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PRIMARY HEALTH CARE PROJECT

وزارة الصحة
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TRAINING GUIDE
PREPARING QUALITY SUPERVISORS
FOR DOH/DISTRICT LEVEL

DISCLAIMER
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Acronyms

GoI	Government of Iraq
HSSD	Health and Social Security Department
MCR	Medical Chart Review
M&E	Monitoring and evaluation
MOH	Ministry of Health
PHC	Primary Health Care
PHCP	Primary Health Care project
PSF	Patient Satisfaction Feedback
QA	Quality Assurance
QI	Quality Improvement
QC	Quality Coordinator
QIB	Quality Improvement Board
SA	Self-Assessment
SHA	State Health Agency
USAID	United States Agency for International Development
WPPF	Whole Person Process Facilitation

INTRODUCTION: Improving Armenian Health Care: The PHCR Project

The Primary Health Care Project (PHCP) Project is working with Iraqi Ministry of Health (MOH) and health care facilities to improve health care quality and expand health care availability in rural communities. Beginning in 2011, the project assessed the quality of care currently available in eighteen DOHs . PHCP examined the needs of the health care system and established a framework for improving the quality of care. This framework includes:

- Developing and updating standards of care
- Staff training
- Implementing quality assurance programs
- Identifying further performance gaps
- Providing supportive supervision
- Establishing performance incentives

The project is developing several ways for health care providers to address health care quality issues. Part of this process involves a training strategy that develop DOH/ District level training capacity to support quality assurance initiatives in the health care facilities, in particular:

- Identifies two-to-eight health care staff per DOH to be trained as Quality supervisors.
- Trains DOH/District-level Quality Coordinators to train facility staff to implement the quality assurance process.
- Supports Quality Supervisors to prepare health care facility staff at larger facilities (that is typically those facilities with three or more physicians),
- Provides technical assistance to Quality supervisor to assume a supportive supervision role at health care facilities.

How to Use this Guide

This training guide contains all the session designs and handouts to prepare the Quality Coordinator (QC) to use the QA package and in turn to train primary health care staff (including physicians, nurses and others) who are providing care at a variety of types of PHC facilities.
Participants in this TOT training are clinically expert staff from PHC facilities.
Ideally, the training will be conducted by 2 trainers for up to 20 participants. The training materials have been designed to be presented in two stages of training. Stage 1 training focuses on introducing the quality concept, its importance, performance indicators, the overall problem-solving process and 1 QA tool (self-assessment). The Stage 1 workshop is designed to be 4 days with 2 ½ days of interactive training followed by 1 ½ -days of practice in conducting the training of PHC facility Quality teams. The recommended schedule runs from 9:00am to 4:00pm, including appropriate breaks. The Stage 2 workshop is conducted approximately 6 months later and introduces two QA tools (medical chart review with the job aids and patient satisfaction. This workshop is designed to be two days in length to allow the participants adequate time to learn the methods and the practice teaching those methods to others. The sample workshop schedules for both stages of training are located at the beginning of this section.
Materials required for the workshop include the Training Guide, the QA Package (referred to as the Implementation Toolkit), overhead projector or transparency projector, name tags, sample of patient satisfaction suggestion box, patient register prepared to record comments about improving care, samples of laminated job aids.
Approach to Training and Learning
The workshop outlined in this guide is based on adult learning principles. Learning involves more than exposure to new ideas and ways of solving problems and doing things. Rather, learning involves changes in knowledge, attitudes and behaviors. Adults learn best when:

- They are motivated and not anxious, know what is expected of them and are treated with respect.
- They are involved in establishing expectations/objectives for the training.
- Learning experiences are interesting and meaningful, build on what participants already know, and encourage problem solving and reasoning.
- Experiences are organized, logical, and practical, include a variety of methods, and guidelines are available.
- New information and skills are relevant to participants' responsibilities and are applied immediately.
- Training involves every participant in active practice, and participants share responsibility for learning.
- Trainers are knowledgeable in the subject matter and competent in the skills, use a variety of training methods to appeal to individual learning preferences, pay attention to individual participants' concerns, and provide feedback and reinforcement.
- Feedback is immediate and focused on behavior that the participants can control.
- Assessment of learning and skills are based on objectives that the participants understand.

For more information about the adult learning cycle and training methods used frequently in this training guide, see Appendix 1.

Training Methods

This training guide incorporates a variety of methods suited to the stated learning objectives. As necessary, make adaptations to the training plan to suit the participants and the specific training situation.

Evaluation

Evaluation or assessment of learning objectives allows trainers, program managers and participants to know how successful a training program has been. On-going evaluation and assessment allows trainers to identify gaps in learning and to immediately fill those gaps. Evaluation also assists in revising learning experiences to better meet participant needs for later trainings.

These workshops use the following methods to evaluate the participants' learning:

- Question and answer/group discussion
- Application of QA tools and completion of action plan for one – two selected quality issues
- Observation and feedback on participant's practice training sessions

These workshops use the following methods to elicit feedback on the training experiences:

- Daily participant reflection and comments in the closing circle
- End of workshop participant reaction forms

One suggested format is a role-play for the supportive supervisory visit to participate in the monthly QIB facility meetings. Through these meetings staff will review the initial findings from the self-assessment tools, observations of the chart reviews, and any patient feedback received. Subsequent meetings would focus on the action plan and progress in resolving the performance gaps identified. The staff brings to the QIB meeting the information gathered through the use of various QA tools (e.g. completed self-assessment forms) of their facility to share a list of identified problems. The Quality Coordinator then works with the QIB to group and prioritize the problems, and conduct a brain-storming session to help generate solutions for the identified problems including mobilizing resources.

In Each Training Session
Each training session in this guide contains all of the materials required to conduct an orientation to use the QA package. Each session contains the following sections:

Session title—Title of the session or activity.

Session Objectives—Learning objectives that state what participants should know or be able to do after completing the session.

Estimated Time—The time that each session will require depends upon the particular group of participants, the amount of time available and other constraints. The session gives an estimated time to allow for flexible scheduling.

Trainer preparation—This section lists the specific preparations that ***trainers*** should make for the session. In addition, the preparations that are required for every session include:

- making sure the room is properly arranged
- ensuring that markers and flip chart or a writing board with chalk or markers are available
- reviewing the session plan
- reviewing steps for the activity used in the training session
- copying materials that participants need
- making sure the necessary handouts and supplies are available for the practice sessions
- thoroughly reviewing all course materials

Facilitation Steps—This section describes the steps for facilitating the methods and activities that are used in the session. General instructions for methods that are frequently used are included in Appendix 1. Instructions for suggested participatory activities are included in these Facilitation Steps.

Evaluation/assessment—Evaluation methods for assessing the learning objectives are listed. These typically include question/answer, discussion, and small group or individual exercises although other activities can be used to assess deficits/gains in learning throughout the course of the workshop.

Handouts—The primary handout for this training program is the *PHC Quality Assurance Package* including but not limited to: 1) Guidance for establishing a facility QIB, 2) the quality indicators by which performance will be measured against, 3) Self-Assessment Questionnaire, 4) Medical Chart Review, 5) Patient Satisfaction Feedback, 6) Action Plan. The complete QA Package is handed out at the beginning of the training program, and each session in the Training Guide refers to the part of the package that will be used during the session. Additional handouts or worksheets used in specific sessions are also listed here and are usually handed out during the session in which they are used.

Stage-1 Training Guide:
Preparing Quality Coordinators-Marz level

Stage 1 Schedule for Training Quality Coordinators to Use the QA Package and Prepare PHC Facility Staff

Day 1 **9:00- 4:30 PM**	**Day 2** **9:00 AM- 4:15 PM**	**Day 3** **9:00 -4:00 PM**	**Day 4 (Practice Training for PHC Facility Reps) 9:00 -4:00 PM**
Registration and pre-test: 9:00 ***Session 1***. Creating a Learning Environment: Introductions, Hopes and Concerns; Review of Schedule & Learning Objectives; participant materials (60 min) ***Session 2***. Why Is Quality Important in Primary Health Care? (40 minutes) **Break (15 min)** ***Session 3***. Implementing QA – Role of QIB. Introduction of Section I (QA Strategy) and Section II (QIBs) of QA Package. (55 min) ***Session 4****:* PHC Quality Indicators – What are they and why important. (Section III of the QA Package). How the 6 indicators are calculated and reported. (75 min)	***Session 7***. Opening Circle (15 min) ***Session 8***. Problem solving process: Root Cause Analysis: *Reviewing the 5 Whys* (45 min) Session 9. Problem solving process: *Fishbone Diagram* (45 min) **Break (15 min)** ***Session*** 10 Problem solving process: *Classifying and Prioritizing Problems* (45 min) ***Session 11*** Developing Action Plan for PHC Facility/QIB (60 min)	***Session 14:*** Opening Circle (15min) ***Session 15:*** Applying Tools in a PHC facility: *Working Together to Improve Quality* (100 min) **Break (15 min)** ***Session 16:*** Overview of 2-day PHC facility Training: *Planning and assignment of responsibilities for day 4* (60 min) ***Session 17:*** *Post-Test* ***Session 18*** *In-class preparation for next day practice(Begin when finish with post test)*	***Session 19:*** Practice training of QA tools & Procedures to be delivered by QCs: **Purpose**: Practice Stage-1 two-day training curriculum for PHC facilities: The assigned QCs introduce the following Stage-1 sessions to the rest of their colleagues in the group. ***Session 19.1*****:** Creating a Learning Environment (30 min.) ***Session 19.2*****:** Why is quality important in PHC and Introduce PHC QA Strategy (30 min.) ***Session 19.3*****:** Forming & Working with QIB (30 min.) ***Session 19.4*****:** Performance Indicators (45 min.) ***Session 19.5*****:** How to improve quality using Self-Assessment Questionnaire (90 min.)
Lunch (1:00 –1:45)	**Lunch (12:45 1:30)**	**Lunch (1:00 –1:45)**	**Lunch (1:00 –1:45)**
Session 5. QA Tool: Quality Self-Assessment Tool: Discussion of Dimensions of Quality, the structure and questions about the tool (1 hr.) **Break (15 min)** ***Session 6***. Practicing (completing and scoring) the Self-Assessment Tool (90 min)	***Session 12***. Traditional versus Supportive Supervision. (60 min) **Break (15 min)** ***Session 13:*** Roles/Responsibilities of Quality Coordinators and Effective Communication skills. (90 min)	***Session 18:*** In-class preparation for the next day practice of Stage-1 training of PHC facility representatives: - *Participants work individually on their sessions.* - *Trainers are available to provide needed assistance, answer questions etc.*	***Session 19.6*****:** Problem solving process: *Root Cause Analysis (5 Whys), Fishbone Diagram, Classifying and Prioritizing Problems* (30 min.) ***Session 19.7*****:** How to develop an action plan to resolve performance gaps (45 min.) ***Session 19.8*****:** Practice leading QIB

			Meeting with PHC facility staff (45 min.) ***Session 20*: *Evaluation-Closing Circle*** (15 min)

DAY 1 Stage-1 training

Session 1: Creating a Learning Environment

Session Objectives	At the end of the session, participants will be able to: • Identify observations of participants about their work in providing PHC services • Share their expectation and concerns/challenges for the workshop and compare with learning objectives • Review workshop schedule, workshop objectives • Identify the parts of the QA package and their purposes • Begin contributing actively in the workshop
TIME	60 minutes
Trainer Preparation	• Arrange seating in a circle (without tables) for the participants and trainers. • Prepare index cards with words on one side of them (sample words: Opportunity, Service, Benefit, Choice, Caring, Serious, Complex, Quality, Option, Commitment, Perform, Challenge, Communication, Access, Team, Responsiveness, Continuity of care, PHC, Fairness, Patient rights, Compensation, Supervision, Reforms, Satisfaction, Standard, Assessment, Continuing education, sustainability, open-mindedness, grateful, goal), • Prepare flipchart with 1) workshop objectives and 2) blank page with word "Expectations" on one sheet and word "Concerns/Challenges" on other sheet. • Prepare flipchart with 8 sections of QA package written on flipchart. • Check that participant's QA package, copies of the Workshop Learning Objectives and Schedule, flipchart paper, markers and masking tape are available.
Facilitation Steps	**Step 1:** Give out the pretest to participants after they register for the workshop. Allow 15 minutes for participants to take the test. **Step 2.** Trainers and participants are sitting in a circle. A bell with a soft tone may be used to call the participants together in the circle. Welcome participants; introduce trainers. **Step 3.** (25 min) ***Introductions*:** Pass cards with words from one person to another and ask that each person take one card and pass on the rest of the cards to the next person

	or place cards with words in the middle of the circle, face down, on the floor. Ask participants to come forward and select a card. When all seated, ask them to remain silent and to write down what that card means to them about their work at the PHC facility or at their work site. Then, they share their observations in pairs with the instruction that each person of the pair introduces the person they paired with by name and where they work and presenting that person's meaning of the word to the group which the person has given Permission to share. **Step 4.** (25 min) ***Expectations and Concerns*/Challenges:** Ask participants to break into groups of 3-4 and to take 15 minutes to write on a flipchart their expectations and concerns for our time together, highlighting items to share with larger group. After 15 minutes, have the group reconvene in the circle, post pages on the wall (leave on wall throughout the workshop), then participants take 5-10 minutes to share their expectations and concerns, identify common expectations and concerns. Trainer talks about bringing expectations to fruition and that some concerns may be realized promises to revisit expectations and concerns at the end of the process. the *QA Package* and explain that during the workshop they will learn the purpose of each tool and forms in the package and will have the opportunity to practice using them during the workshop as well as being prepared to teach others how to use these materials. **Step 6.** (10 minutes) Have participants review the major sections of the QA Package entitled "*Strengthening Quality Assurance in Primary Health Care in Armenia* "and in general begin to understand what the sections are (prepare a flip chart with headings for each of the eight sections). 1. Section I: Strategy of PHC 2. Section II: Quality Improvement Boards for PHC facilities 3. Section III. Quality Performance Indicator Guide 4. Section IV: PHC Facility/Provider Internal (Self) Assessment with Supervisor Support 5. Section V. Medical Chart/case Review in PHC facilities 6. Section VI. Clinical Job Aids 7. Section VII. Patient Satisfaction Feedback in PHC 8. Section VIII: Supportive Supervision Action Plan for QA **Step 7.** Refer to the two handouts that are part of this session: Handout 1 is entitled Whole Person Process Facilitation and is used with adult learners. Handout 2 is an Overview of the Quality Improvement Approach and Tools. We would like the Participants to review both of these handouts by the next day. **Step 8.** Ask participants if they have any questions on the objectives, schedule and

	design for the workshop; briefly present outline of the day (on flipchart); hand out the *PHC QA Package*
Evaluation/ Assessment	• Pretest; Question/answer; discussion
Handouts	• *S 1.1: Whole Person Process Facilitation* • *S 1.2 Overview of the Quality Improvement Approach and Tools*

Handout S1.1: Introduction to Whole Person Process Facilitation

Whole Person Process Facilitation **(WPPF)** is a participatory meeting and training methodology that produces results by tapping into the creativity and collective wisdom of people and helps to access both intuitive and intellectual knowledge. It is a methodology that you can apply to any meeting or learning situation to make it more inspiring, creative and effective.

It is used when a bit more guided approach is needed. WPPF works well with small and large groups and in meetings/trainings from three hours in length to several days.

WPPF is an effective tool to:

• Find solutions to complex problems

• Explore options and generate ideas

• Develop understanding of new strategies

• Build commitment

• Work on dealing with change and organizational transformation

• Work where collaboration and participation are important for success

WPPF can help you achieve:

• Improved understanding of material

• Improved team work

• Comprehensive strategic plans and action plans

• Conflict resolution and problem solving

• Organizational restructuring or change

• Project initiation

• Revitalization of the organization

Using Whole Person Process Facilitation you will learn how to:

• **Ensure your training is appropriate for various learning styles:** Participants will review major theories on learning styles (such as thinking, feeling, reflecting and doing) and learning techniques appropriate for each.

• **Stimulate use of the whole brain and engage the whole person:** Participants will learn how to engage both the right side of the brain, which is more intuitive, and the left side, which is more logical. You will also learn ways to invite a deeper level of participation (the whole person).

• **Maintain a high energy level of participants:** You will learn technique to keep maximize the energy and passion of participants such as offering them the maximum choice and freedom possible in the meeting or training event.

• **Apply tools to help the group achieve their objectives.** You will learn about tools and approaches to engage all participants and make a training or meeting less “one-way” and hierarchical

Maximum freedom/maximum choice

WPPF is meant to be a "meeting" methodology, but it can be used for multiple day meetings or training events. One of the principle concepts is that the meeting facilitator or trainer allows "maximum freedom/maximum choice". For instance in group work, instead of dividing the group by counting off 1, 2, 1, 2, 1, 2, etc. you allow the participants to decide what group they want to join. The facilitators let go of a lot of some control of the group, which can be scary, but in the end you have a better outcome. Adult learners need that freedom to choose and will be more apt to participate fully if they have more choices.

Environment

As trainers you already know how important it is to pay attention to the environment--- temperature of the room, tea/coffee breaks, food, etc. WPPF takes this a step further by introducing sitting in a circle with no tables in the center. This atmosphere creates a sense of equity and allows all participants to see each other. WPPF also relies on very low to no technology. For example, there is usually no power point presentation because there is a belief that people who come to the meeting already have a lot of knowledge to offer and have the wisdom to solve whatever issue is presented at the meeting. So WPPF relies on flipcharts and markers more than computers.

Learning Styles

Also, as trainers you are aware of different learning styles. WPPF intentionally incorporates activities in the meeting/training event to address those learning styles. For instance, for group work, instructions are given both verbally and in a written format. The facilitator should send out materials ahead of the meeting for those who like to read. Others will get the material/packet and never read it and that's ok, but you've addressed both types of learning styles. Also activities that allow movement should be included for the kinesthetic learner.

Information on the Opening and Closing Circles

On the first day, the "opening circle" includes some sort of introduction or "ice breaker" exercise. In this training of Quality Coordinators, we have used cards with different words on them and asked participants to share what that word means to them in working at their clinic. We provide the instruction, "please tell me what this word means to you. First they should meet in pairs and have a short discussion about their thoughts. Participants have the freedom to meet with whomever they please – try to encourage them not to just work with the person next to them or to someone that they know well. Facilitator then asks them to be prepared to introduce their partner to the rest of the group.

On subsequent days, the opening circle can be used as a time for reflection from the day's prior events. There are a couple of ways to facilitate this. The facilitator places an object (e.g a rock) in the middle of the circle and asks the participants to sit in silent reflection about the events from the previous day. Anyone who would like to share their thoughts with the rest of the group is invited to pick up the object (rock) and either stand in the circle to speak or return to their seats to speak. The person holding the object is the speaker and the rest of the participants are "respectful listeners". It is important for the facilitator to set the tone with body language that ensure participants you are in charge yet listening intently (feet flat on floor, good posture, eye connection with all participants, etc) and to be patient to allow participants sufficient time and courage to gather their thought. Doing this allows the participants to learn from each other (some may have picked up things that others missed) and gives the facilitator information about where the participants are in learning the topic. Facilitator can say: "what are your insights about XX topic? Have you had any "ah has!" or "oh, nos" or what questions do you still have about topic XX?

The "closing circle" can be facilitated in the same way. This is best used at the end of the group of days – for example at the end of the 4 or 5 day training workshop to find out what was most meaningful to them and what they hope to do with what they have learned and anything else that they would like to share with the group

Handout S1.2: Overview of the Quality Improvement Approach and Tools

Organizations seeking to solve quality and performance problems frequently implement training and other interventions without fully understanding the nature of the performance gaps and whether the chosen interventions are appropriate for closing the gaps. This problem is further compounded when working with providers who do not have a prepared supervisory staff to support staff in solving the problems that they confront in their own setting that limit them in providing quality care. It is especially important that interventions be directed to **identified** gaps in quality.

Improving Quality in Primary Health Care Facilities

Promotion and evaluation of high quality care is a priority for anyone delivering, organizing or monitoring clinical services. Initiatives to improve quality of care have a history in the public sector around the world with an emphasis on hospitals. However, the nature of primary health care is such that the facilities are smaller, with fewer staff, and the provision of effective supervision is difficult due to distance and lack of transportation or financial support for transportation, and trained staff to provide effective supervision from a distance. In addition to the known reasons why quality is important (better services, better continuity of care, and better health status), there are other reasons to address quality in the PHC sector. The status of quality in the primary health care is relatively unexplored – people frequently vote with their feet and bypass the small understaffed facility that is close at hand and go to the next level of care in hopes of getting effective care or they seek care from a private practitioner spending out of pocket for this care. In Armenia, the private sector accounts for 77% of the total expenditure on health of which 84% off that amount is out of pocket – thus suggesting that consumers perceive that they may be better of seeking care from the private sector than from the public sector. Because of these problems, PHCR is working closely with the Ministry of Health in Armenia to develop a quality assurance (QA) package for use at PHC facilities. The package was designed for use by both the providers, supervisors and facility managers to effectively help them identify quality gaps, develop action plans, and monitor improvement over time

Quality Improvement Model

The PHCR project developed and refined the QA package for PHC facilities. The initial conceptualization was derived from IntraHealth's assessment tool developed in Armenia for use by small health centers (FAPs) primarily staffed by one professional provider. In that tool, selected dimensions of quality for a self-assessment tool that were relevant for PHC facilities were identified. The QA package for PHC facilities is now being applied in an expanded version that includes the self-assessment tool and other tools (medical chart review and patient satisfaction feedback) that meet the criteria of simplicity and practicality with emphasis on root-cause analysis and problem-solving. The tools are to be used on site by the providers and can be reviewed with the supervisor at regular meetings. The QI methodology was also influenced by the experience of the performance improvement review approach of Initiatives Inc. in Jordan's primary health care centers and a number of questions were drawn from EngenderHealth's COPE Self-Assessment Guide. An innovative contribution to the self-assessment approach is the linkage of the quality performance indicators to the questions under each of the 5 dimensions of quality. Based on improvements in the achievement of performance indicators, staff are to receive an increase in salary (pay for performance) for a specified period of time. The facility performance linked to financial payment is to be reviewed annually.

Purpose: This Training Guide was developed to support the training and program staff who will lead the Quality Assurance program of the Ministry of Health. It is designed to prepare Quality Coordinators to conduct the training of staff at Primary Health Care facilities including the Quality Improvement Boards (QIBs) to use the QA package.

Objectives: Users of this Training Guide will be able to plan and conduct a training of primary health care staff:

1. to describe the components of the QA package
2. to be able use the QA package, including:
    - completing and analyzing the quality performance indicators
    - completing the QA self-assessment tool
    - applying the medical chart/case review technique accurately and using clinical job aids
    - setting up mechanisms to elicit patient satisfaction feedback
    - developing an action plan for:
    - analyzing the root causes to uncover the principal reasons behind quality performance gaps identified by applying 1) the self-assessment tool, 2) medical chart/case review and 3) patient satisfaction feedback techniques.
    - grouping and prioritizing the problem list
    - developing appropriate interventions and mobilizing resources to close the performance gaps
    - monitoring progress and resolution of problems
3. to train PHC facility staff to use the QA package with a focus on:
    - scoring the QA self-assessment tool, conducting medical chart/case reviews and getting patient satisfaction feedback.
    - assisting staff to identify root causes of quality problems, and to develop and monitor the facility action plan.
    - assisting staff to mobilize resources and develop interventions to solve selected problems

Session 2: Why Is Quality Important in Primary Health Care?

Session Objectives	At the end of the session, participants will be able to: • Identify how providing quality of care affects clients, providers and the community. • Describe the concept of quality
Time	40 minutes
Trainer Preparation	• Review the Package: Strengthening QA in Primary Health Care – Section 2 • Prepare two sheets for flip chart: Sheet 1) Initial Selection (Characteristics that help you choose a restaurant) and second sheet 2) Repeat (Satisfied) Customer (one returns to the same place) Prepare flip chart with words" Definition of Quality (you will write the definition as you discuss it)
Facilitation Steps	**Step 1.** (15 minutes) BE SURE **NOT** TO BEGIN THIS SESSION WITH ANY KIND OF INTRODUCTORY MATERIAL ABOUT QUALITY OR ITS IMPORTANCE. Begin by give instructions about the following scenario. **Scenario 1:** You are having an engagement party for your son. With the group discuss 1) how you would select a specific restaurant for the event, and 2) what would make you use that restaurant again when your younger son get engaged (what makes you a satisfied customer)? **Instructions to participants:** Answer the questions for your scenario. During the discussion, list on a flip chart, 1) the characteristics that help you choose a restaurant/hotel and 2) the characteristics that make you a satisfied customer who returns to the same place. Circulate around to to make sure participants understand the instructions and are following them. Make sure their answers reflect local realities. **Step 2.** (15 minutes) Ask participants to reconvene and ask members to present the characteristics. Guide the discussion so that all relevant characteristics are mentioned and clumped into **initial selection** and **returning to the same vendor again /repeat business**. **Answers: These are common answers:** **Initial selection:** • Word of mouth/reputation • Convenience of location • Reported cost of services/affordability

	• General appearance and cleanliness of restaurant and vendor. • Choice of menu items • Value for price: what is important to me (e.g. music and drinks, organization, management) • Place initially meets my expectations **Returning to same vendor (Repeat Business):** • Friendliness of sales person (treats you nicely, is gentle) • Perception that the restaurant knows what they are doing and does a nice job arranging and putting on the event, • Quality of product or service, • Satisfaction with the service/product (how guests enjoyed the engagement party, does my daughter look pretty in her new dress, do I like it?) • Waiting time to obtain service or product, • Actual cost or value for money to buy product or service. • Exceeded my expectations • Any pleasant surprises • Special treatment **Step 3.** (15 minutes) Ask participants, "Is there any difference between the characteristics you look for in the quality of selecting a restaurant for your son's engagement party -and the characteristics that patients look for in receiving clinical services that a physician and his/her staff provide. Discuss the difference between structure, processes and outputs/outcomes of care – provide examples, and ask why this framework is important to assuring quality of care. Discuss five most recognized aspects of quality of care and two levels of QA interventions. Give examples. **Step 4.** (2 minutes) Discuss the following definition of quality: **"Doing the right thing right the first time".** Emphasize the point that **"Quality Belongs to Everyone".** **Step 5:** (5 minutes) Ask participants the question, " Is it important to you to provide quality care and if so then "**why is quality of primary health care services important to you?"** (Points discussed will depend on local context but may include): • Quality services result in decreased disability and

	mortality, and improved outcome of disease management. • If the performance based financial incentives is implemented and our facility increases its achievement of quality indicators, then we will receive a bonus payment-competition. • If the physician or this facility provides quality services, we will become well known in the community and people will respect us- we will be trusted by the community. • I feel proud (my own professional self-respect increases). • Minimize the transmission of infection from clients to us and from us to our clients • Satisfied clients return earlier and use services more appropriately. • Need to know that there is a standard of care and what it is so that you can provide it. **Step 6.** (5 minutes) Ask participants: **"What unique challenges do practitioners have in providing quality primary health care services?"** (Points discussed will depend on local context but may include): • Physical infrastructure is poor • Lack of equipment and medical supplies • Relative isolation of provider in smaller facilities • Smaller facilities may not have access to a range of trainings and continuing medical education that is provided in the larger cities • Lack or relatively ineffective supervision/support system • Do not have control over many decisions that will improve quality or perception of quality (like being able to make infrastructure improvements or ensuring that properly stocks with drugs and supplies). • Lack of recognition of providers if doing a good job. • Willingness and cooperation of patient to carryout the prescribed treatment/compliance – can the patient actually carry out the treatment – buy the medicine, travel to carryout the referral
Evaluation/ Assessment	• Question/answer; discussion
Handouts	• PHC Quality Assurance Package

Session 3: Implementing Quality Assurance: Role of QIB

Session Objectives	At the end of the session, participants will be able to: • Discuss the PHC Strategy and importance of the QIB. • Discuss roles and responsibilities of members of the QIB. • Describe how to ensure that a QIB at the marz and facility level are effective – discuss prerequisites for effectiveness.
Time	55 minutes
Trainer Preparation	• Review Section I: Strategy of Primary Health Care in the Republic of Armenia 2008-2013 and Section II. QIBs for PHC facilities.
Facilitation Steps	**Step 1.** (20 minutes) Ask participants to turn to Section I of QA Package , "Strategy of Primary Health Care in the Republic of Armenia 2008-2013 – Extract of the Strategy of Quality Assurance in Primary Health Care: Main Direction of the Primary Health Care reforms for years 2008-2013". - Introduce fundamentals of Quality Assurance in PHC, Aspects and Dimensions of Quality of Care, Implementation of QA in PHC, Monitoring and Measuring Quality in PHC, Review with the participants the material in Section I. **Step 2.** (35 minutes) Ask participants to turn to Section II "Quality Improvement Boards for PHC". Review with the participants the material in Section II: - general provisions, Status and functions of the Board, Structure of the Board, roles and responsibilities of Board members, Board meetings, etc. Refer to the "Template Guide to facilitate QIB meeting" and tell participants that we will work on it in the Session 15 on day 3 of the training. Ask participants to discuss why they think the QIB was included in this policy – what do they think the QIB can accomplish? What might be some of the challenges of having an effective QIB at the marz level and at the facility level – are there similar or different issues affecting the QIB at each level (marz and facility)? Raise the question – do they think that a Director of a PHC – should they also function as a chairman/member on their own PHC Quality Board?
Evaluation/ Assessment	• Question/answer; discussion
Handouts	Section I and II within QA Package; Handout S3: Quality Improvement Board Governance

Handout S3: Quality Improvement Board Governance

Purpose of Board/Organizational Governance

The purpose of organizational governance is to provide oversight and direction. All organizations need a system of checks and balances within an organization to prevent abuse and to maintain high standards of integrity. In addition, governance structures can also add significant value to an organization that contributes to a higher level of performance.

Structures for Board/Organizational Governance

There is no one structure for organizational governance. In Armenia, structures often include one or more of the following elements: general assembly, directorate, board, committee, with each one having a specific role and function. The more layers of organizational governance there are, the more complicated the structures are in practice and more the time they take to make them work effectively. The simplest structure is best with few structures and committees, but a clear understanding of the purpose of the structure and function of each committee.

In addition, governance structures may include several standing committees. Typical ones usually include the following:

- finance committee responsible for review of annual budgets and annual audit for all activities (e.g., related to Quality Assurance).
- program committee responsible for oversight of program activities and strategic thinking (e.g., related to Quality Assurance).
- governance committee responsible for board membership, assessment of effectiveness of governance structures, and assessment of Chairman of the Board performance.

Basic Responsibilities of Board of Directors (applies to Central Level)

Note: the following responsibilities are all grouped under the term “board of directors.” In Armenia these responsibilities may in fact be assigned to different level of the governance structure if there is more than one level (central, marz, and PHC facility)

1. Ensure that the QA program at the different levels is acting in a way that it is consistent with its mission and purpose.
2. Select the Chairman of the Board. Everybody needs a boss and the board is in effect the collective supervisor of the Chairman of the Board.
3. Provide financial oversight including a review of the annual budget allocated to QA, review of timely financial reports, ensuring that the necessary financial controls are in place, and authorizing and reviewing the annual audit.
4. Oversee the QA action plans prepared at each PHC facility to ensure that the organization has adequate resources to fulfill its mission over the long term.
5. Ensure legal and ethical integrity and maintain accountability. This is done by ensuring the development of personnel policies and procedures, record-keeping; and compliance with laws and regulations.
6. Ensure effective organizational planning by reviewing strategic and operational plans and monitoring their implementation.
7. Recruit and orient new board members and assess their performance. New members need an intentional process to orient new members to the organization. Some boards establish a governance committee that assesses the board’s performance, defines board membership needs, selects and recruits members, and oversees orientation programs for new board members.
8. Enhance the public standing of the Board by participating in public relations and advocacy efforts with community and government leaders.

9. Monitor the Board's programs and services, perhaps by establishing a standing committee to oversee programs.
10. Support the Chairman of the Board and assess his or her performance by taking an active role in introducing him or her to key leaders at the marz and community level and by providing feedback on job performance.

Principles that Power Exceptional Boards[1]

• Develop a constructive partnership with the Chairman of the Board that is characterized by mutual trust, honesty, and a commitment to the mission of the organization. The Chairman of the Board should be responsible for running the organization and the board should hold the Chairman of the Board accountable for organizational performance by facing and resolving problems early.

• Make strategic thinking a part of the ongoing work of the board by addressing difficult issues, offering insights on important issues, framing challenges and opportunities in new ways, and generating strategic ideas. Strategic thinking should drive meeting agendas, recruitment of board members, and review of operational plans.

• Use meeting time effectively by having a well prepared agenda, asking board members to come to board meetings prepared, using a highly participatory meeting process, actively soliciting and listening to different points of view, and actively sharing responsibility among board members for different agenda items.

• Maintain independence rather than being unduly influenced by one person and rely on thorough deliberation to make key decisions.

• Ensure a high degree of transparency where clear and accurate information is shared among all board members, internally with full-time staff, and externally with key stakeholders.

• Ensure that internal controls and oversight mechanisms are established and implemented by management to prevent misconduct.

• Commit themselves to personally engage in resource mobilization activities by using their own networks and reputations to cultivate partnerships and collaboration.

• Maintain a results orientation by reviewing organizational performance, identifying problems early, and suggesting mid-course corrections.

• Intentionally examine board structures and practices and board composition to see how they are working and whether the board is adapting to ever changing circumstances. Continuous improvement is a hallmark of exceptional boards.

Adapted from *Twelve Principles of Governance that Power Exceptional Boards.* BoardSource. 2005.

Session 4: PHC Quality Indicators: How the 7 indicators are calculated and reported.

Session Objectives	At the end of the session, participants will be able to: • Review the PHC quality indicators presented in Section III "Quality Performance Indicator Guide to Achieve Quality of Care in PHC facilities" Round One: Quality of Care Performance Indicators (#1-7) • Discuss why these are important indicators for beginning the process of improving quality at PHC facilities. Understand how the indicators are calculated – what data needs to be collected at the PHC level and where it should be entered and who are the persons responsible for collecting the data (or where is the relevant data recorded) • Review the baseline data and discuss its meaning for your marz. • To be able to collect or organize the data to be accurately collected for 7 indicators • Complete the "Summary Report of Indicators assessing Quality Performance of PHC facilities" *Form* for Round One (Indicators 1-7)
Time	75 minutes
Trainer Preparation	• Review the PHC Quality Indicators, the Summary Report Form and how data are collected and where recorded. Check at PHC facility to be sure that you understand how to find the data. • Prepare flipchart with names of 7 indicators • Prepare the baseline data of indicators by marzes and PHC facilities that are assigned to each Quality Coordinator.
Facilitation Steps	**Step 1.** (3 minutes) Ask participants: "What are statistics? Why do we collect statistics?" (Record of what you've done; to help you plan; to give you a picture of your performance.) **Step 2**. (5 minutes) Why is data important for problem solving? In the Quality process improvement approach, it is important to analyze the situation. Data is important for problem solving: - We can use trends to understand a situation. - Can identify problems in advance. - Substantiate other information on performance (e.g. client feedback) - Use data in planning future activities, budgets, resource decisions (Plan in

	advance) **Step 3**. (5 minutes) Ask the participants to turn to pages 10-16 of Section III of the QA Package. Point out that the *QA Package* defines the 6 quality performance indicators to be implemented at the initial stage of QA implementation. Draw attention that there are also identified indicators for rounds 2 and 3 of implementation, and how the level of complexity of performance increases with each round – begin with rather simple/easy to achieve indicators and then move to more difficult ones. Discuss the difference between the focus/purpose of each round of indicators (move from processes to outcomes – performing fundoscopic exam for patients with diabetes mellitus type II and regular ECG monitoring of patients with diagnosed hypertension to that of clinical management of common PHC diseases/conditions. **Step 4.** (15 minutes) Direct the participants to review the 7 indicators and discuss: • which indicators are they already tracking in their clinics, and in which register; • which indicators are not currently being tracked, but they could easily begin tracking, using existing client record-keeping methods or register; • are there any indicators that they have questions about; • Look at the Baseline data and discuss if the performance for a particular indicator is low for their marz, what actions might be taken to improve the performance of a particular intervention. Select one problem (e.g. immunization coverage is low) and discuss who and how coverage can be increased. **Step 5.** (3 minutes) Introduce Gayane Igitkhanyan, Health Financing Specialist, who will a) introduce the purpose of the financial incentives system implementation at the PHC level by linking the shortcomings/disadvantages of the current system of PHC financing with provider's remuneration; b) discuss the ways to collect data for the selected quality performance indicators. **Step 6.** (30 minutes) Refer to the Handout S4. Present to participants the definition of each performance indicator. Discuss the ways to collect data for the selected quality performance indicators and some of the errors/problems encountered in baseline data collection. Have the participants look at the numerator and denominator of each indicator and

	explain how each of the indicators is calculated and reported, referring to Summary Report Form (on page 17 of QA package). **Step 7**. (12 minutes) Ask participants who at the facility is responsible for entering the data for the numerator and denominator for each indication and then where the data are found and who is responsible for monitoring to be sure that the data are being recorded. In particular, explain that to have data for the indicators #3, 4, 5 and 6, PHC physicians should have created registries for that specific diseases/conditions. Answer any questions about the indicator definitions, data collection and reports development. Ask if there are any questions about the indicators. Lead a discussion to clarify or answer the questions. Conclude by summarizing discussion. ***Notice:*** Do not forget to mention that we will return to the row #7 of the Summary Report *Form* during the Stage-2 Workshop: Session #2A "Medical Chart/Case Review"
Evaluation/ Assessment	• Question/answer; discussion
Handouts	• Refer to the Section III of the QA Package, including the "Quality Performance Indicator Gide to achieve Quality of Care in PHC facilities" and "Summary Report of Indicators assessing Quality Performance of PHC facilities". • Baseline Assessment data for PHC Performance Indicators per marzes and facilities assigned to QCs. • Handout S4: Report forms on Quality Performance Indicators to obtain, calculate and report 6 indicators.

Handout S4: Reports on quality performance indicators

Name of the healthcare facility: _____
Address_____

Indicator 1: **Full immunization coverage of children at age 24 months, according to the National immunization calendar.**

Number of children at the age of 24 month during the reporting period____

Injected vaccine	**Number of vaccinated children at the age of 24 months**	**Immunization coverage (%) ***
Hepatitis B- 3		
APDT-4 (against adsorbed pertusis, diphtheria, tetanus)		
OPV-5 (oral poliomyelitis vaccination)		
MMR-1 (against measles, mumps, rubella)		
All the vaccinations included according to the national calendar		

* Note: for calculation of immunization coverage by lines (vaccines) it is necessary to divide the value of the certain line of the column 2 by the total number of children at the age of 24 months and multiply it by 100.

Indicator 2: **Screening for Anemia in children at age 1 year.** (general blood examination (including hemoglobin) of 1-year-old children)

Number of children who turned 1 year old during the reporting period	**Number of 1-year-old children who had undergone general blood examination (including Hb)**	**Percentage (%) *of the examination**
1	**2**	**3**

* Note: For calculating the value of **column 3** it is required to divide the value of the column 2 by the value of the column 1 and multiply the result by 100.

Indicators to manage patients with Diabetes mellitus type II:
Indicator 3: **Regular fundoscopic (eye) exam in patients diagnosed with diabetes mellitus Type II.** and *Indicator 12:* **Blood cholesterol control in patients with diagnosed Type 2 Diabetes Mellitus.**

a) Number of patients with diabetes mellitus types II during the reporting period ----------

Name of the indicator	**Actual number of examined patients**	**The percentage of patients with diabetes mellitus type II from the total number of patients (%)**
1	**2**	**3**
1. Patients with diabetes mellitus type II who had fundoscopic exam during the reporting period		
2. Patients with diabetes mellitus type II [3] who had at last one total cholesterol test [2] during the reporting period		

[1] – for calculating the value of column 3 it is necessary to divide the value of column 2 by the total number of corresponding patients registered during the reporting period and multiply the result by 100.
[2]- The exam includes HDL (high density lipoproteids) and triglyceride.
[3]- This indicator is not considered for financial reimbursement purposes, it is considered as a monitoring indicator.

Indicators to manage patients with cardiovascular diseases

Indicator 4: **Regular ECG monitoring in patients with diagnosed Hypertension.**

Number of patients with hypertension during the reporting period …….

Name of the indicator	**Actual number of examined patients**	**The percentage from the total number of hypertension patients (%) ***
1	**2**	**3**
Hypertension patients who had at least one ECG during the reporting period		

Indicator 5: **Regular ECG monitoring in patients with diagnosed Coronary Heart Disease (CHD).**

Number of patients with ischemic heart disease (IHD) during the reporting period

Name of the indicator	**Actual number of examined patients**	**The percentage from the total number of IHD patients (%) ***
1	**2**	**3**
IHD patients who had at least one ECG during the reporting period		

Indicator 6: **Blood cholesterol control in patients with Coronary Heart Disease (CHD).**

Number of patients with ischemic heart disease (IHD) during the reporting period …….

Name of the indicator	**Actual number of examined patients**	**The percentage from the total number of IHD patients (%)**[1]
1	**2**	**3**
Number of IHD patients [2] ***who had at least one total cholesterol test during the reporting period***		

Note:

[1]- for calculating the value of **column 3** it is necessary to divide the volume of column 2 by the total number of corresponding patients registered during the reporting period and multiply the result by 100.

[2]- This indicator is not considered for financial reimbursement purposes, it is considered as a monitoring indicator.

Indicator 7: **Early detection and registration of pregnant women for antenatal care.**
(early coverage of pregnant women by FPs)

Total number of pregnant women registered by family physician during the reporting period	**Number of pregnant women with up to 12-week pregnancy registered by family physician during the reporting period**	**Percentage of early coverage of pregnant women (%) ***
1	**2**	**3**

* Note: For calculating the value of **column 3** it is required to divide the value of the column 2 by the value of the column 1 and multiply the result by 100.

Session 5: QA Tool: Quality Self-Assessment Tool

Session Objectives	At the end of the session, participants will be able to: • Describe the 5 dimensions of quality in the QA self-assessment tool • Understand the rationale for organizing the internal (self) assessment into 2 parts – facility level assessment and provider assessment of technical competence. • Understand how the Facility and provider Self-Assessment Tools are completed. • Identify strengths and areas for improvement for one indicator for facility assessment and for provider assessmen
Time	60 minutes
Trainer Preparation	• Review *Section* IV: PHC Facility/Provider Internal (Self) Assessment with Supervisor Support • Prepare sufficient copies of the Self-Assessment Tool (both Parts A and B) so that each participant has his or her own copy of the tool (pages 21-33 in QA package) • *Prepare an overhead transparency or PowerPoint with* Part A (page 19 of QA package) and Part B (page 27) Self-Assessment Tool. • *Prepare Flipchart #1 with names of 2 parts of the tool:* *A. Facility Assessment:* *B. Provider Self-Assessment* • Prepare Flipchart #2 with names of 6 indicators: - 1. Full immunization coverage at 24 months - 2. Screening for anemia in children at 1 years. - 3. Regular fundoscopic (eye) exam in patients diagnosed with DM Type II - 4. Regular ECG monitoring in patients with diagnosed hypertension (HTN) and CHD - 5. Blood cholesterol control in patients with CHD - 6. Early detection and registration of pregnant women for antenatal care (within first 12 weeks) • Prepare Flipchart #3 with names of 6 indicators and dimensions: A. *Facility Self-Assessment* 1. Full immunization coverage at 24 months - *Access,* - *Responsiveness* - *Physical Environment* - *Management*

	2. Screening for anemia in children at 1 years. - *Access,* - *Responsiveness* - *Physical Environment* - *Management* 3. Regular fundoscopic (eye) exam in patients diagnosed with DM Type II - *Access,* - *Responsiveness* - *Physical Environment* - *Management* 4. Regular ECG monitoring in patients with diagnosed HTN and CHD - *Access,* - *Responsiveness* - *Physical Environment* - *Management* 5. Blood cholesterol control in patients with CHD - *Access,* - *Responsiveness* - *Physical Environment* - *Management* 6. Early detection and registration of pregnant women for antenatal care (within first 12 weeks) - *Access,* - *Responsiveness* - *Physical Environment* - *Management* B. *Provider Self-Assessment* - *Technical Competency*
Facilitation Steps	**Step 1**. (3 minutes) Explain rationale for using self-assessment is: • evidence suggests that self-assessments of a facility's practice by providers is frequently similar to observations made by trained external supervisors. • In many settings because of remote locations, difficulty of transport, and lack of trained supervisors, PHC staff frequently practice without any direct or helpful supervision. • This tool enables PHC facility staff to assess the facility's practice in areas/dimensions that have been identified to influence quality using the process of self-assessment but organized around specific performance indicators. .(Refer to Flipchart #1 with 5 dimensions of quality) **Step 2**. (10 minutes) Ask participants to turn to page 19 of the *Self-assessment Questionnaire*.

	Referring to Flipchart #1 point out that the Self (Internal) Assessment tool is divided into two parts (and refer to PowerPoint Part A for PHC Facility (page 19 of QA package) and Part B for PHC Provider). Part A is completed by the facility staff (pages 21 -26) and Part B by each provider for the indicator(s) that he/she is contributing to its achievement (pages 27 -33). Referring to Flipchart #2 point out that both parts A and B of the Self (Internal) Assessment tool are organized around 6 quality indicators. Referring to Flipchart #3 point out that each indicator in turn is to be assessed in 5 dimensions with corresponding questions grouped under each of them. Explain that the Technical competency will be assessed mainly by using part B. Provider Self-Assessment tool, and the other dimensions – by part A. Facility Self-Assessment tool. • Refer to *overhead transparency or PowerPoint with* the example of one indicator: Full Immunization coverage at 24 months with 5 dimensions under it as follows: Part A. Facility Assessment - Access - Responsiveness - Physical Environment - Management Part B. Provider Tool - Technical Competency Note that this example will be used as a reference throughout the workshop. **Step 3.** (10 minutes) Review the instructions for completing the self-assessment tool in the Handout S5 **Step 4**. (10 minutes) Go through the instructions for completing the tool. Be sure that they understand the scoring key (2, 1, 0, and NA). Give an example of when to use NA (if an indicator is not applicable for that type of clinic). Review all the questions for Indicator #1 for both the Facility Review and the Provider Self Assessment to make sure the participants understand the indicators and questions. Be sure to review page 26 in the QA package where there are general questions for all 6 indicators for each of the 4 dimensions. **Step 5**. (5 minutes) State that the facility staff should assess themselves using the tool every 3 months. (Discuss this and ways that the tools can be completed more

	efficiently). Emphasize that the results of the self-assessment are for use of facility staff only (internal use only). **Step 6.** (25 minutes) Ask the QCs to form into pairs (preferably persons that will be working together at the marz level) or into 3 groups to complete Part A and B of the QA self-assessment. Circulate to answer any questions, paying special attention to make sure that participants are putting numbers (not ticks or Xs) in the quarter (Q1) column. Let them know that they will be asked to present these assessments to the large group in another session. **Step 7.** (5 minutes) Reconvene the group and lead a short discussion about the experience of completing the QA self-assessment tool. Was it clear? What questions do the participants have, if any? State that the next steps are to 1) learn how to score the tool; 2) analyze the root causes of the gaps identified in their QA selfassessments and 3) to develop an action plan to help maintain and track quality initially in relation to six quality performance indicators being measured in Round One.
Evaluation/ Assessment	• Question/answer; discussion • Completion of the QA self-assessment tool
Handouts	Section IV. of QA package: PHC Facility/Provider Internal (Self) Assessment with Supervisor Support Handout S5 -Instructions for Completing PHC Facility/Provider Internal (Self) Assessment Tool

Handout S5: Instructions for Completing QA Internal (Self) Assessment tool

The QA self-assessment tool has been divided into 2 parts – one is to be completed by the PHC Quality Team for each of the indicators; and the second part is to be completed by the provider(s) who are responsible for achieving those particular indicators.
As you will notice, 5 dimensions of quality have been selected for ensuring quality health services. This tool helps the facility and the provider measure quality, determine where the gaps in quality exist, and track improvements in quality at the facility and provider level. Four dimensions have been selected to be assessed for each of the indicator by the PHC facility Quality team. These are:

1. Access to care
2. Responsiveness/Provider Relations with Community and Patients
3. Physical Environment
4. Management

The fifth dimension, Technical Competence, is assessed by the provider(s) responsible for contributing to the achievement of the particular indicator.

Instructions for Completing the PHC Facility/Provider Internal (Self) Assessment Tool:
Facility Assessment for Indicators 1-6 on first 4 dimensions (1. Access to Care; 2. Responsiveness and Provider Relations with Community and Patients; 3.Physicial Environment; 4. Management). Decide who is responsible and knowledgeable about filling the tool for each of the indicators by the indicators. If not clear, the Quality Facility tool can go to each of the service areas and talk with the staff about their perception of how they performing for each of the questions/dimension/indicator.
1. Read through each question and record your answer in the column for the quarter you are assessing. The first time, you will record responses in Quarter 1 (Q1). Record your answer in the following way:
a. If your answer is “Yes,” record the number “2” under Q1 column..
b. If your answer “Yes, but needs improvement,” record the number “1” in Q1 column indicating that the response is partially met.
c. If your answer is “No,” record the number “0” in Q1 column indicating that the response is not being met/performed.
d. If any of questions is not relevant to your practice, record “NA”- Not Applicable for that question

Note: For those PHC facilities (policlinics) that serve only adult population and do not deal with children, indicators #1 and 2 are not applicable, so those indicators should be omitted from the assessment. Similarly, for the pediatric policlinics Indicators ##3-6 will be NA and should be omitted from the assessment.

e. Sum the responses for each dimension by indicator in the last row under the dimension.
After completing the Facility Self-Assessment questionnaire, proceed to the tool for the Provider Self Assessment.
1. Decide which providers are responsible for contributing to each of the 6 indicators.
2. Bring those providers together in a small group or go to them by service area (e.g. immunization/child care, antenatal care, chronic illness care;
2. Ask them to read through the questions under the indicator that applies to her/him and to record his/her answer in the column for the quarter that they are completing the tool. The first time, the providers will record responses in Quarter 1 (Q1). Each person should record his/her answer in the following way:
a. If your answer is “Yes,” record the number “2” under Quarter 1 (Q1) column..
b. If your answer “Yes, but needs improvement,” record the number “1” in Q1 column indicating that the response is partially met.
c. If your answer is “No,” record the number “0” in Q1 column indicating that the response is not being met/performed.

d. If an indicator has been omitted simply do not respond to any of the questions under that indicator.
e. Sum the responses for each dimension by indicator in the last row under the dimension.
It is suggested that the tool be completed four times a year (every quarter) so that the Facility QI Board/Team and Providers have a chance to work on the indicators that need improvement and to evaluate their progress. This tool allows you to assess your practice and record your answers for one year. After such time, you will need to record your answers on a separate piece of paper or you can reproduce the tool.
In addition, if your schedule does not allow you to complete the tool in one day, you may complete it over the course of several days. As the staff gain practice with the tool, however, they will find that it be can completed in less time.

Session 6: Practicing / Completing and Scoring the Self-Assessment Tool

Session Objectives	At the end of the session, participants will be able to: • Complete the Tools for PHC Facility Internal (self-) assessment and for the Provider self-assessment (in the Section IV of the QA Package) and score these two questionnaires. • Describe how to calculate and record scores, and how to determine the numerator and denominator for each dimension that summarizes the scores for questions by indicator (e.g. summary of 3 questions for access dimension under Indicator #1) including making the adjustments if there is a Not Applicable question. See Handout S6/1 following this session. • Describe how to transfer numbers from the Facility Self-Assessment and Provider self-assessment Tools to the Summary Chart of Self-Assessment Scores by Indicator and Dimension (refer to Handout S6.2). State what the use of a total possible score for each indicator by dimension. See Handout S6/2 following this session. • Complete the Tools for the Facility Self-Assessment and Provider Self-Assessment, and the Summary Chart of Self-Assessment Scores by Indicator and Dimension.
Time	90 minutes
Trainer Preparation	• Review the instructions and two handouts (S6.1. and S6.2) for scoring and charting the progress of self-assessment at the facility and by the provider at the end of this session. • Prepare overhead transparency or powerpoint of Tables A through E (Handout S.6.1)
Facilitation Steps	**Step 1.** Introduce the session by saying that one of the ways you can support the Facility QIB is for the PHC Facility QIB to review the summary score for each dimension for each indicator to help determine the trends to see how the facility is improving and what problems persist for each indicator. **Step 2**. Ask participants to turn to the QA Self-Assessment Facility tool and review the instructions and the example in Table A of Instructions (Handout S6/1). Then, go over the example of Indicator #1 in Tables B, C and

	D, carefully explaining how to add up the numbers to get the numerator (top number) for the score and why the "NA" responses reduced the denominator (bottom number) of the score. Use **Table C and/or D** to demonstrate how to calculate a total score for Indicator #1. **Step 3.** While explaining the Handout 6/1 tables, ask participants to make corresponding calculations in the self-assessment tools that they have completed during the previous session. **Step 4.** Guide participants through the calculation of Provider's self-assessment Score by using examples in the **Tables E and F.** **Step 5.** Ask participants to go to Handout S6/2 (below) and point out how the Summary Chart of Self-Assessment Scores by Indicator and Dimension can be used to chart the changes in the performance of the facility and different providers over the course of four quarters. Using the first chart in Handout S6.2 practice transferring the corresponding scores from the Facility Self-assessment tool and Provider Self-assessment tool into the relevant cells of the Summary Chart for first quarter for the 6 indicators. Ask if there are any questions on calculating or recording the quality scores of the Summary Chart. **Step 6.** Ask the participants to review the sample Summary Chart at the end of the Handout S6.2 and identify what changes are, or are not, occurring in the quality indicator scores. Then ask: what quality issues can the QCs support the facility and provider in this example with problem-solving to make improvements in the practice of providing PHC care. **Step 7.** Ask participants to use their own self-assessments to practice computing the numerator and denominators for 1-2 indicators using the QA Self-Assessment for the Facility. Circulate among the participants and help them if they are having any difficulties. **Step 8**. Re-convene participants and ask them how they could use these scores for the first 2 indicators to give feedback on what areas a facility may need problemsolving or different solutions.
Evaluation/ Assessment	• Question/answer; discussion • Completed Scores in the QA Self-Assessment tools.
Handouts	• Blank QA Self-Assessment Form: A) PHC Facility and B) PHC Provider • Instructions for Scoring the QA Self-Assessment Form

	• Summary Chart of Self-Assessment Scores by Indicator and Dimension

Handout S6.1: Instructions for Scoring the QA Self-Assessment Form

1. Review the completed Facility self-assessment tool answers for each of the six indicators.
2. Use the completed Facility self-assessment tool below to record the scores of the answers for each dimension. Remind participants about the way the Selfassessment tool is organized. Each indicator has its own table. Within the table the questions are organized by dimensions. Every dimension has its Score line (shaded line at the end of each group of questions relating to the given dimension). The same scoring format is used for each indicator in the individual Provider(s) self-assessment tool.
3. For example, the first indicator of the completed Facility self-assessment tool looks like this (see Table A below).

Table A. INDICATOR #1: Full Immunization coverage of children at age 24 months, defined by national immunization calendar.

#	***Answer key:*** **2=Yes, 1= Partially "needs improvement" 0=No, NA=not applicable**	Q1	Q2	Q3	Q4
	ACCESS TO CARE				
1.1	Does your facility prominently display signs outside of and throughout the building that indicate the location of providing immunizations for infants and children?	1			
1.2	Is the schedule/calendar for providing immunizations posted and easy to see in the facility?	1			
1.3	Are educational materials on immunizations available for public.	1			
	Access Score / Total possible score (2 X number of items scored)				
	RESPONSIVENESS/PROVIDER RELATIONS WITH COMMUNITY AND CLIENTS				
1.4	Do providers keep records of the children up to 24 months of age (for computing coverage for immunizations)?	2			
1.5	Do providers explain to parent about possible side effects from the immunization(s) and what symptomatic treatment to give to infant, and under what circumstances to return to the clinic for further care?	1			
1.6	Do providers always explain and discuss with parent the schedule/calendar and timing of immunization and when to come for the next immunization.	2			
	Responsiveness Score / Total possible score (2 X number of items scored)				
	PHYSICAL ENVIRONMENT				
1.7	Are basic equipment and supplies available to ensure continuous and proper provision of immunizations including: working refrigerator, needles, vaccines, cotton alcohol (according to the established normative)?				
	a. an area for counseling that is private	1			
	b. a working refrigerator to store vaccines	0			
	c. adequate supplies of vaccines	2			
	d. adequate supplies of needles, syringes, cotton, and alcohol to clean site for injection	2			
	e. a 'safety" box to safely dispose of used needles and syringes	1			
1.8	Do all providers have a place to wash hands between administering immunizations to a patient – soap, water	1			
1.9	Is facility equipped properly to assure and maintain an effective cold chain?	2			
1.10	1.10 Do providers maintain records of cold chain for storage of vaccines?	1			
	Physical Environment Score / Total possible score (2 X number of items scored)				

#	*Answer key:* **2=Yes, 1= Partially "needs improvement" 0=No, NA=not applicable**	Q1	Q2	Q3	Q4
	MANAGEMENT				
1.11	MANAGEMENT 1.11 Do providers in your facility have the national immunization calendar and protocol for providing immunizations easily accessible/visible for quick reference?	**2**			
	Management Score / Total possible score (2 X number of items scored)				
***Subtotal Score (sum of all dimensions' scores) for* INDICATOR #1**		**%**	**%**	**%**	**%**

Calculation of Facility's self-assessment Score

4. When you look at the Self-Assessment questionnaire, you note that for Indicator #1 there are 3 questions related to assessing the dimension "Access to Care".

Table B is an example of what the score will be when answers to the first 3 questions related to Access to Care for Indicator #1 have been entered

Table B. INDICATOR #1: Full Immunization coverage of children at age 24 months, defined by national immunization calendar.

#	***Answer key:*** **2=Yes, 1= Partially "needs improvement" 0=No, NA=not applicable**	Q1	Q2	Q3	Q4
	ACCESS TO CARE				
1.1	Does your facility prominently display signs outside of and throughout the building that indicate the location of providing immunizations for infants and children?	1			
1.2	Is the schedule/calendar for providing immunizations posted and easy to see in the facility?	1			
1.3	Are educational materials on immunizations available for public. 1 *Access*	1			
	Access Score / Total possible score (2 X number of items scored)	3/6			
	RESPONSIVENESS/PROVIDER RELATIONS WITH COMMUNITY AND CLIENTS				
1.4	Do providers keep records of the children up to 24 months of age (for computing coverage for immunizations)?	2			
1.5	Do providers explain to parent about possible side effects from the immunization(s) and what symptomatic treatment to give to infant, and under what circumstances to return to the clinic for further care?	1			
1.6	Do providers always explain and discuss with parent the schedule/calendar and timing of immunization and when to come for the next immunization.	2			
	Responsiveness Score / Total possible score (2 X number of items scored				
	PHYSICAL ENVIRONMENT				
1.7	Are basic equipment and supplies available to ensure continuous and proper provision of immunizations including: working refrigerator, needles, vaccines, cotton alcohol (according to the established normative)?				
	f. an area for counseling that is private	1			
	g. a working refrigerator to store vaccines	0			
	h. adequate supplies of vaccines	1			
	i. adequate supplies of needles, syringes, cotton, and alcohol to clean site for injection	2			
	j. a 'safety" box to safely dispose of used needles and syringes	2			
1.8	Do all providers have a place to wash hands between administering immunizations to a patient – soap, water	1			
1.9	Is facility equipped properly to assure and maintain an effective cold chain?	2			
1.10	Do providers maintain records of cold chain for storage of vaccines?	1			
	Physical Environment Score / Total possible score (2 X number of items scored)				
	MANAGEMENT				
1.11	Do providers in your facility have the national immunization calendar and protocol for providing immunizations easily accessible/visible for quick reference?	2			
	Management Score / Total possible score (2 X number of items scored)				

#	*Answer key:* **2=Yes, 1= Partially "needs improvement" 0=No, NA=not applicable**	Q1	Q2	Q3	Q4
***Subtotal Score (sum of all dimensions' scores) for* INDICATOR #1**		%	%	%	%

5. Add up the numbers the QA Facility team gave for each question under the Indicator #1. There are 11 questions that assess 4 dimensions of quality. To calculate
the final score for the first indicator, sum up the numerators for each dimension. This sum will give the top number (numerator) for that indicator. In the complete
example in Table C, the total numerator for Indicator #1 is **20** (3+5+10+2).
6. To calculate the bottom numbers (denominator), simply add the numbers (6+6+16+2) to obtain the denominator of 30.

Table C. INDICATOR #1: Full Immunization coverage of children at age 24 months, defined by national immunization calendar

#	*Answer key:* **2=Yes, 1= Partially "needs improvement" 0=No, NA=not applicable**	Q1	Q2	Q3	Q4
	ACCESS TO CARE				
1.1	Does your facility prominently display signs outside of and throughout the building that indicate the location of providing immunizations for infants and children?	1			
1.2	Is the schedule/calendar for providing immunizations posted and easy to see in the facility?	1			
1.3	Are educational materials on immunizations available for public	1			
	Access Score / Total possible score (2 X number of items scored)	3/6			
	RESPONSIVENESS/PROVIDER RELATIONS WITH COMMUNITY AND CLIENTS				
1.4	Do providers keep records of the children up to 24 months of age (for computing coverage for immunizations)?	2			
1.5	Do providers explain to parent about possible side effects from the immunization(s) and what symptomatic treatment to give to infant, and under what circumstances to return to the clinic for further care?	1			
1.6	Do providers always explain and discuss with parent the schedule/calendar and timing of immunization and when to come for the next immunization.	2			
	Responsiveness Score / Total possible score (2 X number of items scored)	5/6			
	PHYSICAL ENVIRONMENT				
1.7	Are basic equipment and supplies available to ensure continuous and proper provision of immunizations including: working refrigerator, needles, vaccines, cotton alcohol (according to the established normative)?				
	a. an area for counseling that is private	1			
	b. a working refrigerator to store vaccines	0			
	c. adequate supplies of vaccines	1			
	d. adequate supplies of needles, syringes, cotton, and alcohol to clean site for injection	2			
	e. a 'safety" box to safely dispose of used needles and syringes	2			
1.8	Do all providers have a place to wash hands between administering immunizations to a patient – soap, water	1			
1.9	Is facility equipped properly to assure and maintain an effective cold chain?	2			
1.10	Do providers maintain records of cold chain for storage of vaccines?	1			
	Physical Environment Score / Total possible score (2 X number of items scored	10/16			
	MANAGEMENT				
1.11	Do providers in your facility have the national immunization calendar and protocol for providing immunizations easily accessible/visible for quick reference?	2			
	Management Score / Total possible score (2 X number of items scored	2/2			
***Subtotal Score (sum of all dimensions' scores) for* INDICATOR #1**		20/30 %	%	%	%

*****In this example, the denominator for each dimension has not been changed: If the questionnaire has no NA in that indicator, then the bottom number (denominator)
remains the same.

7. In case there are NA answers in indicator #1, then for each NA answer, you will subtract two points from the denominator. Let say, there are two NA answers (as
shown in table D below). ***(Explain that these are arbitrarily recorded "NA"s without real relevance to content, just to show how the calculation is done.)*** So, for
this case with two NA answers, you subtract 4 points (2 NA answers x 2 points each = 4 points to subtract). Hence, the denominator in this example is 26 (30 – 4 =
26). So the score for indicator 1 in this example (refer to Table D) is 18/26.

Table D. INDICATOR #1: Full Immunization coverage of children at age 24 months, defined by national immunization calendar.

#	***Answer key:*** **2=Yes, 1= Partially "needs improvement" 0=No, NA=not applicable**	Q1	Q2	Q3	Q4
	ACCESS TO CARE				
1.1	Does your facility prominently display signs outside of and throughout the building that indicate the location of providing immunizations for infants and children?	1			
1.2	Is the schedule/calendar for providing immunizations posted and easy to see in the facility?	n/a			
1.3	Are educational materials on immunizations available for public.	1			
	Access Score / Total possible score (2 X number of items scored				
	RESPONSIVENESS/PROVIDER RELATIONS WITH COMMUNITY AND CLIENTS				
1.4	Do providers keep records of the children up to 24 months of age (for computing coverage for immunizations)?	2			
1.5	Do providers explain to parent about possible side effects from the immunization(s) and what symptomatic treatment to give to infant, and under what circumstances to return to the clinic for further care?	1			
1.6	Do providers always explain and discuss with parent the schedule/calendar and timing of immunization and when to come for the next immunization.	1			
	Responsiveness Score / Total possible score (2 X number of items scored)	5/6			
	PHYSICAL ENVIRONMENT				
1.7	Are basic equipment and supplies available to ensure continuous and proper provision of immunizations including: working refrigerator, needles, vaccines, cotton alcohol (according to the established normative)?				
	a. an area for counseling that is private	1			
	b. a working refrigerator to store vaccines	0			
	c. adequate supplies of vaccines	1			
	d. adequate supplies of needles, syringes, cotton, and alcohol to clean site for injection	2			
	e. a 'safety" box to safely dispose of used needles and syringes	2			
1.8	Do all providers have a place to wash hands between administering immunizations to a patient – soap, water	1			
1.9	Is facility equipped properly to assure and maintain an effective cold chain?	2			
1.10	Do providers maintain records of cold chain for storage of vaccines?	N/A			

	Physical Environment Score / Total possible score (2 X number of items scored)	**9/14**			
	MANAGEMEN				
1.11	Do providers in your facility have the national immunization calendar and protocol for providing immunizations easily accessible/visible for quick reference?	**2**			
	Management Score / Total possible score (2 X number of items scored)	**2/2**			
***Subtotal Score (sum of all dimensions' scores) for* INDICATOR #1**		**18/26**	**%**	**%**	**%**

8. After the score is calculated in absolute figures, they should be converted into percentage. To do this, you divide the nominator by the denominator and then
multiply by 100. For the above case in the Table D it will be 18 : 26 * 100 = 69%.

9. When finished with calculating the Subtotal score for Indicator #1, similarly calculate scores for the remaining indicators #2, #3, #4, #5 and #6 as well, by using the
same algorithm described in point 1-8 above.

10. The concluding step of scoring the Facility self-assessment questionnaire is the following: Add up sequentially all the nominators and then denominators of the
subtotal scores for all 6 indicators and put the sum in the last score line at the end of the tool (see page 26 of the QA Package) called ***"TOTAL FACILITY***
INTERNAL ASSESSMENT SCORE" . Calculate the percentage as shown in point 8 above.

Calculation of Provider's self-assessment Score

The identical scoring approach is used for the PHC Providers' self-assessment. Use the completed Provider self-assessment tool for Indicators #1 and #2 as shown
below. Go through the calculation process as described in points 1-10 for Facility self-assessment scoring.
For example, the first two indicators of the completed Provider self-assessment tool looks like this (see Tables below)

Table E. INDICATOR #1: Full Immunization coverage of children at age 24 months, defined by national immunization calendar

#	***Answer key:* 2= Yes; 1= Yes, but needs improvement; 0 = No; NA = Not applicable**	Q1	Q2	Q3	Q4
1.1	Do you wash your hands between each contact with an infant/child when giving an immunization?	**1**			
1.2	Do you check the vaccine expiration date and prepare the injection according to the prescribed protocol?	**2**			
1.3	Do you clean the injection site (the external upper part of the arm)	**2**			
1.4	Do you record the vaccination in the record?	**1**			
1.5	Do you discuss with the parent when she/he should return for the next dose according to the immunization schedule?	**0**			
1.6	Do you ensure that the parent has a schedule of the immunizations and understands the importance of adhering to the schedule?	**0**			
1.7	Do you discuss possible side effects of the immunizations and what to do if symptoms occur?	**1**			
Score for INDICATOR #1/ Total possible score (2 X number of items scored)		**7/15 50%**	**%**	**%**	**%**

Table F. INDICATOR #2: Screening for anemia in children at 1 year.

#	*Answer key:* **2= Yes; 1= Yes, but needs improvement; 0 = No; NA = Not applicable**	Q1	Q2	Q3	Q4
2.1	Do you wash your hands between each contact with a patient when providing care?	1			
2.2	Do you counsel the parent about importance of breastfeeding and effective nutritional practices?	1			
2.3	Do you discuss with the parent signs and symptoms of anemia (pallor, weakness, fatigue, headache, dizziness?	0			
2.4	Do you provide/recommend vitamin supplements	0			
2.5	Do you discuss with the parent when she/he should bring the child with anemia back to the clinic for further review and progress?	1			
2.6	Do you record findings and blood results from every visit in patient's record?	1			
Score for INDICATOR #2/ Total possible score (2 X number of items scored)		4/12 33%	%	%	%

Handout S6.2: Summary Chart of Self-Assessment Scores by Indicator and Dimension

Instructions: This form allows you to chart the changes in the indicators' scores for each of the dimensions for a facility. The unshaded boxes for each dimension are for you to write the score for that indicator. This is an optional tool that facilities may use to better visualize the dynamics of the selfassessment data (scores) for the analysis and conclusions.

Q	DIMENTIONS	INDICATORS					TOTAL SCORE	%
1st Q		#1	#2	#3	#4,5,&6	#7		
	1- accesss							
	2- responsiveness							
	3- physical environment							
	4- management							
	5- technical competency							

When you transfer all the corresponding scores from the Facility Self-assessment tool and Provider Selfassessment tool into the relevant cells of this Summary Chart, you will have a combined picture of quality dimensions by indicators.

For example, when transferring data from the Table D to here, you will do the following:

• Take the *Access Score (2/4)* from the Table D and record it in the cell under the column "#1" of the line "1.Access" in the section of the 1st Quarter.

• Take the *Responsiveness Score (5/6)* from the Table D and record it in the cell under the column "#1" of the line "2.Responsiveness" in the section of the 1st Quarter.

• Take the *Physical Environment Score (9/14)* from the Table D and record it in the cell under the column "#1" of the line "3.Physical environment" in the section of the 1st Quarter.

• Take the *Management Score (2/2)* from the Table D and record it in the cell under the column "#1" of the line "4.Management" in the section of the 1st Quarter.

• The score for Technical Competency should be taken from the corresponding Indicators' score lines of the Provider Self-assessment questionnaire. For example, using as sample the Table E

above, you take the score 7/14 for Indicator #1 and record it in the cell under the column "#1" of the line "5. Technical Competency" in the section of the 1st Quarter.
From the Table F you take the score 4/12 for Indicator #2 and record it in the cell under the column "#2" of the line "5. Technical Competency" in the section of the 1st Quarter.

Q	DIMENTIONS	INDICATORS					TOTAL SCORE	%
1st Q		#1	#2	#3	#4,5,&6	#7		
	1- access	2/4						
	2- responsiveness	5/6						
	3- physical environment	9/14						
	4- management	2/2						
	5- technical competency	7/14	4/12					

Session 7: Opening Circle

Session Objectives	At the end of the session, participants will be able to: • Share their perceptions of understanding of Day 1 and perceptions of how they will teach this to Facility QI representatives and do they think the staff will find this emphasis on quality useful and implementable.
Time	15 minutes
Trainers preparation	• Make sure there is a bell or other object to call participants together. • Outline the Day 2 agenda on a flipchart. • Check that flipchart paper, markers and tape are available.
Facilitation Steps	**Step 1.** A bell with a soft tone may be used to call the participants together in the circle. Welcome the group back to the circle. **Step 2.** Review the agenda for Day 2 written on a flipchart. Ask if there are any questions. **Step 3.** Ask for a quick sharing of what the participants think the facility staff's reaction will be to the emphasis on quality and the facility staff response when introduced to the self-assessment tool. Note the positive points and challenges mentioned on flip chart.
Evaluation/ Assessment	Question/answer; discussion
Handouts	Non

Session 8: Problem Solving Process: Reviewing the 5 Whys & root cause analysis

Session objectives	At the end of the session, participants will be able to: • Conduct a root cause analysis for quality issues or gaps that they have identified through the self-assessment tool using the "5 whys"
Time	45 minutes
Trainer preparation	• Review *Section VIII. Supportive Supervision Action Plan for Quality Assuran*ce. • Prepare flipchart with 3 words: Issue/Gap-------Cause-----Intervention • Check that flipchart paper, markers and masking tape are available.
Facilitation steps	**Step 1.** In the 2 completed QA self-assessment (PHC Facility and Provider tools) any questions that were rated a "1" (Yes, but needs improvement) or a "0" (No), indicate that there is a performance gap or issue in quality that needs to be addressed. In this session, we will learn to identify root causes of the issues or gaps by a method known as Root Cause Analysis. **Step 2. Stress the following:** • Once the issue or gap is identified, it becomes important to do some critical thinking about what might be the causes of this issue or performance gap. • Selecting the most effective intervention depends almost entirely on the conclusions reached concerning the root causes of the issue or gap. Remember the relationship between issues or gaps and interventions: **Issue or Gap ------ Cause ----- Intervention** • We need to select only the interventions that will address the **real (root)** cause of the issue or gap. What would happen if we selected an intervention that does not reduce the root cause of the issue or gap? There will be no positive improvement in quality. For example, if we select training as an intervention when lack of knowledge and skills are not the cause of the issue or gap, we will fail in our endeavor to improve quality. • It may be necessary to narrow or prioritize the number of issues or gaps to those that deserve attention and warrant the investment in resources needed before conducting a root cause analysis. **Step 3. Explain the key steps to conduct a root cause analysis:** • To reach conclusions on causes of quality issues or

	gaps, it is important to conduct an open brainstorming of possibilities and objectively determine what elements exist within the facility that may be resulting in quality issues or gaps identified. • It is also important to remember the **6 indicators and the 5 quality dimensions.** We will begin with the example that we have identified a gap in meeting the target set for Immunization coverage of children at 24 months, (for example, the target is 85%) and the PHC facility's coverage is only 71%. When examining the responses to the questions under access to care, you find that the first questions are scored as zero – (these questions related to display of signs about location offor immunization available) and the provider also scores herself "0" as not able to ensure that the parent has a schedule of the immunizations and understands the importance of adhering to the schedule; but when you analyze the causes of the gap, you may find that the root cause is in another dimension. For example, no providers in the facility have the national immunization calendar and protocol for providing immunizations and no one knows that such a schedule is available or where or how to obtain it). • Once all possible causes have been identified, the next step is to attempt to discover the **Root Cause -** that is the core factor in creating the issue or gap. • Some useful tools for this root cause analysis are the Five Whys. **Step 4. Describe the Five Whys method:** This is a means for exploring root causes of the issue or gaps that are identified. Begin with an illustration/example: Most PHC physicians do not offer diabetic patients the opportunity to discuss how to conduct self-control of their blood glucose. Possible reasons: physicians don't know (are not trained on) how a diabetic self-management program should be organized; physicians do not have skills/knowledge to talk with and help patients self-manage their diabetes; patients do not have a personal glucometer to measure their blood sugar on a daily basis; other? • For each issue or gap, ask "why is this

	occurring?" For each answer, ask "why?" again. Chart multiple answers if they come up. Keep asking "why?" until no more answers are available (perhaps up to 5 times) or until you discover the root cause. The root cause is the lowest-level cause *you can do something about.* • *NOTE TO TRAINERS: It is important to emphasize that it is more* *important to find the root cause than it is to ask "why" 5 times. This* *tool is designed for providers to think deeper about some reasons why* *he/she may have certain gaps in quality, reasons he/she may never* *before have considered***Step 5. Practice the 5 Whys method:** • Ask participants to select a question from their completed selfassessment tools that have been answered with a "1" or "0". First ask WHY they answered that way. Once you have identified the different possible reasons, use the "5 Whys" one at any of these answeres. Keep emphasizing that you have to keep asking "Why?" to dig deep and get at the root cause of the problem. **Step 6.**Have the participants divide into groups based on the gaps they identified. If some physicians have not identified gaps for any of these items, have them join a group to observe. Try to have groups of approximately the same size. Have the groups go through the "5 Whys" exercise for the identified gaps. Have someone in the group record the whys identified and the root *cause* in order to present to the whole group. • Reconvene as a large group and have a member of each group report the different reasons identified as the root causes for the gap. **Step 7.** Conclude the session by discussing the reason that we do a root cause analysis is to identify potential solutions/interventions that will be described in an action plan. Development of the action plan will be covered in the next session.

Evaluation/ assessment	• Question/answer; discussion • Completion of a root cause analysis for one problem
Handout	non

Session 9: Problem Solving Process: Fishbone Diagram

Session objective	At the end of the session, participants will be able to: • Conduct a root cause analysis for quality issues or gaps that they have identified through any of QA tools. • Conduct analysis of root causes using the fishbone diagram (cause/effect)
Time	45 minutes
Trainer preparation	• Check that flipchart paper, markers and masking tape are available. • Prepare flipcharts of the Fishbone Diagrams with problems given in Steps 2 and 3 (one copy of Fishbone for large group exercise in Step 2, and 3 copies of Fishbone for small group exercise in Step 3)

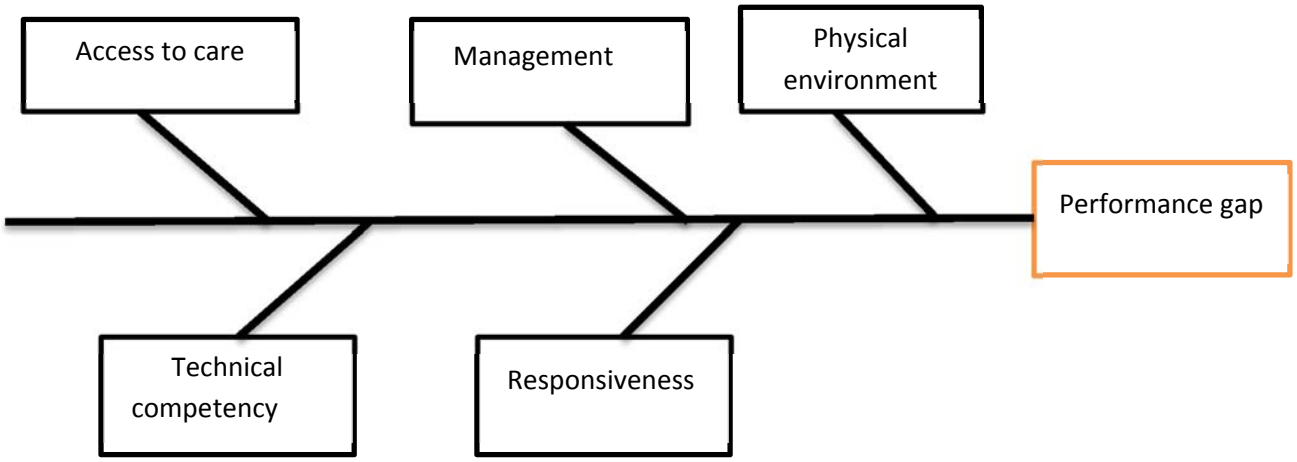
Facilitation steps

Step 1. Introduce the session by saying we are going to learn another technique for root cause analysis—the Fishbone Diagram, or cause and effect. Explain that the Fishbone Diagram is useful for analyzing root causes of performance gaps identified from a review of their clinic statistics.

Step 2. Describe the purpose of the Fishbone Diagram

• Display the Fishbone Diagram prepared on flipchart for the first performance gap we are going to analyze. Explain that the diagram graphically displays the five dimensions that contribute to quality, and that the "head" of the fish is the performance gap: Poor Immunization Coverage (poor performance for Indicator #1)

• The diagram is completed by considering the major causes of the performance gap in each of the 5 quality dimensions, and then writing them on the "fishbone" connected to each dimension.



	• As a group, complete the fishbone diagram by identifying the possible causes in each of the 5 quality dimensions that may contribute to this performance gap. • Make the point that it is important to stay open to many possible avenues of exploration. **Step 3.** Divide into 3 small groups. Each group will use the Fishbone Diagram to identify possible root causes of the same problem/performance gap that has been identified by a review of the PHC facility statistics for the following two indicators. • **few clients are seeking care to monitor their diagnosed hypertension and ischemic heart disease which then leads to poor performance on Indicators #4 and #5.** • Few pregnant women are seeking care in the 1st trimester that is leading topoor performance on Indicator #6: Early detection and registration in first 12 weeks of pregnancy and coverage of pregnant women for antenatal care. • Give each group the prepared flipchart of the Fishbone Diagram for this problem. (As shown above but with different performance gap) **Step 4.** Reconvene in the large group and ask each group to report back on the use of the fish bone diagram example to identify causes in each dimension. Conclude the session by saying that in Session 11 they will work on developing an action plan to resolve the root causes identified by these two problem solving examples.
Evaluation/ assessment	• Question/answer; discussion • Completion of a fishbone diagram for one problem/performance gap
Handout	non

Session 10: Problem Solving Process: Classifying and Prioritizing problems

Session objectives	At the end of the session, participants will be able to: • Classify and prioritize problems according to ease of solving and urgency to solve • Identify knowledge and skills that enable participants to be effective in prioritizing problems and the application of this skill in working with QA facility teams. • Practice classifying and prioritizing problems/performance gaps identified using the QA tools
Time	45 minutes
Trainer preparation	• Review session materials and examples for classifying and prioritizing problems. • Prepare flipchart with criteria for prioritizing problems: - Urgency of the problem - Possibility of solving problem quickly/in short time - Availability of resources to solve problem - Ability of staff members and QC to solve problem themselves - Availability of support by other stakeholders • Prepare flipchart with template for prioritizing problems and then have 3 blank flipcharts with the same template but columns are blank (participants will fill in the scores)
Facilitation steps	**Step 1.** (10 minutes) Sometimes the number of problems that need to be resolved can be overwhelming. It is important to know how to prioritize the problems so that you can focus on solving the most critical and solvable problems first. (It helps to have a few successes). We will begin by having some criteria to classify problems so that we know which ones to tackle first. Criteria for prioritizing problems in order to focus on developing interventions. **1) Urgency of the problem to solve** (e.g., safety and infection prevention issues) **2) Possibility of solving problem quickly/in short time** (e.g., any large physical renovation will take months) **3) Availability of resources to solve the problem** (e.g., any large purchase of equipment will require ready cash) **4) Ability of staff** members and QC **to solve problem on their own** (e.g., the physician can solve the problem by himself/herself vs. a system change is required to solve the problem). **5) Availability of support by other stakeholders.** **Step 2.** (5 minutes) Explanation of examples of using criteria to solve problems. Take

	as example the following two issues: 1) staff may have the issue/gap of no facilities for hand washing in a particular room where physical exams are conducted. 2) The second problem is that there are no educational materials to explain to parents about the importance of having children immunized or the schedule of immunization. Discuss, rank and prioritize problems by using the above criteria. E.g. for the 1st problem the staff may be working with the marz district to have piped water to this particular room, but until he/she has piped water he/she will prepare a plastic bucket with spigot to use for hand washing. Record/fill in the ranking score on the flipchart. **Step 3.** (20 minutes) Ask the group to divide themselves into three groups: Ask them to select three problems that they have identified from their self-assessment tools and ask participants to fill in the table below using the prioritization criteria and to provide a rationale of why they have provided the number that they have. Once the table is complete, decide which one they will tackle first based on the scores.

Template for Prioritizing Problems

A scale of 0,1, and 2 is used to rank the problems. The higher the total score –the problems meets more of the criteria for being a priority among the other problems:
Minimum; •1; ••2- maximum

Problem description	**Prioritization criteria**					
	Urgency to solve	**Possibility of solving problem quickly/in short time**	**Availability of resources**	**Ability of staff and QC to solve problem with own resources**	**Support from other stakeholders**	**Total priority score**
Problem 1						
Problem 2						
Problem 3						

Scale for Criteria:

• Urgency to Solve: 0= not urgent; 1= to some extent; 2= Very urgent

• Possibility of solving problem quickly/in short time: 0= long time to solve; 1= can be solved fairly quickly; 2= can be solved quickly;

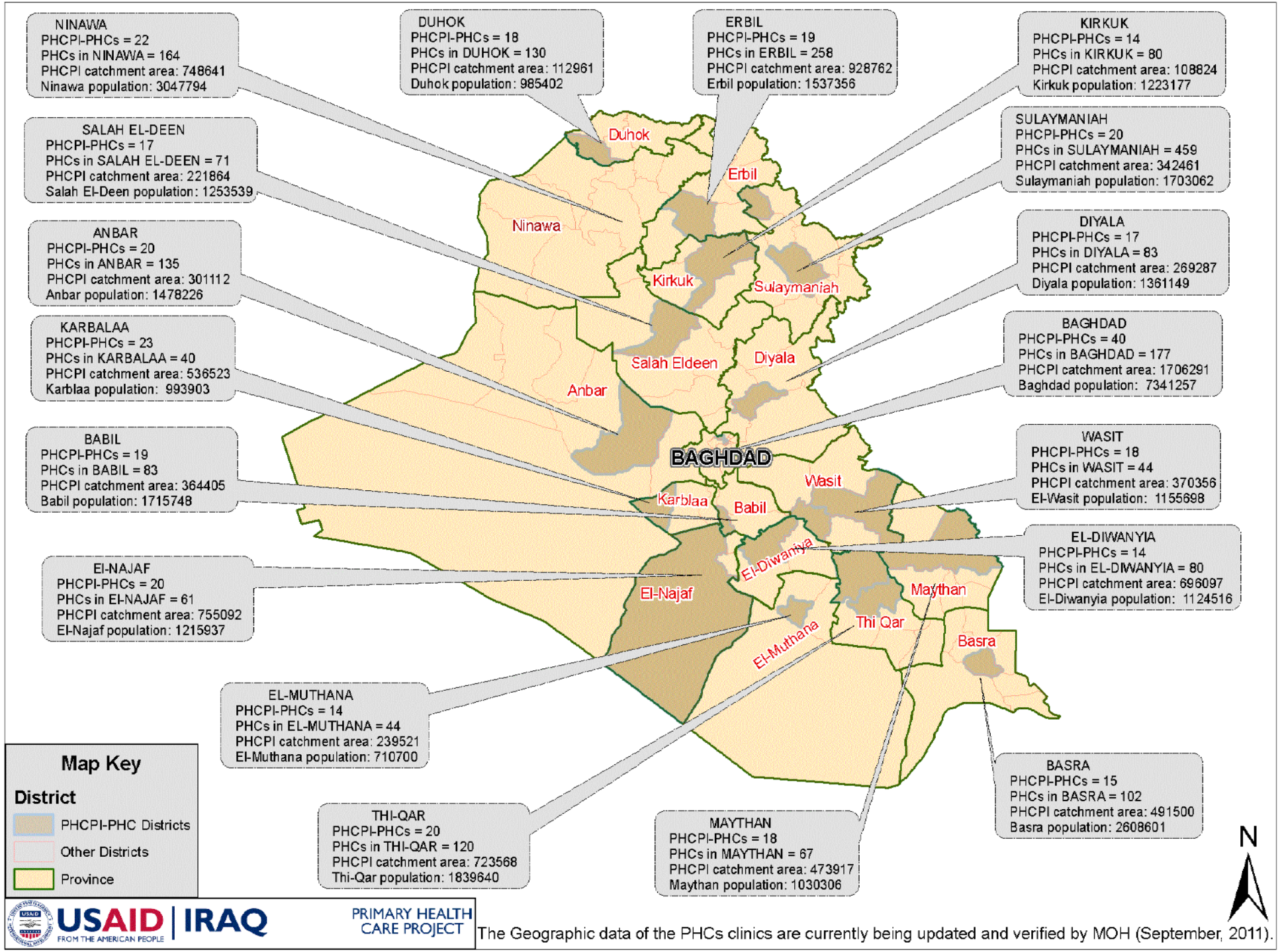
• Availability of resources to solve problem: 0 = do not have the resources; 2= have the resources available.

• Ability of staff/QC to solve problem: 0 = problem can not be solved easily by us; 2 = problem ca be solved easily by us.

• Support from other stakeholders: 0= no support available from stakeholders; 2= support available from stakeholders.

	Step 4. (10 minutes) Conclude with presentations by participants of three problems and their decision as to the order that they will tackle the problems with their rationale
Evaluation/ assessment	Questions and answers through discussion
Handout	Non

PHCPI-PHCs population mapped to IRAQ population



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PRIMARY HEALTH CARE PROJECT

The Geographic data of the PHCs clinics are currently being updated and verified by MOH (September, 2011).

U.S. Agency for International Development
Primary Health Care Project In Iraq
http://phciraq.org/
www.usaid.gov