confidentiality leave group members feeling vulnerable and cause them to participate less frequently and less honestly. As a facilitative supervisor, your responsibility is to deal with such breaches and instruct other supervisors to do so as well.

### **Physical Environment**

- If you have a choice of venue for group meetings, select the appropriate physical environment. Group members need to feel comfortable in order to participate fully in meetings. If they are uncomfortable, they will not pay attention, will try to leave early, and will refuse to interact. In choosing a meeting place, pay attention to the physical elements:
  - Temperature (not too hot, not too cold)
  - Lighting (not too dark, not too bright)
  - Noise (choose a place without distractions)
  - Seating (make sure there are enough chairs, no one should be standing and that the chairs are as comfortable as possible)
  - Ventilation (choose a place with air conditioning or windows that can be opened so that the room doesn't get too stuffy)

- Last, pick a location and setting where all members of the group should feel at ease (e.g., low-level staff might feel uncomfortable in a meeting held in the director's office). Choose a meeting space that most people are familiar with, if it meets the other requirements.

### **Encouraging Different Levels of Staff to Work Together**

- Quality is everyone's responsibility. All levels of staff, from the guard to the medical director, have a role in improving and maintaining quality and have insights and valuable suggestions on how to do so.
- Again, the group members must feel comfortable, even though they are at different levels in the facility's hierarchy. Since hierarchy is engrained in every society, new behaviors must be learned so that everyone in the group can contribute their ideas to the discussion and become an active team member.

Higher-level staff must learn to:

- Empower others, especially in decision making and problem solving
- Encourage discussion rather than give orders
- Ask questions rather than presume to know
- Listen to others' opinions with an open mind
- Believe that everyone has good ideas

Higher-level staff may be more accustomed to giving orders than to working as members of a team. However, over time, group successes will be the best teacher. As staff working as a group confront and solve quality problems, higher-level staff will realize the benefits of teamwork and delegation of responsibility to teams

Lower-level staff must learn to:

- Share their opinions in group settings
- Take responsibility for their opinions
- Express their feelings and be open to those of others.
- Ask for what they need
- Negotiate support for their opinions

Your job as a facilitative supervisor is to help your internal customers promote the development of these behaviors. The best way to do this is by coaching. When attending group meetings, be willing to make the point in various ways that "We are all in this together, and everyone has a valuable role to play." To do this:

***1. Lead the way in discarding traditional roles,***

For example, offer to take minutes or to write brainstorming ideas on a flip chart so that the secretary isn't automatically expected to do these tasks.

***2. Encourage lower-level staff to participate fully.***

Staff may be embarrassed or afraid of speaking in front of higher-ranking staff members. Engage lower-level staff; ensure that they are not penalized for pointing out problems, make eye contact if appropriate, and smile and nod when they are speaking. Model a respectful attitude toward all staff and use positive feedback. In case of conflicts between different levels, holding two level meetings with some common participants of both levels may help you understand the conflict better and also resolve it.

## **MANAGING PERSONALITIES**

It is important to encourage different types of personalities to work together, because failure to manage personality differences can have a negative impact on the group and lessen its productivity. When different personality types clash, time may be wasted in useless argument, and hurt feelings may prevent full participation of all the members. It is important for the facilitative supervisors to recognize and take into account personality differences so that the group can operate effectively.

It will take time for different personalities to learn to work together harmoniously. The facilitative supervisor should allow this to happen in the normal course of the workday. Emphasizing the importance and value of the group's work to individual's and to the site can often resolve any problems with conflicting personalities. A number of common behaviours and some ways of addressing them are given below.

## **Interrupting**

What can you do when interruptions are frequent, disrespectful, or disruptive to the flow of conversations?

***a) Give the floor back to the first speaker.***

For example:

That's an interesting point, Robert. Now, I'm not sure that Justine has finished her thought. Please continue Justine.

If you do this often enough, the interrupter will eventually realize that this behaviour isn't appreciated.

***b) Rely on the group rules***

Remind the group that one of the ground rules is not to interrupt others, and remind them why this rule is important.

***c) Organize speakers***

Keep a record of the order in which people ask to speak and reorganize them in this order. (Note that this strategy may discourage spontaneity and may frustrate members who may have to wait a long time to speak).

## **Shyness**

Shy, introverted people often don't participate because they are embarrassed or uneasy. Some may use distractions (doodling, writing memos, etc.) to mask their unease, and this behavior should not be misconstrued as lack of commitment. To encourage full participation, try these strategies:

***a) Give ample opportunity for everyone to speak.***

***b) Direct questions to introverted people from time to time***

For example:

*"Namuli, what do you think about what Geoffrey just said?" OR  
Harriet, you have some experience in this matter. Why don't you share some of your experiences with us?" OR  
"Veronica, would you do us a favor and summarize what we've agreed to so far?"*

**c) Have everyone speak in turns.**

Go around the room asking each member to respond to an idea or question

**d) Prepare an intervention beforehand.**

You can single out introverted people for comments before the meeting when they might be more comfortable expressing an opinion. Then you can introduce their comment by saying something like,

*"I was talking to Fatuma the other day and she had an interesting viewpoint on this issue Fatuma, may I ask you to share your idea with the group?"*

**e) Pay special attention.**

Make eye contact (if appropriate in your culture). Nod and exhibit other positive body language when a shy person is speaking. Praise the person for participating, for example, by saying.

*"That was very useful. Thank you."*

**f) Increase the level of comfort**

Seat an introverted person in a central position if the seating arrangement allows this, or opposite a friend (people tend to interact more with those seated directly across from them). Have all members write their ideas on paper or cards and collect them. This will give shy persons the opportunity to contribute anonymously at first, and acceptance of their contribution may encourage them to speak up later.

## **Domineering, extroverted, and talkative personalities**

These personality types often don't allow other members an equal opportunity to participate, thus preventing them from contributing to the work of the group. You will have to keep some individuals from dominating the conversation so that others have a chance to interact. Consider trying the following:

***a) Intervene***

Ask the extroverted member to state his or her points one at a time and involve the rest of the group in discussion after each point is made.

***b) Use body language***

Reduce or eliminate eye contact and other positive non-verbal behaviors with domineering personality types and increase these behaviors with other members.

***c) Use the group rules***

Set a time limit on everyone's participation. (This would have to be a ground rule set at the beginning of the meeting.)

If the person goes off the topic, interrupt politely: "That's very interesting, but I'm not sure that that's relevant to what we're discussing. Who else has something to say about the topic we're discussing?" Or, "That's a good point and we can return to it later. But for now, let's go back to what Gabriel said a few minutes ago."

## **Negative personalities**

Negative people complain and criticize. They waste time and do not contribute • to the group's productivity. The facilitator's job is to transform these personality types into productive, positive members. The following strategies and examples might help.

***a) Ask the group whether they agree that there is a problem .e.g.***

**Ankunda:**

*"We're just going around in circles and not getting anywhere*

**Facilitator:**

*"What do the rest of you think about what Ankunda just said? Are we getting anywhere?"*

If the group agrees that there is a problem, the facilitator asks for ideas about how to solve it.  
If the group disagrees, the facilitator moves the group back to the agenda.

***b) Ask the complainer to give specific information about the criticism or complaint***

The facilitator separates judgment from facts e.g.

**Joseph:**

*"There's too much tension in this room, so we'll never come to any agreement on this!"*

**Facilitator:**

*"What specifically makes you say that there's tension in the room?"*

***c) Ask the critic to offer a solution.***

**Mariam:** "This will never work."

**Facilitator:** *"Mariam, can you suggest something that will work?"*

***d) Focus the group on solutions***

Suggest to all members that if they have a complaint or criticism, it will be accepted better if they have one or more suggestions for its solution.

***Confronting Disruptive Personalities***

The suggestions for working with different personality types described above involve the use of facilitation and communication skills, and will usually solve the problem of disruptive personalities. But what can you do when the application of these skills does not result in a change in behavior? In these cases, you will have to confront the disruptive member. This must be done carefully in order to avoid alienating the person. One way is through a conflict-resolution exercise, the purpose of which is to surface personality problems and deal with them. Another way is to confront the disruptive member directly and privately. Consider using the following process:

***a) Ask other members if they share your perceptions.***

Make sure other members agree that the behavior is disruptive. It may be that you are

the only one who thinks so or that you are part of a small minority who shares this opinion.

***b) Record incidents of disruptive behavior.***

Make a list and be specific. Be able to give dates and times, and describe in detail the behavior and its negative impact on the group. Faced with specifics, the disruptive member will be less likely to argue.

***c) Have positive suggestions to offer.***

Just as you expect a complainer or critic to provide solutions, so too should you have suggestions to offer the offending member in how to change, modify, or channel the disruptive behavior.

***d) Listen and use your communication skills***

Show empathy, understanding, and a willingness to work toward a solution.

e) If negotiation fails, consider using role-play to show how the behavior has a negative effect on the group.

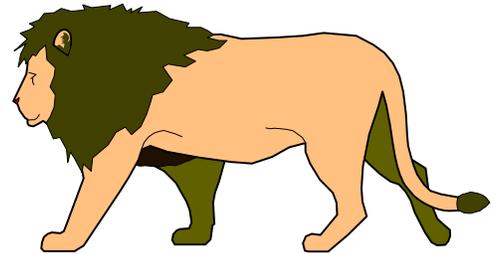
Choose another member or yourself to act out the disruptive behavior, with the offending member as the target (e.g., if the disruptive behavior is constant interruption, you would frequently interrupt the member while she or he is speaking). After the meeting, ask for the member's reaction to the constant interruption. This should impress on the member how others feel about the disruptive behavior and thus motivate him or her to change.

Animal codes help us to understand each other's personalities as we try work together. A sample is given for you to consider and try to apply the above methods when working with them in order to improve performance of the team.

**ANIMAL CODES: RECOGNISE THE DIFFERENT PERSONALITIES AND  
LEARN TO WORK TOGETHER**



**The Donkey:** very stubborn,  
Will not change his point of view



**The Lion:** Gets in & fights whenever  
others disagree or interfere with his desires/plans



**The Ostrich:** Hides his head in the sand &  
same  
Refuses to face reality or admit there is any



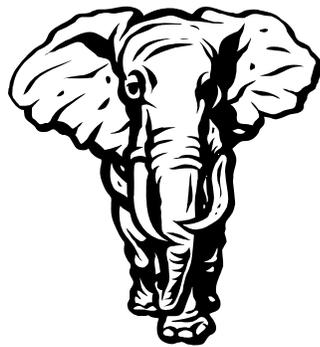
**The Frog:** Croaks on & on about the  
subject in a monotonous voice



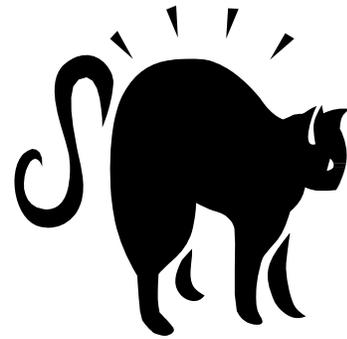
**The Hippo:** Sleeps all the time and never puts up his  
around, chatters a except to yawn  
from  
serious



**The Monkey:** Fools  
lot & prevents the group  
concentrating on any  
business



**The Elephant:** Simply blocks the way and stubbornly prevents the group from reaching difficult for me their desired goal



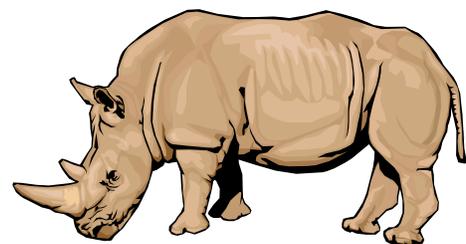
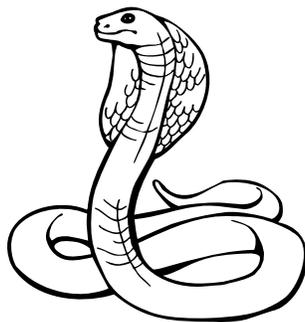
**The Cat:** Always looking for sympathy- “It is so ...miaw”



**The Giraffe:** Looks down upon the others off, and the programme in general, feeling “I’m above all this childish nonsense!”



**The Peacock:** Always showing “See what a fine fellow am”



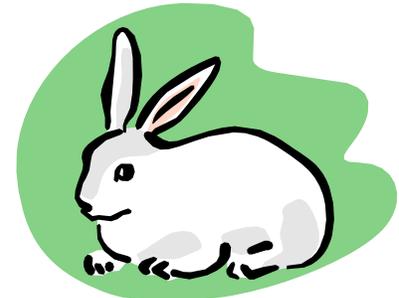
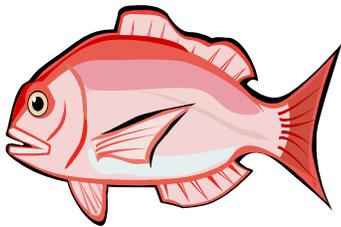
**The Snake:** Hides in the grass and strikes “putting unexpectedly.

**The Rhino:** Charges around his nose in it” and upsetting others unnecessarily



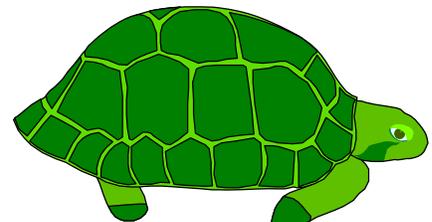
The Owl: Looks very solemn and pretends any be very wise, always talking in very long Words and complicated sentences

The Rat: Too timid to speak on subject



The Fish: Sits there with a cold, glassy stare as s/he not responding to anyone or anything an This may mean quick another position or job

The Rabbit: Runs away as soon senses tension, conflict or unpleasant job. switching to



The Chameleon: Changes color according to from the people s/he is with. Says one thing to this his/her group and something else to other

The Tortoise: Withdraws group refusing to give ideas/opinions

## **MANAGING CONFLICT**

It is inevitable that there will be a certain amount of conflict in an organization. Often this conflict is a positive thing, as it can bring up new ideas or techniques, or problems that need to be resolved. A manager should learn to manage conflicts rather than suppress them and to address them as soon as they arise. When conflicts arise from differences in personal values and beliefs, they will probably never be resolved; they will have to be managed.

### **Conflict between employees**

Sometimes a problem that arises from a personality conflict between two or more employees will lead to disputes or will keep the employees from working together as they are supposed to. This ill feeling can infect other employees, so such conflicts must be addressed right away. As a supervisor, you may have to settle such a dispute between two workers. Proceed by taking the following steps:

- In order to find out what is the real cause of the quarrel, interview each of the people involved separately.
- Ask each person how she or he thinks the argument can be resolved and if she or he is willing to be reconciled.
- When there is a proposed solution, try to persuade all sides to accept the solution, to stop arguing, and to work together.
- If no agreement can be reached, tell the employees involved that they will have to agree to differ, that they should not argue about it any more, and that it must not impede their work in the future.

### **Managing employees' personality conflict**

Personality conflicts may be the most difficult kind of problem a supervisor has to deal with. They can be emotionally charged and generally don't go away of their own accord, as people's personalities are not likely to change. When faced with this situation, a supervisor needs to establish reasonable ground rules to minimize the conflict, such as the following:

- If one employee criticizes another, she or he must also supply suggestions for improving the situation.
- No one may make attacks of a personal nature on another person.
- Grievances must be brought up with the supervisor because complaining among the staff will not improve the situation.
- Personality clashes must not be allowed to hinder work.
- Employees will be rewarded for helping and cooperating with others, not for succeeding at the expense of others.

### **Conflicts between employees and supervisor**

The problem may be a conflict between the employee and the supervisor. The employee may feel animosity toward the supervisor and react to this by not carrying out her or his assigned tasks or by doing them poorly. This is a difficult situation, and there is no guaranteed solution for it. The supervisor and the employee will need to sit down in a private meeting to air their grievances and problems. As the supervisor, you should then go over the grievances and outline which complaints you can do something about and which you cannot, what can be done, and whether these changes will make the situation satisfactory for the employee. If the complaints that have no solution are very irksome to the employee, she or he might wish to consider leaving the job.

In this meeting, you must be careful to remain non-judgmental, concentrating on finding a solution and not letting yourself respond angrily or in an accusing manner to the employee's grievances, as this will only make the employee defensive and angry and will make it much more difficult to work out a solution. Both of you should try to think rationally and not emotionally. As the supervisor, it is your responsibility to make sure the meeting stays calm and controlled.

### **Maintaining a positive atmosphere**

Supervisors can maintain a helpful, cooperative, positive atmosphere by examining their own behavior toward their employees. Use the suggestions on the following page to identify ways to improve the work environment of those you supervise. A supervisor must avoid falling into bad habits, which can negatively affect the work environment and the employees' job performance; employees who feel their supervisors are unjust, vindictive or ineffectual will feel trapped in an unhappy position and may lose their motivation to work.

## **HOW TO IMPROVE THE WORK ENVIRONMENT**

### **Make sure that you DO:**

- Give sufficient instructions (complete and specific).
- Explain targets, deadlines, and dates for activities in advance.
- Admit your own mistakes.
- Support your subordinates.
- Delegate responsibility appropriately.
- Trust your staff members.
- Recognize merit when it is warranted.
- Supply employees with adequate materials, equipment, and support.
- Give employees the opportunity to participate and to use their own initiative.
- Deal with problems in an honest and straightforward manner.
- Give the real reasons for problems or decisions.
- Make an attempt to see the employee's point of view.

### **Make sure that you DON'T:**

- Scold an employee in the presence of others.
- Show favoritism toward certain employees.
- Blame an employee for your own mistakes.
- Intrude in the personal matters of employees.
- Provide excessive supervision by being too vigilant, checking even unimportant details.
- Gossip with one employee about another.
- React negatively to employees' ideas

## **HOW TO IMPROVE STAFF MOTIVATION**

### **How a supervisor can motivate staff**

As a supervisor, you can be a powerful motivating force for your staff. You can help them to carry out their tasks responsibly and efficiently and can inspire them to strive for higher achievements, even if, as is generally the case among supervisors, you don't have the power to motivate through increased financial incentives. You can use a number of non-financial incentives, such as:

- Having senior staff voice their approval of good performance

- Instilling in employees a belief in the value of their work
- Providing employees with opportunities to use their intelligence to solve problems
- Offering employees opportunities to assume more responsibility and leadership
- Providing opportunities for advancement and self-improvement.

### **How to improve staff motivation**

- Give praise and appreciation often and, whenever possible, publicly.
- Provide explanations and reminders of the value of an employee's work.
- Provide the staff with symbols of the importance and/or official nature of their jobs: uniforms, hats, pins, carrying bags with the program logo, signs for their home or post, diplomas from training courses, prizes, etc.
- Give prompt attention to the obstacles that staff face in their work that are beyond their control.
- Direct attention during a supervisory meeting or visit to the details of the staff person's job (thus communicating that these details are important).
- Seek the opinion of the staff on all matters related to their work. This includes asking for their insights into the problems they are facing and their suggestions for possible solutions.
- Suggest opportunities for advancement.
- Provide regular opportunities for refresher training and upgrading of skills, particularly if travel is involved.



## SESSION 8: HANDOUT FEEDBACK

### **Definition**

Feedback is the method of communicating to individuals or groups how they positively or negatively affect a process/system in order to maintain improve or excel in their performance

### **Process**

1. Choose appropriate timing
2. Convey your positive intent
3. Describe specifically what you have observed
4. State the impact of the behaviour or action
5. Ask supervisee to respond

### ***Focus discussion on solutions (constructive part of feedback)***

### **Giving and Receiving feedback**

Feedback is important for effective communication, because it allows the team or individual to gather information about itself. According to the principles of “learning organisations,” team members learn from their experiences. Time must be set aside to transform experience into learning. The insights gained from feedback are the raw materials for future improvements. Without this experience, team members are likely to repeat errors again and again.

### **Types of Feedback**

There are two types of feedback: *supportive* and *corrective*. supportive feedback reinforces current behaviour while corrective feedback indicates desired changes in behaviour. The goal of any kind of feedback is to help team members maintain or increase their current level of performance or appropriate behaviour.

Feedback may be given to individuals or groups by the supervisor, individually or at a team meeting. Also, the team may engage in a group feedback session. During a group feedback session, members of the team analyse the strengths and weaknesses of

their individual and collective performances, make open and honest personal assessments, and accept criticism without hostility. The real challenge is for each team member to perceive feedback as a valued gift. This can happen only when each team member feels truly accepted by his or her colleagues. Without this sense of commitment to one another, the process of critical analysis can be threatening or even damaging.

### **Supportive Feedback**

Supportive feedback is used to reinforce an effective and desirable behaviour. One of the most mistaken beliefs about feedback is that the only time feedback is necessary is when someone does something wrong. As a result, many people never give supportive feedback. In fact, it is more important to give supportive feedback than corrective feedback; because supportive feedback lets people know that behaviour is desired.

### **Corrective Feedback**

Corrective feedback is used when trying to change behaviour. Although corrective feedback rarely causes harm if used properly, it is not a particularly pleasant experience. Team members may feel embarrassed or defensive.

When giving corrective feedback, the sender should be able to suggest alternative courses of action to correct the problem. When a team member is made aware of substandard behaviour, showing an alternative can be effective in changing behaviour. When the person in charge immediately offers the alternative after providing corrective feedback, the recipient is freed as quickly as possible from an uncomfortable situation. The person giving feedback is seen as a supportive person, and this greatly contributes to forging productive and constructive working relationships. Moreover, the feedback might offer an option that the team member has not considered, or one that the team member considered but then rejected. More importantly, the feedback helps everyone realise that there are alternative courses of action. Indeed the supervisor should also listen to possible suggestions for alternative solutions from the team member and not impose his/her own.

## **Use of Feedback in Reviewing Performance**

In order for feedback to be effective, the team needs to establish clear criteria for success in all of its major activities (both the tasks to be accomplished and the processes by which the team operates).

The review process begins with the team members' determining whether they have achieved what they set out to do. They assess whether they have performed as expected, differently than expected, or better than expected.

Then comes the important step: to determine the reasons and to decide how to improve in the future. Results are the true test of the team's efficiency. If the team has failed and if the causes are obscure, the team needs to analyze further to discover the cause(s).

In reviewing its performance, the team must answer the following questions:

- Have all our objectives been achieved? If not, why not?
- Were all the causes of failure beyond our control?
- Did we meet our criteria for success?
- Were our criteria for success relevant and achievable yet challenging? If not, why not?
- Did we use the minimum necessary resources possible?
- Did we focus our resources adequately?
- Have any other individuals or groups tackled similar tasks and done better?
- If so, why was our performance less effective than those of the other groups?
- What have we learned from this analysis?
- What behaviors should we adopt in the future?

## **Guidelines for Giving and Receiving Feedback**

Feedback must be used with care. Excessive praise can lead group members to unwarranted preening and complacency. Negative comments may be interpreted as sabotage and may prove a dispute.

Both positive and corrective feedback is important. All too often, feedback is given only when things go wrong; the term "post mortem" often is used. Feedback sessions can become "witch hunts" for scapegoats when blame and recrimination occur and

when each team member hopes to lie low to avoid being exposed to humiliating criticism.

Open critiques can be especially threatening to senior team members. As the architects of the existing order, they feel a greater sense of ownership. Hence, their self-esteem can be more at risk.

Typically, teams dash from one thing to the next without taking time to review what they have done. Leaders usually say that they believe in the merits of feedback but in practice, they do not allow time for it. So the team repeats the same errors time and time again, members' performance remains substandard, and the potential of the team is untapped.

Feedback must assess both success and failure. Unless some praise is given, the critique will fail to energize and nourish the team. On the other hand, some teams appear to operate under an informal conspiracy to exclude criticisms. The result is the inhibition of the free flow of judgment and commentary necessary for creativity and learning.

Team members may withhold their criticism for several reasons:

**Politeness:** team members believe that social etiquette precludes confrontation

**Fear of loss of face:** people fear that criticism will erode their images

**Unwillingness to “rock the boat”:** team members do not want criticism to expose weaknesses or to undermine morale.

**Inadequate skills:** team members appreciate the benefits of feedback but do not have skills for giving and receiving feedback.

**Lack of opportunity:** insufficient time or no time is allotted for review of the team's performance.

## **Giving Feedback**

- For individual feedback, focus on the behavior of the individual or the group; describe the person's behavior; not the personality or character of the person.
- For team performance feedback: focus on criteria that has been established for both the tasks to be accomplished and the processes by which the team operates

- Make your comments specific (what, when, where, etc.)
- Direct your comments at behavior that can be changed.
- Make your comments timely; either at the moment the behavior is occurring or as soon afterward as possible.
- Remember that people are uncomfortable receiving feedback, even if you are handling it the best way possible.
- Whether the person agrees to or doesn't agree, express your appreciation for their listening to your concern.

### Receiving Feedback

- Actively listen to the person's description of your behaviour and recommendations to continue what you are doing or suggested changes that would be helpful. Although it may sound easy – this suggestion takes practice.
- Give the feedback serious consideration. Do not dismiss it as irrelevant or unimportant.
- Notice if you are feeling defensive; trust that the intent of the feedback is to help, not hurt you.
- Paraphrase or summarise the feedback to make sure you have heard it correctly.
- Communicate to the person changes in his or her behaviour that may be needed to help you change.
- Whether or not you intend to use the feedback, express appreciation to the other person for caring enough about the relationship to give you the feedback and request that he or she continue to do so.

The following table contains additional suggestions for giving and receiving feedback:

<b>AVOID:</b>	<b>TRY TO:</b>
Talking too much	State your points simply and one at a time
Jumping in and quickly moving on	Explore ideas and feelings in depth
Glossing over problems	Explore difficulties and their causes thoroughly, using a "what can we do about this" approach
Raising false hopes	Arrange a contract that you believe is realistic

Acting “parental” (condescending).	Respond as an “adult” rationally, rather than as a “parent.”
Not taking the process seriously	Make it evident that you value the process enough to spend time in serious discussion of these issues.
Being inconsistent	Ask whether you appear inconsistent and clarify all apparent inconsistencies
Criticising a person’s ambitions	Find out why the person thinks the way he or she does; contribute information and options rather than judging him or her
Making commitments too readily	Be honest and make a commitment only if you are sure that you can honor it, and set a time scale that you know is realistic
Displaying a negative and uninterested attitude	Give your support and energy to make session valuable; try to use the discussion as an important opportunity to improve
Solving others’ problems	Encourage others to suggest their own solutions and not depend too much on you.

## **Summary of Guidelines for Corrective and Supportive Feedback**

### **Giving Corrective Feedback**

1. Clearly state the behaviour needing correction
2. State the effect this incorrect behaviour had
3. Ask for an account of what happened
4. Develop a plan with the receiver to correct the situation
5. Express confidence that the receiver will act correctly in the future.

### **Giving Supportive Feedback**

1. Identify the specific behaviour to be reinforced
2. Explain the positive effects of this behaviour and appreciate for it
3. Ensure the receiver “owned” the compliment
4. Thank the receiver

**Receiving Corrective and Supportive Feedback:**

1. Listen carefully
2. Clarify unclear understandings
3. Summarize the point of the sender
4. Acknowledge the comment
5. Express appreciation for the feedback



## SESSION 10 HANDOUT: - SUPPORT SUPERVISION

### **Rationale for Change in Method of Supervision**

The desired results of supervision were not got from old method, because it was superficial; the focus was on individuals rather than processes and fault finding put health workers on the defensive. The emphasis was also on the past rather than future and the process was not continuous.

### **Definition of Support Supervision**

Support supervision is the process of guiding, helping, teaching health providers at their place of work how to perform their work better, using joint problem solving & an emphasis on two way communication between supervisor & supervisee (see NSG).

### **Focus is on:**

- Needs of staff.
- Mentoring.
- Joint problem solving.
- Maintenance of quality and meeting clients/patients needs.
- Two-way communication.

### **Benefits**

- Supervisors more welcome.
- External supervision decreases with time.
- Problem solving becomes a routine function of facility team leading to QI.
- Increased motivation of HWs/Supervisors to QI.

### **Roles of Supervisors**

- Share vision for quality services.
- Create and maintain non-threatening environment.
- Pay careful attention to communication.
- Model correct attitudes and practices.

- Share experiences as examples for performance.

### **Qualities of a Supervisor**

To be more effective, a supervisor should:

- Be knowledgeable.
- Be interested in supervision process.
- Have good interpersonal communication skills.
- Have conceptual skills.
- Be understanding.
- Have authority/leadership skills.
- Be consultative

### **Process of Support Supervision**

1. Plan.
2. Make and communicate schedule.
3. Review previous reports (supervision/HMIS/YSP).
4. Decide on purpose of supervision visits on the basis of available information.
5. Collect tools.
6. Gather other logistics.
7. Implement & give feedback.
8. Make a report.
9. Follow up.

### **Link between Supervision and YSP**

1. The Yellow Star Programme is a Quality of Care Approach, not a vertical programme. It is based on the existing supervision system which is outlined in the NSG. The NSG have numerous standards outlined in the form of checklists which are used as tools to focus supervision, **But:**
  - The frequency of use of the checklists is inadequate
  - Supervisor skills, reporting and follow up is poor
  - Motivation for QI is low

2. The 35 YSP standards were derived from the NSG and monitoring of YSP standards provides a method for:

- Identifying opportunities for QI.
- Improving reporting/follow up.
- Motivating health workers to initiate QI activities.
- Recognizing the importance of community participation in QI.

**Follow up.**

The supervisor should make follow up plans to:

- Facilitate/support the health unit staff share scores and give feedback to the community on the progress of YSP.
- Share with higher level/authority on standards that are beyond the facility level.
- Collaborate with Community Development Workers and other community resource persons.

**Important Things to Note:**

- Routine (internal – within the facility, and District to HSD and HSD to lower facilities) support supervision should rely on use of NSG and should be conducted at least monthly.
- YSP assessments will be conducted quarterly. NB: the first two supervisory visits within the quarter should be routine using the NSG as stated above. YSA is done on the third visit. This is in effort to maximize utilization of scarce resources and link YSP to National Supervision system.
- During routine support supervision visits, the supervisor should disseminate/ensure that NSG were disseminated and used during internal supervision at facility level..
- Supervision reports and YSP score sheets should be reviewed to focus supervision and QI efforts. (During the routine support supervision visits, the supervisor should use the score sheets of previous assessments and track sheets to focus sharing, feedback, problem identification and solving).
- For routine supervision including internal supervision a written report should be made and left at the health facility for evidence.
- For more details on support supervision, refer to *The National Supervision Guidelines*, Ministry of Health, 2000.



**SESSION 11 HANDOUT : GUIDELINES FOR FIELD PRACTICE  
FOR SUPPORT SUPERVISION, YSP ASSESSMENT AT FACILITY  
AND COMMUNITY INVOLVEMENT IN THE YELLOW STAR  
PROGRAMME**

Purpose of Field Practice;

- 1. Practice conducting effective support supervision using QA tools.**
- 2. Practice using the YSP tools to assess the facility for QI.**
- 3. Identify opportunities for quality improvement at facility.**
- 4. Give feedback to health workers on status of quality based on the assessment.**
- 5. Gain health workers' commitment to address quality gaps highlighted by the assessment.**
6. Discuss with community (as the users of health services) their roles and responsibilities in quality of care and the importance of working with them to improve health care at facility.
7. To explore community perspectives on the quality of health care at their facilities and gain their commitment in participating in improving quality of care.

Process to Follow

- FACILITY VISIT

Step 1. Preparation for the Facility Visit

**In your groups;**

1. Select 1 person each to lead the team at facility and community visits.
2. Team leader (facility) will allocate group members to cover different aspects of the tool at facility as per guide below.

No.	Area to assess	No needed	Persons allocated
1.	Location Review;  <b>OPD</b>  <b>MCH</b>  <b>Maternity/Delivery room</b>  <b>In-Patient ward.</b>	3-4	
2.	Inventory & records;	2	
3.	Clinical observations;	2-3	
4.	Interview with in charge	1	
5.	In-Patient/Hospital;	1	

3. Prepare and take with you;

- Copies of checklists from the National Supervision Guidelines for observing IMCI, FP, Giving Injections, ANC, Safe delivery, ASRH, malaria.
- Assessment tool and Scoring sheets
- Newsprints, markers and masking tape
- Any other materials to support facility (ask DDHS officers for this).

Step 2 . Conducting Assessment Review at the facility

1. The review will take between 2-3 hours depending on the size of the facility
2. Prepare to leave at 10.00 a.m. for the facility.
3. On arrival at the facility, the facility team leader should:
  - Greet facility staff, seek audience with the In-charge and introduce members of the team.

- Explain the purpose of the visit and what it will entail.
- Request for a brief orientation around the facility.
- Request the In-charge/staff to provide supervisors with appropriate records (registers, stock cards inventory books) or notify the team of client consultations.
- Request the In-charge to organize for a debrief to available staff at the end of the assessment.
- Delegate the team members to their supervision areas.

During the assessment:

- Minimize staff disruptions as they provide services
- Introduce yourself to clients during consultations explaining your presence.
- Use Assessment tool as your guide, but as much as possible try to understand how you are supposed to verify the standard before actual assessment so that you are not seen to be ticking away at the checklist like an inspector!
- Use checklists from NSG provided to observe technical procedures
- Be fair, unbiased and consistent in evaluations
- Record all answers on the assessment tool and double check your work to ensure all blanks are filled with a 'Yes' or 'No'

Step 3. Documenting the Assessment Review Results

1. As a whole team, compile all scores into scoring sheet in triplicate.
2. Prepare information to share with facility staff on the newsprint as follows;
  - Overall facility score and percentage achievements by category of standards as on page 7 of the Scoring Sheet.
  - Summary of the strengths of the facility in terms of service delivery and opportunities for quality improvement as noted from the Assessment Review.

Step 4. Sharing of the results with facility staff on the following;

1. Share the summary of assessment scores, strengths and opportunities for improvement of services with the staff.
2. Request the staff to react to the presentations.

3. Discuss with staff root causes for areas of service which need improvement at the facility and ways to overcome them.
4. Thank the staff and In-charge for the visit and the opportunity to work with them.
5. Extend an invitation for one staff to come to the training venue the following day to share further with community and agree on time and travel arrangements.

At the end of the facility visit, team leader for community should ensure teams' readiness for community meeting



## **SESSION 12: GUIDELINES COMMUNITY MEETINGS FOR QUALITY IMPROVEMENT**

*Preparing for community dialogue*

*NB- The CDW will take leadership in mobilizing and moderating the meetings.*

These preparations should be done at least two weeks in advance in order to give time for community mobilization

### **Before the meeting.**

- Select a community where the meeting will take place. This should be done in collaboration with the HUMC/ YSP committee where they exist.
- Inform the community leaders/community mobilizers the purpose of the meeting and agree on the dates of the meeting.
- Request the community leaders/community mobilizers to inform community members and request them to attend the planned meeting.
- HUMC members, local leaders and existing community resource persons should be involved in this meeting.
- The community selected should be receptive, interested and near the facility.

*On the day of the community visit, Team leaders should ensure:*

- *Team members arrive at the community venue at least half an hour before the scheduled time of the meeting.*
- *That team members know their roles and the community leader is informed of his role at the meeting*

*The questions to guide discussions have been translated correctly in the local language*

### **During the meeting.**

#### **Step one: Climate setting.**

The Community Development Worker Moderates the meeting in the local language

- Ask the local leader to open the meeting and ask participants and community members to introduce themselves.

- ***The team leader introduces the members of his team and person moderating the meeting (if they are not the same person).***
- *Explain the purpose of the visit as follows:*
  - a. To introduce the quality of care to the community as users of health services.
  - b. To explore community views on good and poor quality of health care.
  - c. To explore the community perceptions of the barriers to quality health care.
  - d. To explain the concept of patients/client's rights and responsibilities and provider needs in health care.
  - e. To mobilize community members who will remain involved in the monitoring of quality at facility and community.
- *Explain the process of the meeting and how the community will be involved –*  
Activities/process will include;
  - Making Presentations.
  - Questions and answers
  - Discussions and making agreements on the way forward.
- *Explain what will happen after the meeting, between the community and the facility, these include: selecting community members who will be part of the Yellow Star Program and be involved in the sharing of the findings and problem solving process on the last day of the workshop.*
- *Explain that this is an opportunity to find new ways of solving problems related to provision of services and seeking care. It is also a time to build partnerships/linkages between the providers and users of health services. It the time to discuss our roles and responsibilities as providers and users of health services. It is not the time/exercise to find blame, therefore there must be open dialogue, respect and trust.*

**Step two: Participants make presentations on the following:**

- 1. Explaining the health care system at the facility**
  - Explain the different services expected and available depending on the level of facility.
    - staffing partners
    - drugs and supplies

- etc

- Make a brief and broad presentation on the background and rationale for quality of care, the broad areas covered by the standards, and the awards.

## **2. Introduce the concept of quality**

Ask the community questions like:

- Before we talk about health services, we should think about times in our daily lives when we all have the right and opportunity to say what is good quality health services
- Probe for specific information, do not make suggestions.
- Review what has been said and ask for additions.
- Are there facilities that you will not go for health services? Why?
- How would you describe good services?
- How would you describe poor services?
- *(NB: Ask these questions slowly and appropriately)*
- Share with community the meaning of quality and compare with what they have said.
- Present a summary of basic standards of quality

### **Step three: Discussing issues related to providing and seeking health care.**

- Discuss and agree on the issues affecting seeking health care as users of health services as seen from the facility and community
- Ask the community what do you like about the services provided at----- health facility?
- Take note/make a list of what the community says about what they like.
- Ask again what do you dislike about the services provided at----- facility?
- List the responses on newsprint/note book.
- Make a summary of the issues raised by the community and health workers.*(issues raised should be taken away and used in session on Action plan)*

### **Step four: Explaining the rights, responsibilities and needs.**

- Ask community the following questions one by one;
- What rights do you have when you come for health services?

- What responsibilities do you have in obtaining better health services?
- What needs do service providers have when providing health services to you?
- Share the patients/client's rights, and responsibilities and provider needs.
- Relate the rights, responsibilities and needs to the issues raised by the community and health workers.

#### **Step five: Making recommendations/resolutions**

- In plenary, ask the community to respond to the following questions and note them down: Should the community have a voice in the quality improvement process at the health facility? What they perceive as their role in improving health care delivery at this facility? What should be done to improve health care at -----facility?
- Refer to the issues raised to generate realistic recommendations from both the community members and health workers to improve health care at the facility.

#### **Conclusion**

- Summarize the major happenings of the meeting and stress that this is the beginning of the partnership.
- Explain that the issues will be shared with health facility staff in a meeting to take place at the training venue the next day and action plan involving the community and staff will be agreed.
- Request the community to select the people who will come to the training venue and share further the issues with health workers the next day and that the community members will continue to represent their views and be involved in problem solving process, monitoring, reporting and giving feedback to the community on quality at the health facility. (*ask to include members of HUMC/YSP committee/existing community resource persons*)
- Inform the community that the selected members will be involved in the process of problem identification and solving with the participants on the last day of the workshop.
- Agree on the next community meeting where the facility staff will share the assessment results and forge a way forward.
- Thank the community for attending and their useful contributions
- Request the community leader to close the meeting.



## **SESSION 15: SHARING FIELD PRACTICE EXPERIENCES ON THE FACILITY ASSESSMENT AND COMMUNITY MEETING**

*AT THE TRAINING VENUE*

*Preparing for report -out*

1. After the community meeting prepare the following on newsprint for reporting to the joint meeting between community and facility staff;
  - Overall facility score and percentage achievements by category of standards as on page 7 of the Scoring Sheet.
  - Summary of the strengths of the facility in terms of service delivery and opportunities for quality improvement (quality gaps) as noted from the Assessment Review.
  - List of limitations experienced by staff to the delivery of quality services at facility
  - Summary of key findings from community meeting:
    - Definitions of quality (what they expect as good quality services)
    - What they like about the services
    - What they see as weaknesses in service delivery
    - Highlights of community perspectives on their roles and responsibilities
    - Community recommendations for improving service delivery and community involvement in improving quality at the facility
  - Agree on who will present the reports.



## SESSION 13 – HANDOUT 1. PROBLEM SOLVING IN QUALITY ASSURANCE

### **Quality Improvement Approaches.**

The need for QI varies widely, depending on the health setting and circumstance: from rural health posts, to urban hospitals, to entire systems (such as ministries of health), and from a simple process in a small system to a complex process- in a large system. Although the principles of QI apply in all circumstances, different QI approaches work better under certain circumstances.

### **Steps of problem solving in QA.**

Although the four QI approaches differ in complexity each follows the same basic four step sequence.

#### **The steps are as follows:**

1. Identify the problem: determine what to improve
2. Analyze the problem: understand the problem and what must be known in order to make improvements
3. Develop possible solutions: use information gathered to determine changes needed for improvement
4. Test and implement solution/s: Check to see if solution works!, decide whether to abandon, modify or implement the solution.

NOTE. \_QI is not limited to carrying out these steps, but rather is continuously looking for ways to further improve quality. When improvements in quality are achieved, teams can continue to strive for further improvements with the same problem and/or address other opportunities for improvement that have been identified.

### **1. Identify the Problem**

Use the criteria below to select the problem to be solved:

- Is it important?
- Is there support for change?

- Does it have emotional appeal/visibility i.e. provide willingness to work on problem?
- Are there risks if it is not solved?
- Is it within your sphere of influence?
- Is it of high risk/high volume/problem prone?

If several problems have been identified, teams can use these criteria to grade each problem and select the problem which gets the highest score.

## **2. Define the problem**

Creating a problem statement helps clarify and communicate the area identified for improvement. It should be a concise description of the process to be improved avoiding listing potential causes or solutions or blaming anyone. Use the following questions to help formulate the problem statement:

- What is the problem? What is the quality gap? (Do not imply cause or solution; or blame anyone)?
- How do you know it is a problem? What is your source of information?
- How frequently does it occur or how long has it been there?
- What are the effects of this problem?
- How will you know when it is resolved?

## **3. Identify who should work on the problem (the team) at this point.**

The team should consist of people who are:

- Affected by the problem.
- Involved in the process in which the problem exists.
- Can influence problem solving.
- Have expertise in the process in which the problem exists.

## **4. Analyse the Problem**

To describe and understand the process in which the problem exists:

- Conduct a cause-effect analysis using either a fish bone or tree diagram.
- Discuss and suggest possible root causes.
- Define, collect & analyse data and information needed to identify or better define the root cause.

## **5. Develop Solutions**

- Generate possible solutions to the identified root causes. As a team, define criteria for selecting solutions, e.g. is the solution:
  - affordable?
  - free from negative effect on other on-going activities?
  - feasible to implement?
  - efficient?Also does the solution have:
  - management/community support for its implementation?
  - a time frame for its implementation?
- Select solutions based on the criteria

## **6. Implement the Solutions**

To implement the solutions:

- Plan
  - what is to be done
  - who is to do it
  - how it is to be done (management of change)
  - how it will be monitored
- Do
  - Test the change.
  - Verify that the change is being tested according to plan.
  - Collect data about the process being changed.
- Study
  - Achievement/success
  - Constraints: unforeseen problems/resistance to change
- Act: appropriate action to findings

## **EXAMPLE OF PROBLEM SOLVING**

### **Cause-and-Effect Analysis**

#### *How to Use Cause-and-Effect Analysis*

There are two ways to graphically organize ideas for a cause-and-effect analysis. They differ only in how potential causes are organized:

1. By category – called fishbone diagram (see diagram)
2. As a chain of causes – called a tree diagram (see diagram)

The steps of construction of the diagrams are, however, essentially the same as outlined below.

Agree on the **problem** or the desired state and write in the **effect** box. Try to be specific. Problems that are too large or too vague can get the team bogged down. *[Cause-and-effect diagrams can reflect either causes that block the way to the desired state or helpful factors needed to reach desired state)*

The “effect” or problem should be clearly articulated to produce the most relevant hypotheses about cause. If the “effect” or problem is too general or ill defined, the team will have difficulty focusing on the effect, and the diagram will be large and complex

It is best to develop as many hypotheses as possible so that no potentially important root cause is overlooked.

Define the major categories of steps or causes. The team can brainstorm first about likely causes and then sort them into major branches. The team should add or drop categories as needed when generating causes. Each category (or step) should be written into the box. Generally, using three to six categories works best.

Identify specific causes and fill them in on the correct branches or sub-branches. Use simple brainstorming to generate a list of ideas before classifying them on the diagram, or use the development of the branches of the diagram first to help stimulate ideas. Either way will achieve the same end. Use the method that feels most comfortable for the group. If an idea fits on more than one branch, place it on both. Be sure that the causes as phrased have a direct, logical relationship to the problem or effect at the head of the fishbone or tree.

Each major branch ( or step) should include three or four possible causes. If a branch has too few, lead the group in finding some way to explain this lack, or ask others who have some knowledge in that area to help. Be sure to develop each branch fully. If this is not possible, then the team may need more information or help from others for full development of all the branches.

Keep asking “why?” and “why else?” for each cause until a potential root cause has been identified. A root cause is one that: (1) can explain the “effect,” either directly or through a series of events, and (2) if removed, would eliminate or reduce the problem. Try to ensure that these “whys?” are plausible explanations and that, if possible, they are amenable to action. Be sure that the causes as phrased have a direct, logical relationship to the problem or effect stated at the head of the fishbone or tree diagram. Check the logic of the chain of causes: read the diagram from the root cause to the effect to see if the flow is logical. Make needed changes.

Have the team choose several areas they feel are most likely causes. These choices can be made by voting, based on the team’s best collective judgment. Use the reduced list of likely causes to develop simple data collection tools to prove the group’s theory. If the data confirm none of the likely causes, go back to the cause-and-effect diagram and choose other causes for testing.

**Caution:** Remember that cause-and-effect diagrams represent hypotheses about causes, not facts. Failure to test these hypotheses, and thus treating them as if they are facts, often leads to implementing the wrong solutions and wasting time. To determine the root cause(s), the team must collect data to test these hypotheses.

### **The Tree Diagram**

The tree diagram highlights the chain of causes for the problem. It starts with the effect and the major groups of causes (by step or by category) and then asks for each branch, “why is this happening? What is causing this?” The tree diagram is a graphic display of a simpler method known as the *Five Why's*. It displays the layers of causes, looking in-depth for the *root* cause.

### **The Five Why's**

Ask “WHY?” to each successive response or reason to a problem five times. Use this technique alone or with any of the cause-and-effect diagrams.

#### Example

*Question 1:* Why did the patient get the incorrect medicine?

*Answer:* Because the prescription was wrong.

*Question 2:* Why was the prescription wrong?

*Answer:* Because the doctor made the wrong decision.

*Question 3:* Why did the doctor make the wrong decision?

*Answer:* Because he did not have complete information in the patient's chart.

*Question 4:* Why wasn't the patient's chart complete?

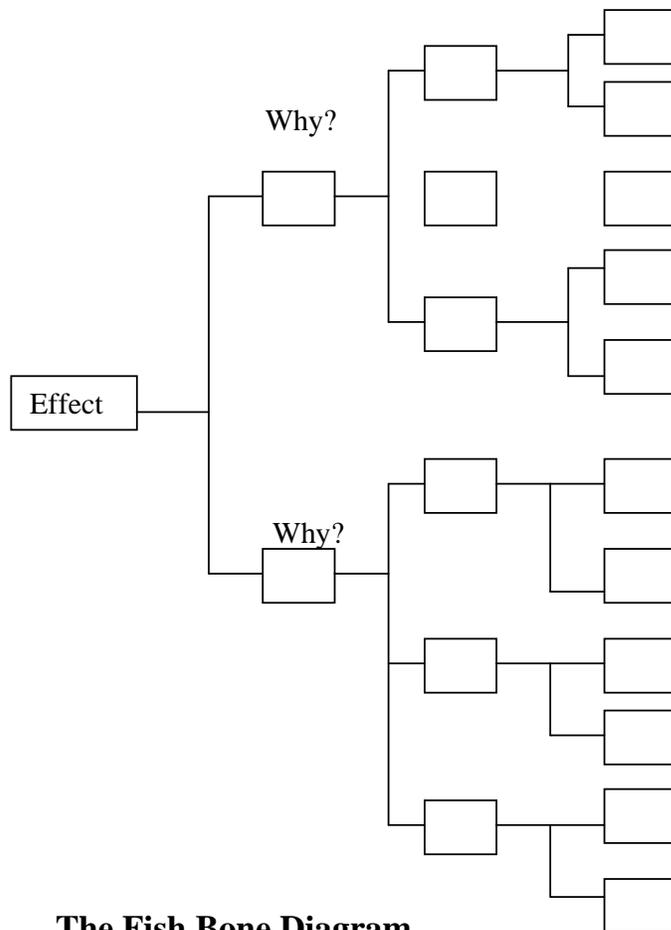
*Answer:* Because the doctor's assistant had not entered the latest laboratory report.

*Question 5:* Why hadn't the doctor's assistant charted the latest laboratory report?

*Answer:* Because the lab technician telephoned the results to the receptionist, who forgot to tell the assistant.

*Solution:* Develop a system for tracking lab reports.

**Figure 1: Tree Diagram**



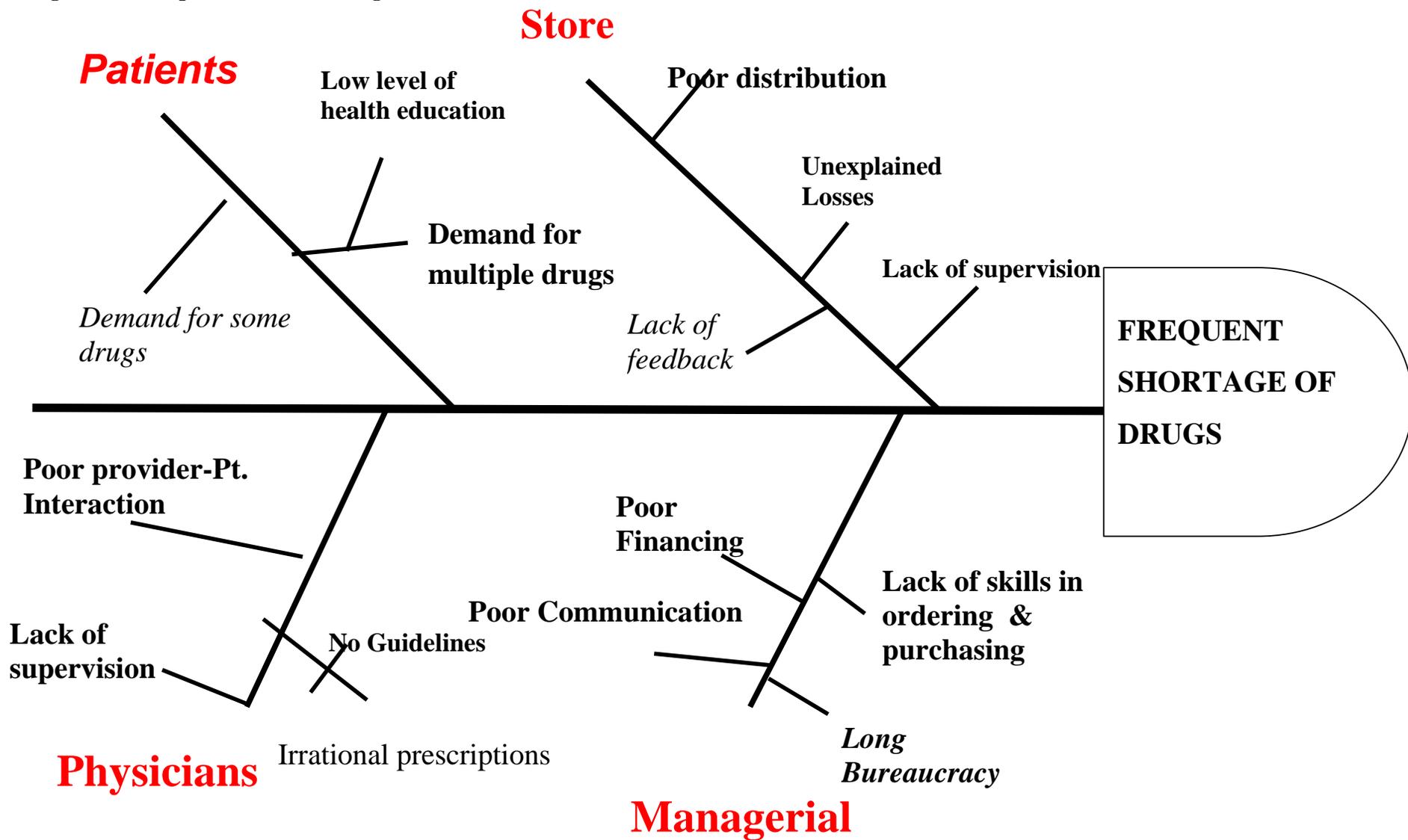
### **The Fish Bone Diagram**

When using a fishbone diagram, several categories of cause can be applied. Below are some often used categories:

- manpower, methods, materials, measurements, and equipment;
- clients, workers, supplies, environment, and procedures;
- What, how, when, where.

Other valid categories for this type of cause-and-effect diagram exist. The group should choose those categories that are most relevant to them, and should feel free to add or drop categories as needed.

Figure 2: Example of Fish Bone Diagram





## **SESSION 13- HANDOUT 2 - CASE STUDY ON QA PROBLEM SOLVING**

Amina is a district supervisor. She went to conduct support supervision in a Health Center III. During her visit she found there were quite a number of problems in the unit. She summarized the problems as follows:

1. Clients were waiting too long (about 3 hours) to be seen by the midwife
2. Although there were many antenatal visits reported, very few deliveries were conducted
3. The clinical officer (In-charge) and the midwife quarreled and were not on talking terms
4. Outreaches had ceased

Being a good supervisor, she decided to think of these problems as opportunities for improving the quality of care in the health unit. She discussed the problems with some of the staff and chose a team to work on it. Over the week the team met and discussed the problems at length. Sometimes they called in some other people to their meetings. At the end of the week, they had analyzed the problems and developed solutions, which were to be implemented in the future.



## HANDOUT SESSION 10: EVALUATION FORM

Rate the sessions or item on a scale of 1 – 5 where 5 = very good and 1= very poor.

Give comments as much as possible.

SESSION/ITEM	RATE	COMMENTS
1. Climate Setting/Overview of the workshop		
3. Concepts of QA and Rights		
4. Overview of the Yellow Star Programme		
5. Basic Standards for health services		
6. Assessment Tools		
7. Review of Supervision		
8. Team Work Approaches		
9. Review of Feedback		
10. Support supervision and quality improvement		
11. Theory of QA Problem Solving		
12. Involving the Community in Yellow Star Programme		
11. Field practice in community involvement – community visit		
12. Sharing of experiences and problem solving with facility staff and community members		
13. Back-home Application Plans		
14. Problem-Solving Practice with Facility Staff		
Workshop Arrangements		
Facilitation		
Welfare		

**How useful was the workshop in giving you skills in supervision or Quality Improvement? .....**

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**What went well in the workshop?**

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**What did not go well in workshop?**

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## HANDOUT SESSION 14: BACK-HOME SKILLS APPLICATION PLAN FORMAT

NAME: ----- Clinic/Worksite: -----

Date of Training: ----- District: -----

<b>Changes I wish to introduce at site to facilitate implementation of Yellow Star Program</b>	<b>What activities will be done to effect change at my Work site</b>	<b>Outcomes at the work sites and/or among the clients as a result of the changes</b>	<b>Time period for the changes to occur</b> <b>From:            To:</b>	<b>Comments</b>

Changes I wish to introduce at site to facilitate implementation of Yellow Star Program	What activities will be done to effect change at my Work site	Outcomes at the work sites and/or among the clients as a result of the changes	Time period for the changes to occur From: To:	Comments