

PN-ARM-622

ISN 79716

**MANAGEMENT COURSE FOR MID-LEVEL  
MANAGERS FOR HEALTH AND FAMILY  
PLANNING:**

**FAMILY PLANNING SERVICES DIVISION  
DEPARTMENT OF HEALTH  
REPUBLIC OF THE PHILIPPINES**

**FEBRUARY 24 - MARCH 6, 1992**

**Donald S. Chauls**

**FAMILY PLANNING MANAGEMENT DEVELOPMENT**

**Project No.: 936-3055  
Contract No.: DPE-3055-C-00-0051-00  
Task Order No.: TW 11 PH**

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## EXECUTIVE SUMMARY

As the result of a USAID-requested needs assessment visit by a team from the Family Planning Management Development Project of Management Sciences for Health in August-September 1991, FPMD had been asked to conduct two management training courses for Central and Regional personnel of the Family Planning Service, Department of Health. These two courses are to be followed by the development of training modules for lower-level personnel.

The first course was conducted from February 24 to March 6, 1992 in Imus, Cavite. Participants were the people in charge of family planning and training from the DOH Regional Offices in Luzon, plus selected staff from the FPS Central Office. All logistics arrangements were made by the DOH, with financial assistance from UNFPA.

It was felt that the course would be more valuable for the participants if there were an internal coherence to it, rather than a scattering of management topics. The approach adopted was to use the 'continuous quality improvement' concept as the thread on which other management concepts would hang. Throughout the course, a 'CQI' style of management was contrasted with a more traditional style of management based on objectives/results (MBO/R). The major underlying 'message' of the course was that the two serve to complement each other. Since participants were already familiar with many of the basic concepts and approaches of MBO/R, the course emphasized CQI.

The course began with three days of introduction to the contrasting styles of management, then shifted to sessions on a series of skills and ideas needed for CQI management to be implemented. On the final day, participant teams prepared action plans, which they presented to each other, then revised. These plans outline the actions each office team will take to begin to implement management based on continuously improving quality, especially at lower levels.

Throughout the two weeks, lecturing was kept to a minimum, with participatory teaching methodologies employed extensively.

The course evaluation showed that participants considered the course to be successful. The major recommendation is that the same model be applied in the next course.

## I. BACKGROUND

At the request of USAID, an FPMD team (Janice Miller and Immy Nieboer) visited Manila from August 26 to September 6, 1991 in order to conduct a needs assessment to define the need for, and recommend the focus of, management skills training at various levels of the Philippine Department of Health, Family Planning Services. Among other conclusions, the needs assessment recommended that two ten-day courses on 'basic management skills' be conducted, each for four central office staff and 14 regional staff (two from each region). The two courses were to be followed by development of a management training module for lower-level personnel.

The recommended focuses of the management training courses were:

- o Basic Concepts of Management
- o The Process of Decentralization
- o Supervision and Monitoring
- o Financial Management
- o Developing an Integrated Regional/Provincial Health Plan.

The first course was planned for 24 February to 6 March 1992. Dr. Donald Chauls of Management Sciences for Health was selected to be the Lead Trainer for this course.

## II. WORKSHOP OBJECTIVES AND OUTPUTS

During the period between the needs assessment and the preparation for the management workshop, discussions continued with FPS personnel and others, resulting in a slight modification of the focus of the course. Formal government decisions on the nature of decentralization had been expected to occur before the course was to start, but had not; although still expected, the parameters of decentralization were still unclear. Thus, it was decided to address this topic very broadly, rather than have the workshop consider actual decentralization issues. A second of the original focuses - planning - was also modified, since the DOH already conducts a substantial 'area-based program planning' process; it was decided to focus the workshop on a followup of this planning, rather than the planning process itself.

Within the context of the remaining focuses, the Lead Trainer concluded that it would be more valuable for the participants if there were an internal coherence to the workshop, rather than a scattering of management topics. The approach adopted was to use the 'continuous quality improvement' concept as the thread on which other management concepts would hang. Throughout the course, a 'CQI' style of management was contrasted with a more traditional style of management based on objectives/results (MBO/R). The major

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underlying 'message' of the course was that the two serve to complement each other. Since participants were already familiar with many of the basic concepts and approaches of MBO/R, the course emphasized CQI.

The objectives (and course agenda) were purposely not introduced to the participants until the second day, after they had been introduced to both approaches to management. At that time, the objectives presented were:

"By the end of the course,

1. Participants will have internalized a belief that an approach to management based on encouraging continuous improvement in quality - especially at lower levels - should be incorporated into their personal styles.
2. Participants will have continued the process of developing skills needed to implement this belief.
3. Participants will have recommended how to train lower-level personnel to implement this approach to management.
4. Each office team will have developed a plan to implement this modification of their management approach."

These objectives differed significantly from the types of objectives with which participants were familiar. None of them had ever attended a course in which the main objective was attitudinal rather than cognitive or psychomotor. Nor were they familiar with the second type of objective, which emphasizes that skill learning is a continuing process, with a course simply serving as one step in this process. However, their uncertainty with these objectives was expressed not as an objection to the objectives per se, but rather to their form. Participants correctly pointed out that these were not expressed in behavioral terms, as they had previously learned to be the 'correct' way of expressing objectives. Therefore, to begin to alleviate their fears of the unusual type of objective, the trainer provided the following modification of the first two objectives:

- "1. Within six months, participants will have incorporated at least one of the aspects of 'CQI management thinking' (from a list to be distributed) each day, as indicated by a diary they will maintain.
2. Within six months, participants will have used at least four of the skills or other major program modifications mentioned in the course (eg, reward system focused on continuous improvement), and will have learned and used at least one more on their own, as indicated by their diary."

Since, by the time this modification of the objectives was distributed, participants had a somewhat better understanding of the basic implications of CQI, the revised objectives were more

readily accepted.

The fourth objective incorporates the primary expected output of the workshop, a plan by each office team (ie, two people from each of seven regions, four from the central office) for actions they intend to take on return to their respective positions.

### III. ADMINISTRATION

All aspects of administration were handled by the DOH. Financial assistance was provided by UNFPA through the project PHI/90/P07, Increasing Quality and Acceptance of Family Planning Services Through the Department of Health.

The workshop was conducted at the Imus Sports Center in Cavite Province, near Manila. One large conference room was used for all sessions, with tables frequently shifted to accommodate different size participant groups.

### IV. TRAINING TEAM AND RESOURCE PERSONS

It was intended that there would be two trainers for this course. However, at the last minute one decided not to participate. Thus, all sessions were conducted by the Lead Trainer. Assistance was provided by two of the participants who had previously attended an MSH management training course, Mrs. Lety Daga and Mrs. Presentacion Nosenas, and by Ms. Immy Nieboer of FPMD and Ms. Cathy Solter of the Margaret Sanger Foundation.

### V. PARTICIPANTS

There were expected to be three categories of participants - Regional Family Planning Coordinators, Regional Officers in Charge of Training, and Central Office personnel of the Family Planning Service. In a few instances, Regional Offices sent other personnel in place of the Officer in Charge of Training. Names and positions of participants are listed in Annex 2.

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## VI. WORKSHOP DESIGN

As described above in the discussion of objectives, the course was designed to encourage participants to understand and to incorporate into their personal management approaches a continuous quality improvement perspective.

During the first three days, MBO/R and CQI were introduced - the latter in some depth. The introduction to 'traditional' management was based around an article by R. Alec Mackenzie, "The Management Process in 3-D," a detailed pictorial presentation of management processes. CQI was introduced via a role-playing exercise and a series of brief lectures. Interspersed among these sessions were a simulation exercise to help participants recognize the problems of being a mid-level manager and another session designed to help participants recognize the various ways of learning what a family planning program does.

The remainder of the course (except for the final two days) comprised a series of lectorettes and participatory exercises in which participants explored and developed some of the skills and concepts required to implement an approach to management based on continuously improving quality, especially at the field level. About half this time was devoted to methods of interpreting and analyzing quantitative data (based on a case study), and helping lower-level personnel to do the same. During the second week, sessions were held on several issues which are crucial to CQI management - better communications, participative supervisory styles, rewards for quality improvement, and mini-research conducted by lower-level personnel.

As a final activity of many of the sessions, participants considered the training of midwives and of their supervisors on the topic they just completed. In particular, they were asked to suggest possible modifications of the methods and/or materials to make them more relevant for lower-level training.

In the middle of the second week of the course, a major simulation exercise was conducted to enable participants to 'practice' what they had learned. On the penultimate day of the course, participants developed office-level action plans, presented them for feedback to each other, to the trainer and to the resource persons, then revised them. These plans can be found in Annex 3B.

At the request of the participants, an extra, optional session was held during which the trainer described the family planning program in Indonesia. The purpose of this session was to help participants to think about the potential implications of decentralization through considering the situation in Indonesia, where local government leaders currently exercise considerable authority over

all development activities.

A closing ceremony was conducted on the final day, with the keynote speech given by the Director III, Family Planning Service, Dr. Jovencio Quintong. The program for the closing is included as Annex 5.

For the detailed schedule of the workshop, see Table 1. The lesson plans and training materials used in this course are available in a separate training manual.

**Table One**  
**Course Agenda**

WEEK 1

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM	Opening	Managing Middleness	Planning	Analyzing and Using Information at Clinic Level: A Case Study Part 1	Feedback from Case Parts 1 & 2 Part 3	Feedback from Case Part 3 Case Wrapup
	Introductory exercise		CQI	Part 2		Higher-level Analysis and Use of Information
	Course objective explanation					
12:00 - 1:30 LUNCH BREAK						
PM	An Overview of Management Processes	Management Process Feedback + Course Objectives, Agenda	CQI (cont)	Part 2 (cont)	Analysis of Different Types of Quantitative Data	FREE
	Continuous Quality Improvement (CQI) Intro	The Process of Learning What a FP Program Is Doing	Training Ideas for Lower Levels	From Objective to Achievement: Intermediate Steps		

Note: Coffee breaks will be held at approximately 10:00-10:30 and 3:00-3:30 daily.

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WEEK 2

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM	Communications	Control: Traditional Management vs CQI Management  Mini-Research	Pandora Simulation	Development of Action Plans	Closing Ceremony	X
12:00 - 1:30 LUNCH BREAK						
PM	Styles of Interaction with Subordinates  Munic/Dist Meetings: How to Make them More Effective	Rewards  Pandora Introduction	Pandora (cont)	Presentation of Action Plans	X	X

Note: Coffee breaks will be held at approximately 10:00-10:30 and 3:00-3:30 daily.

## VII. WORKSHOP OUTCOMES

### A. Group Comments on the Relevance of Session Methods and Materials for Lower-level Training

At the conclusion of about half of the workshop sessions, participants were asked whether the same or a similar approach should be used for the training on the same topic of midwives and/or their supervisors. These comments will be used at a later date in the preparation of training modules.

Comments were prepared for the following sessions:

- o An Overview of Management Processes
- o Continuous Quality Improvement
- o Managing Middleness
- o Analyzing and Using Information at Clinic Level (Parts 1-3)
- o From Objective to Achievement: Intermediate Assessment
- o Analysis of Different Types of Quantitative Data
- o Higher-level Analysis and Use of Information
- o Communications
- o Styles of Interaction with Subordinates
- o Control: Traditional vs CQI Management
- o Mini-Research.

### B. Group Reports on Selected Sessions

For many of the workshop sessions, participant groups prepared reports of different types. Four of these, on the following topics, are included in Annex 3A:

- o Changes needed in the DOH context if CQI were to be fully adopted
- o Suggested strategies and activities for participative meetings
- o Protocol for CQI-style supervisory visit
- o Characteristics of mini-research.

### C. Office Action Plans

Each Regional Office pair (the Family Planning Coordinator and the Officer in Charge of Training or other staff member) plus personnel from the Central Office of the Family Planning Service (as a single combined team) prepared plans for their intended actions after the workshop. Each team intends to implement a management style based on continuously improving quality. These action plans are presented in Annex 3B.

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## VIII. EVALUATION

Daily evaluations were conducted, in which participants were asked to rate the quality of each session on a series of criteria which the participants themselves had developed. Most sessions were rated highly. Reflecting the concerns which participants expressed concerning the 'strange' objectives and the newness of the content, session evaluations on the first three days were only moderately high (an average of just under 4 on a 1-5 scale); thereafter, however, as participants became more confident, their assessments were consistently very high (an average of 4.5). A summary of these daily evaluations is included in Annex 4A.

In addition, on the penultimate day, a Course Evaluation questionnaire was completed by most participants. First they were asked to assess the extent to which each of the four workshop objectives had been achieved. The first two objectives were reported as being "achieved," the last two objectives "strongly achieved." The difference probably reflects the fact that the first two objectives are written to reflect a series of expected behaviors over the next six months, rather than participants' knowledge, attitudes, or skills at the conclusion of the course itself. On another topic, participants reported overwhelmingly that they expect to place high priority on the implementation of the action plans they developed during the course. Finally, they were virtually unanimous that the followon course (planned for July) should cover the same content, especially its focus on continuous quality improvement management. On all these questions, differences by position of respondent (Regional Office - Family Planning, Regional Office - Training or other, Central Office) were slight or non-existent. The Course Evaluation questionnaire and response summary is in Annex 4B.

## IX. PLANNED WORKSHOP FOLLOW-UP

As noted in the Background section above, this workshop will be followed by another similar one in July for personnel from the Visayas and Mindanao, the areas not included in this course. Also, following the second course, materials will be developed for the training of lower-level personnel.

For participants, workshop followup will comprise implementation of their action plans. The DOH, FPS has indicated a willingness to support financial requirements for training programs outlined in these plans. The training module to be prepared after the July course will also provide input to the implementation of participants' plans.

## X. CONCLUSIONS AND RECOMMENDATIONS

This course, despite its unusual objectives, proved to be highly successful. The major recommendation is that the same course design be used for the next course.

One session, on Planning, should be deleted. This was not a planned session, but rather a reaction to a management area in which participants had expressed concern.

It is also recommended that the training module for the training of lower-level personnel be based on the materials used for selected sessions of this course, with modifications as suggested by participants (including modifications to be suggested by the next course participants).

## ANNEX 1: SCOPE OF WORK

Under the overall management of Immy Nieboer, Dr. Donald Chauls will serve as Lead Trainer for the Workshop on Basic Management for Central and Regional staff of the Department of Health Family Planning Services to be held in Manila from 24 February to 5 March 1992. Dr. Chauls will carry out the following tasks:

### In Boston:

- o Prepare content of the workshop and workshop outline.
- o Prepare all training material to be used in the workshop.
- o Discuss with the local Trainer content, material and program prior to arrival in Manila.
- o Prepare one complete set of materials to be sent to local trainer for review.

### In Manila:

- o Assure final preparation of all material, workshop outline, and assignment of responsibilities to the trainers.
- o Ensure the smooth running of the workshop.
- o Evaluate the workshop.
- o Prepare with co-trainer a draft report of the workshop.

The workshop will be organized by DOH/FPS. Cathy Solter of the Margaret Sanger Center will be responsible for workshop administration. Participant costs will be covered by UNFPA.

Total number of days: 26.

## ANNEX 2: PARTICIPANTS

### LIST OF PARTICIPANTS

MANAGEMENT COURSE FOR MID-LEVEL MANAGERS  
FOR HEALTH & FAMILY PLANNING  
February 24 to March 6, 1992  
Imus Sports Center  
Imus, Cavite

1. AIDA G. MAPILI  
Family Planning Coordinator  
Regional Health Office No. I
2. EDWIN V. MONIS  
Medical Specialist I  
Regional Health Office No. I
3. RAYMUND T. FROGOSO  
Family Planning Coordinator  
Regional Health Office No. II
4. CARMELITA B. TAGUBA  
Regional Training Nurse  
Regional Health Office No. II
5. MIRIAM E. BALAHADIA  
Medical Officer V  
Regional Health Office No. III
6. EDNA G. ABCEDE  
Medical Specialist II  
Regional Health Office No. III
7. JAZMIN ABING-CHIPECO  
Medical Specialist III  
Regional Health Office No. IV
8. NEREZA S. JAVIER  
Medical Specialist II  
Officer-In-Charge, Training  
Regional Health Office No. IV
9. ASTER M. REGANIT  
Medical Officer VII  
Regional Health Office No. V
10. RIZALINA S. SABAL  
Medical Specialist II  
Family Planning Coordinator  
Regional Health Office No. V

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List of Participants

11. MERCEDITAS V. CAVANEYRO  
Medical Officer VII  
National Capital Region
12. EVELYN L. FELARCA  
Medical Specialist III  
National Capital Region
13. SUSAN B. CABALDA  
Regional Nursing Supervisor  
Regional Health Office - CAR
14. SHEELAH E.R. VILLACORTA  
Medical Specialist III  
Officer-In-Charge, Plans & Program Division  
Family Planning Service - DOH
15. MA. VICTORIA R. OLIVA  
Medical Specialist III  
Third Level Division  
Family Planning Service - DOH
16. TERESITA A. CASTILLO  
Medical Specialist I  
Plans & Program Division  
Family Planning Service - DOH
17. EUGENIA C. ALMONTE  
Medical Specialist I  
Monitoring & Evaluation Division  
Family Planning Service - DOH
18. LETY V. DAGA  
Nurse VI  
Plans & Program Division  
Family Planning Service - DOH
19. PRESENTACION N. NOSENAS  
Nurse VI  
Plans & Program Division  
Family Planning Service - DOH
20. VILMA V. PANER  
Health Resource Development Officer IV  
Health Manpower Development Training Service  
Department of Health

## **ANNEX 3: PRODUCTS OF THE WORKSHOP - GROUP SESSION REPORTS AND OFFICE ACTION PLANS**

### **A. Group Session Reports**

- 1. Session: Continuous Quality Improvement**  
Topic : Changes needed in the DOH context if CQI were to be fully adopted
  
- 2. Session: Municipal/District Meetings: How to Make them More Effective**  
Topic : Suggested strategies and activities for participative meetings
  
- 3. Session: Control: Traditional vs CQI Management**  
Topic : Protocol for CQI-Style Supervisory Visit
  
- 4. Session: Mini-Research**  
Topic : Characteristics of Mini-Research

### **B. Office Action Plans**

- 1. Region 1**
- 2. Region 2**
- 3. Region 3**
- 4. Region 4**
- 5. Region 5**
- 6. CAR**
- 7. NCR**
- 8. FPS Central Office**

## 1. Session: Continuous Quality Improvement

Topic : Changes needed in the DOH context if CQI were to be fully adopted

### Group 1

<u>Areas of Change</u>	<u>Changes Needed</u>
1. Quality Improvement K.S.	- concern/emphasis on the behavioral aspects - Post training follow-up in terms of on the job performance
Availability of supplies	- better system of procurement and distribution
Physical Set-up	- Responsiveness of local government in accordance with decentralization
Ancillary Services not available	- Strengthening of referral system - Upgrading of services in the facilities
Follow-up procedures	- Systematic scheduling and comprehensive follow-up
2. Management by fact & data	- Training (formal & on-the-job on data analysis & application
3. Improvement of work process Focus on Work process	- Training Target setting should be set at the local level
4. Customer Orientation	- Improve interpersonal interaction
5. Field Management focus	- Periodic visits to the grassroots
6. Suppliers & customers are partners	- Strengthening of PHC approach
7. Employee empowerment	- Teach decision-making skills & give mgt. support on the decisions made
8. Preventive Systems	- Continuous monitoring & anticipatory attitude
9. Structure of Organization	- Re-structuring

## Group 2

### CONTEMPLATED CHANGES AT DEPARTMENT OF HEALTH

1. Strengthen the interaction between and among all level managers down to barangay level.
  - a. Regular & continuous consultative meeting
  - b. Top Management - active listener
2. Involve the "implementors" in terms of decision-making.

Provide Guidance and Support

### FAMILY PLANNING SERVICE:

1. Expedite finalization and dissemination of implementing guidelines.
2. Open a "functional two-way communication system" "feedback" "follow-up".
3. Improve monitoring and supervisory skills of middle managers in a regular and continuous basis using a standardized and integrated tool (Management by facts and data).
4. Provision of sustained, quality service availability of variety of services wider range of choices.

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## GROUP III

### SUGGESTED CHANGES FOR CQI MANAGEMENT

1. Department Orientation
  - Field Management should be concerned with all levels including the grassroots.
2. Focus should be the quality of FP service deliver, rather than on the quantity outcomes/output.
3. Employer Control Employee
  - There should be employee empowerment they should be encouraged to:
    - a. Participate in decision making through consultation.
    - b. Give innovative changes in the program.
    - c. Suggest in the provision of logistics.
4. The providers should consider their clientele as partners in service delivery.
5. Communication should be free flowing at all levels.
  1. Consultative meetings is an example of this.
  2. 2-way communication system - less bureaucracy.
6. Quality improvement should not only be a concern of one division but should be the concern of all.
7. In terms of follow-up, monitoring and supervision should be in regular basis and there should be integration of programs.

2. Session: Municipal/District Meetings: How to Make them More Effective

Topic : Suggested strategies and activities for participative meetings

GROUP I

SUGGESTED STRATEGIES/ACTIVITIES: PARTICIPATIVE RHU  
MEETINGS

- Feedback/updates on training/seminars attended
- Agenda - Problems and recommendations suggested
  - Early dissemination of agenda
  - Ask staff of interesting topic (suggestion)
  - Follow-up on suggestions/recommendations undertaken
- Involvement of GO/NGO if necessary
- Rotation of presiding officer
- Maintain regular schedule
- Assign specific topics to individual or invite resource person
- Rotation of venue/meeting
- Rewards/recognition for outstanding performance and contributions during meetings

## GROUP II

### PREPARE AGENDA FOR NEXT MEETING

- \* . Date, Venue
- . Topics
- . Responsible person/s assigned for the following:
  - documentation
  - physical set-up
  - conduction of meeting
  - \* - preparation of topic/invitation of resource person/s
  - preparation of necessary visuals and other materials needed
  - follow-up for confirmation

### PROGRESS REPORT ON PROGRAM ACTIVITIES/IMPLEMENTATION

- . Information
  - . Visuals
  - . Analysis
  - . Corrective Action
- LEARNING PROCESS

### FUTURE PLANS

Recognition/Rewards for good performer  
Quarterly or Monthly Basis

### GROUP III

#### HOW TO MAKE A MUNICIPAL MEETING PARTICIPATIVE AND EFFECTIVE:

1. Reading minutes of previous meeting by a recorder (assigned on rotation basis).
2. Meetings to be presided by staff on a rotation basis, MHO to act as facilitator; venue by rotation also.
3. Have the agenda emanate from the staff.
4. Agree on topics for discussion for staff development and give assignments by rotation.
5. Provide SLE (Value clarification, communication)
6. Invite resource persons from other agencies (GO, NGO).
7. Conduct meetings (inter-barangay) to include selected BHWs to give reports on accomplishments & problems.

3. Session: Control: Traditional vs CQI Management

Topic : Protocol for CQI-Style Supervisory Visit

GROUP I

<u>Questions</u>	<u>Things to be done (Together)</u>
1. How is our program doing?	1. Discuss the objectives of the visit
2. Are there any problems you want us to discuss?	2. Go over the data and study the data
3. Could you tell me more about the data?	3. Make visuals
4. What does the visual show?	4. Analyze, identify problems & causes of problems
5. What can we do about these problems? Which would you like to tackle first?	5. Prioritize and discuss possible solutions/actions
6. Do you need my help in any of these problems?	6. Set activities and schedule of activities
	7. Encourage feedback to MHO

GROUP II

THINGS TO ASK AND THINGS TO BE DONE

1. How is our Family Planning Program?
2. What is the most popular method used in your area?  
What is the next method?
3. Why do you think there are more acceptors for this method and less for the other method?
4. Can we go over your monthly Family Planning records, TOL, stock level?  
  
(See accuracy of data)  
(Compare accomplishments vs targets)
5. Do the visual and analysis together. (Elicit answers from the MW) Come up with corrective actions on identified prioritized problems.
6. Together with the MW, visit a nearby drop-out client.  
  
(Observe MW interaction with client)  
(Don't interrupt MW while giving Ed.)  
  
Be supportive.
7. Confer with MW - (friendly atmosphere) and rest of the staff.

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### GROUP III

#### QUESTIONS TO ASK:

1. How is our health programs going along?
2. What are some of our important accomplishments?
3. Do we have any problem?
4. Tell me what you mean when you have a problem in Family Planning?
5. Can you show me your data so that we can review it together - (visuals and analysis)?
6. In short, what you wanted to tell me is that there is a high drop-out rate in our family planning C.U.?
7. Can we write down some of the possible causes?
8. Which of these possible causes have the greatest effect on our high Family Planning CU drop-out?
9. Let us identify possible solutions.
10. Which is the most feasible among these solutions?

#### THINGS TO DO:

1. Observe the H.W. in the clinic.
2. Review records/data.
3. Interview patients in the clinic.
4. Dialogue with the H.W.
5. Plan for follow-up of drop-outs.

#### 4. Session: Mini-Research

Topic : Characteristics of Mini-Research

##### CHARACTERISTICS OF MINI-RESEARCH:

1. Simple, easy to understand
2. Affordable
3. Action-oriented
4. Feasible
5. Realistic
6. Short-Term
7. Practical
8. Focus on quality improvement

##### DECISION RULES

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B. Office Action Plans

1992 CQI PLAN OF ACTIVITIES

REGION 1

OBJECTIVE:

To improve Family Planning Service through CQI Management.

Activities	Time Frame	
1. To meet and give feedback to the director, technical & trg. staff	Mar.11, '92	Approval of plan of activity Support of Activity
2. To teach the importance of: data collection, visuals, analysis, action to field supervision	During trg & supervisory visits	Coordinate with other activities (approval)
3. To confer with FP Coordinators re: TRAINING on CQI Mtg; introduction on CQI	Mar.31, '92	Participative decision making
4. Meetings: a. to suggest agenda b. to rotate presiding officer venue c. to be present during a scheduled community assembly at the RHU & BHS	Mar-Dec '92	Sharing of ideas, consensus empowerment, decision making
5. To discuss informally with peers about the style of CQI management	Mar-Dec '92	Application of CQI
6. To acknowledge health personnel on their accomplishments/ initiative etc..	April-Dec. 1992	Concern
7. To continue giving rewards to the outstanding performer in Family Planning	Nov. '92	concern
8. To continuously assess my development in CQI mgt. thru the use of the diary	Mar.-Dec. 1992	Self-evaluation
9. To conduct CQI mgt. training among supervisors	3rd Qtr.	No. of person trained
10. To include an item on CQI concept in the Regional newsletter	Apr-Dec.92	Created awareness
11. To follow continuously the trained personnel & observe the improvement of quantity & quality of service	Apr-Dec.92	

ACTION PLAN ON CQI MANAGEMENT

REGION II

March 1992 - 1993

GENERAL OBJECTIVE: To implement CQI management for effective delivery of health services

ACTIVITIES	Resources Needed	Time Frame	Success Indicator
1. Feedback to Regional Health Director, ARO, Div. Chiefs	-	March 9, 1992	Approval of planned activities for CQI Management
2. Select 6 CQI management thinking for application and enter into diary	Diary	March '92-'93	CQI activities recorded into diary
3. Identify priority area for application of selected concepts thru facts and data			
4. Training of Regional Technical and Training staff	Training materials, allowances	(When module available)	20 staff trained and applied some CQI mgt. concepts
5. Rotation of trained staff to preside during regional staff conference		Every meeting	Empowerment given to trained staff
6. Publicize	Printing mats	Monthly starting March	Concept publicized
a. concepts of CQI mgt. in regional newsletter			
b. criteria for providing reward for highest performer among CQI trained field health workers			Criteria publicized
7. Monitor/supervise identified highest and lowest performing RHUs in the district of 2 provinces	TEV	April-Aug. '92	Pilot RHUs monitored/supervised
a. analyze data through visuals together with field health workers (FHW)			
b. help FHW understand use of visuals and develop action			
c. apply participative style of supervision	TEV (vehicle)		Pilot RHUs monitored/supervised
d. apply 2-way communication			
e. use monitoring/supervisory checklist			
8. Evaluate effects of applied concepts of CQI in pilot areas			Results of evaluation utilized for training of FHW
9. Training of provincial and district supervisors, RHU FHW	Trg. mats.	Sept.-Oct.92	50 Prov'l. and District Supv 100 MHO & RHM - Trained
10. Continuous follow-up of trained health workers	TEV vehicle	Nov.92-Mar.93	-do-
a. using checklist (M/S) for monitoring			
b. encourage application of some concepts of CQI mgt.			
c. encourage use of diary to document applied concepts			
d. help trained field workers to identify problems & their causes through the mini-research concept			
11. Program Review			
a. Award/recognition of highest performer among trained FHW	Certificate of Recognition	March 1993	Highest performer awarded

REGION III

OBJECTIVE:

To implement CQI management for effective delivery of all health services.

Activities	Time Frame	Resources Required
1. Give feedback re CQI management to RHO & division chiefs	March 9, 1992	
2. Review list of CQI mgt. thinking	March 10, 1992	Handout
3. Select and incorporate CQI management thinking	March-Sept. 1992	Diary
4. Select 4 skills to be applied	March 10, 1992	
5. Apply the selected skills during monitoring of low performing RHUs 5.1 Confer with FP Coord. 5.2 Identification of low performing RHU 5.3 Monitor identified RHUs thru monitoring checklist 5.4 Schedule revisit	March 17, 1992 - March 31, 1993	TEV Monitoring Checklist Paper Colored pens
6. Training of 150 participants (RHO-BHS)	Oct. '92-March '92	Funds for training (materials, allowance, etc.)
7. Monitoring of trained personnel 7.1 Encourage HW to verbalize concerns/problems regarding CQI mgt implementation 7.2 Help them prioritize problems and identify solutions	Nov. '92-April '92	TEV
8. Evaluate impact of CQI mgt. on FP program implementation thru mini-research	April '92-Oct. '92	TEV, paper, etc.

**MANAGEMENT COURSE FOR MID-LEVEL MANAGERS  
FOR HEALTH & FAMILY PLANNING**

ACTION PLAN: March to December 1992  
Region IV

OBJECTIVE: To implement CQI style of Management to improve service delivery in Region IV.

ACTIVITIES	TIME FRAME
1. Re-echo to the Regional Staff	March 9 (Monday)
2. Informal discussions with respective divisions (Training & Technical) focused on: Quantitative Analysis of data Communication Process & Styles of Interaction Supervision Procedures Rewards Mini-Research.	One hour/week
3. Individual Discussions/Dialogue/ Meetings with other staff in the office (formal & informal depending on expressed needs	As need/opportunity arises
4. Implement CQI approach in the different trainings conducted at the region	As scheduled
5. Encourage/Implement CQI approach in consultative meetings of provincial program coordinators	As scheduled
6. Implement CQI approach in daily activities (check with diary)	Continuous process
7. Implement CQI in supervisory visits to PHO/District/RHU/BHS	During supervisory visits
8. Propose/conduct formal trainings on Management course for lower levels/others:	Depends on availability of funds
Region: 1 course (20 pax) Province: 1 course (22 pax) - PHO & Chief of Technical District: 3 courses (25 pax/course) RHU : trainings will be conducted by provincial trained staff to include other DOs & NGOs in the locality	
9. Evaluation will be done by levels: Region - RHU Indicators will be determined from group discussions	

COI ACTION PLAN - REGIONAL HEALTH OFFICE NO. 5

Objectives	Activities	Target	Time Frame	Resp. Person	Resource Requirement
1. To introduce to administrators COI Mgt. Style	1.1 Feedback COI - Middle MGRs Training Course - Resume Course Proceedings - Action Plan	RD, ARD Reg'l. Staff PHOs, CHOs	March Reg. Meeting (3rd wk)	Dr. Sabal Dr. Reganit	GOP-F Hand-out
2. To practice COI skills in the performance of out respective roles/functions	2.2 Supervision/Monitoring a. Mgt. by fact/data data - visual (help interpret) - analysis (why) - action b. Assist improve mgt. at lower levels: * communication process * leadership style b.1 encourage regular meetings (rotation venue, conduct, staff involvement in prep. of agenda) b.2 participative style of interaction (rotation of speakers/discussants) b.3 Involve GOs, NBOs, selected community leaders & villagers c. Encourage mini-research activities c.1 Focused on questions/problems identified c.2 Assist/discuss with H.P. mini research process: - qualities of mini-research - important as a COI tool	Health supervisors & implementors do Lower level personnel do do do do	March to Dec. '92 do March to Dec. 1992 do do do do	ditto do Drs: Sabal Reganit do do do	Regional TEV do GOP Funds Handout do do do
3. To transfer COI skills (multiplier effect) to the health personnel	3.1 Training a. Incorporate COI Skills relevant to course/topics discussed (Training Program) * Mgt. of fact & data * Participative meetings * Communication Process * Mini-research	Health personnel	is. going March to Dec. '92	Reganit/ Sabal	Trg. Fund: GOP F.F.

Objectives	Activities	Target	Time Frame	Reso. Person	Resource Requirement
	b. Conduct Trg. Course on CQI	Prog. Trg. Task Force Tech. & Trg. Staff	July '92 (3rd Qtr)	do	Trg. Fund FPS-DOH \$55,750
	3.2 Consultative/Planning Workshop/ Program Review	Prog. Coord. Planners Tech. Staff	On-going		
	a. Assist/improve data interpretation (CQI way)				
	b. Focus on reseachable issues/ problems				
	c. Provide rewards for outstanding performance - Teach reward process (criteria - compete - publish awards)				
4. To monitor self & follow-up CQI implementation	4.1 Maintain updated diary/logbook of CQI activities	Reg'l. Staff	March to Dec. '92	Dr. Reganit to Dr. Sabal	Reg. TEV
	4.2 Review with personnel concerned, the logbook of activities per level/clinic during supervisory visit	PHO, DH RHU, BHS			
	4.3 Provide Technical Assistance appro- priate for the situation				

REGIONAL HEALTH OFFICE - CAR

CQI ACTION PLAN - 1992 - 1993

GENERAL OBJECTIVE:

To promote CQI management approach for the effective delivery of health services.

SPECIFIC OBJECTIVE	ACTIVITIES	TIME FRAME
To maintain a diary which contains a list of CQI aspects that have been used daily	<p>Give feedback to RHD, ARD,</p> <ul style="list-style-type: none"> <li>- Select three CQI Mgt. thinking to be incorporated in daily</li> <li>- Write down daily in diary CQI Mgt. thinking applied</li> </ul>	<p>Mar. 15, '92</p> <p>Mar. 9, '92 to Sept. 9, '92 -do-</p>
To use at least 4 of skills mentioned in the course	<ul style="list-style-type: none"> <li>- Select skills to be used communication, control, visuals, analysis</li> <li>- Apply skills selected (start by choosing lowest performing province, lowest performing district, lowest performing municipality, lowest performing BHS) pilot-area concept</li> </ul> <p>Process for all skills will be carried out, step by step</p>	<p>Mar. 5, '92</p> <p>Mar. 30, '92 May 1992 July 1992 Sept. 1992</p>
To train HWs on CQI	<ul style="list-style-type: none"> <li>- During meeting give overview of CQI</li> <li>- Ask how many are willing to undergo training</li> <li>- With willing would-be-pax, make a schedule</li> <li>- Request for training</li> <li>- Conduct training (2 batches of 20)</li> <li>- Encourage diary use</li> <li>- Informal sharing of CQI mgt. thinking with co-workers at opportune times</li> </ul>	<p>Oct. 1992</p> <p>Jan.-Feb. '92</p> <p>Anytime from Jan-March, '92</p>
Make periodic evaluation of objectives 1 & 2	<ul style="list-style-type: none"> <li>- Sit down &amp; make a summary of 1 &amp; 2 every last week of the month.</li> <li>- Think back on instances where CQI should have been used but wasn't</li> </ul>	<p>March 1992 April May June July August September</p>

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## NATIONAL CAPITAL REGION

Framework within which the plan was made.

1. The process/thinking which is CQI is being practiced in some ways but personnel are not aware of this.
2. No time schedule is included because we will allow the various levels to see their own time frame.

We feel that the process is a continuing one and behavior change may take a longer time.

3. We have given our feedback to our supervisors (routinely done after a training or consultative workshop).

**CQI IMPLEMENTATION PLAN  
IN THE NATIONAL CAPITAL REGION**

**OBJECTIVE:**

General program improvement through the integration CQI thinking and behavior in program activities.

Component	STRATEGIES/ACTIVITIES
A. Planning	<p>Encourage participative planning at all levels</p> <ul style="list-style-type: none"> <li>. Generate complete, timely and accurate data Should be done by HC staff, community HW and community people themselves</li> <li>. Prepare and interpret data through the use of simple visuals (formal, informal, and on-the-job training)</li> </ul>
B. Service Delivery	<p>The Health facility data and the community-initiated data will form the basis for identifying meeting gaps between the standard sets of activities for each program and the needs of the community.</p> <ul style="list-style-type: none"> <li>. Participation of community in their own health care</li> <li>. Allow them to manage the finances for IGP directly, including other resources, based on guidelines.</li> </ul>
C. IECM	<p>At the Regional level:</p> <ul style="list-style-type: none"> <li>. Communication using tri-media Circular guidelines/memos should be clearly stated, timely disseminated with follow through at the lower levels</li> </ul> <p>At levels lower than the Region</p> <ul style="list-style-type: none"> <li>. Thorough discussion of circulars/guidelines/memos with implementing units through weekly, monthly dialogues and meetings</li> <li>. Prompt response to community needs on urgent matters</li> <li>. Encourage production of IEC items by staff and community based on available local materials</li> <li>. Motivate (encourage staff to do some reflection towards end of the day and record them in diary Regional level )</li> </ul>
D. Training	<ol style="list-style-type: none"> <li>1. Incorporate CQI mgt thinking and behavior among program managers, coordinators and other health staff</li> <li>2. Integrate CQI thinking process approaches in all trainings</li> </ol>

Component	STRATEGIES/ACTIVITIES
E. Monitoring and Supervision	<ol style="list-style-type: none"> <li>1. Modify behavior of supervisors/coordinators at all levels using CQI thinking during visits</li> <li>2. Develop monitoring and supervisory checklist/tools using CQI approach</li> <li>3. Encourage the health staff to do self-reflection</li> <li>4. Encourage NGO/GO participation in monitoring of activities</li> </ol>
F. Evaluation	<ol style="list-style-type: none"> <li>1. Integrate CQI approach in the following: <ul style="list-style-type: none"> <li>Regional Management meeting</li> <li>District meetings</li> <li>Program coordinators' meetings</li> <li>Municipal level meetings</li> <li>Other special meetings</li> </ul> </li> <li>2. Use CQI in setting up standards/criteria for reward system</li> </ol>
G. Research	<ol style="list-style-type: none"> <li>1. Identify research areas at any point in time during program implementation, depending on needs</li> <li>2. Make them aware that they are capable of doing research as part of routine activity</li> </ol>

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**CGI IMPLEMENTATION PLAN  
IN NCR**

- A. **PLANNING:** Analysis of data should be done at all levels:
- **Regional:** for planning, policy formulation, standard setting/guidelines, growing resource/logistic support and technical training assistance
  - **District:** for planning, guidelines formulated and actions
  - **Lower Level:** for implementation of measures and actions
- B. **Service Delivery**
1. Teach the community the management of simple cases, how to conduct prompt referrals of other cases to higher levels and timely reporting of any unusual occurrences/disease incidences in the area.
  2. Allow them to assist in the actual conduct of activities.
    - Masterlisting and follow-up of drop-outs/
    - Resupply of logistics
    - Motivation and health education activities
    - Physical improvement in their areas
  3. Establish a 2 way feedback mechanism using referral form, actual conduct/referral of clients.
- C. **IECM - At levels lower than the region**
- example: In sending participants to seminars
- Nominated participants must be based on set of criteria
  - Confirm availability of said nominee before sending them to the course

D. Training

Conduct training course (2 batches) for coordinators/managers/regional staff (live-in one week externally funded)

Conduct training courses at lower levels (implementors) multiplier effect - line out 3-4 days

E. Monitoring & Supervision

1. Conduct regular meetings & dialogues
2. Set up community bulletin boards

FAMILY PLANNING SERVICE (CENTRAL OFFICE)

OBJECTIVE: To promote CQI Management Approach in FPS

ACTIVITY	Time frame
1. Feedback to Director and staff about management training (CQI)	As soon as possible to station
2. Develop action plan & secure approval	-do-
3. Creation of CQI task force & regular meeting	Done
4. Diary of Activities adopting CQI (TS)(trained staff)	As soon as possible to station
5. Diary of accomplishments and plans of staff (weekly) (untrained) adopting CQI approach	-do-
6. Conduct mini-research a. FPS personnel (Mgt. Skills needs assessment)	May 1992
7. Secure budget for training of rank and file on CQI	Upon approval
8. Preparation for conduct of training on CQI	-do-
9. Conduct of training on CQI	Aug. '92
10. Provide support to second batch of Mgt. training	June '92
11. Facilitate the approval of proposed budget for training on CQI MGT (from Regions)	ASAP

CQI TASK FORCE

- 1st Phase
- "In-House"
  - Counter-check
  - Counter-attack (with tact)
  - Regular meeting on "CQI MGT THINKING PROCESSES"
- 2nd Phase
- "Put the House in order"
  - "House-in"
  - Empowerment
  - Rewards

CQI task force meets regularly at least weekly. members continuously check and countercheck; attack and counterattack with tact of course the elements as internalized and actually done by each member as we put the house in order.

The 2nd phase is the "House-in" as we empower the level down line we'll giving them support and rewards/recognition accomplishment follows.

## ANNEX 4: EVALUATION

### A. Session Evaluation

The following questionnaire was asked of participants each day, concerning each session. (This questionnaire was developed by the participants.)

#### SESSION EVALUATION

Date: \_\_\_\_\_

Title of Session: \_\_\_\_\_

Assess the following elements of this session (1 = worst, 5 = best):

a. Comprehensiveness of Content	1	2	3	4	5
b. Methodology (teacher vs. learner-centered)	1	2	3	4	5
c. Relevance/Usefulness of the Topic for my Job	1	2	3	4	5
d. Usefulness of Handouts	1	2	3	4	5
e. Extent of Participation	1	2	3	4	5
f. Appropriateness of Exercise	1	2	3	4	5
g. Time	1	2	3	4	5
h. Achievement of Objectives	1	2	3	4	5

ADDITIONAL COMMENTS:

Average ratings, by day and session, were as follows:

24 February

- o Introduction - 4.0
- o Overview of Management Processes - 4.2
- o Introduction to CQI - 3.9

25 February

- o Managing Middleness - 4.2
- o Course Objectives, Agenda - 3.8
- o Process of Learning What a FP Program Is Doing - 4.0

26 February

- o Planning - 3.5
- o CQI - 4.2

27 February

- o Analyzing and Using Info at Clinic Level: Case Part 1 - 4.5
- o Case Part 2 - 4.5
- o From Objective to Achievement: Intermediate Steps - 4.4

28 February

- o Case Part 3 - 4.5
- o Analysis of Different Types of Quantitative Data - 4.6

2 March

- o Higher Level Analysis and Use of Data - 4.6
- o Communications - 4.5
- o Styles of Interaction with Subordinates - 4.6

3 March

- o Municipal/District Meetings: How to Make Them More Effective - 4.5
- o Rewards - 4.4
- o Control: Traditional vs CQI Management - 4.5

4 March

- o Mini-Research - 4.4
- o Pandora Simulation - 4.5

There were relatively few 'additional comments' made, but these have all been organized for use in planning the followon course. Most of these comments suggest relatively minor modifications in the session procedures.

**B. Course Evaluation**

At the conclusion of the course, participants completed the following questionnaire:

**COURSE EVALUATION**

1. I am:  Regional Office - Family Planning  
 Regional Office - Training (or other)  
 Central Office

2. Enclosed is a copy of the workshop objectives. For me personally, for each objective, the extent of achievement of the objective is:

- (Code: 1 = objective not achieved  
2 = objective slightly achieved  
3 = objective moderately achieved  
4 = objective achieved  
5 = objective strongly achieved)

Note: For Objectives #1 and #2, it will not be possible to achieve the objective for another six months. Base your answer on your expectation of achieving it.)

Objective #1:	1	2	3	4	5
Objective #2:	1	2	3	4	5
Objective #3:	1	2	3	4	5
Objective #4:	1	2	3	4	5

3. The priority I expect to place on the implementation of my action plan is:  very high  
 high  
 moderate  
 low  
 very low

4. Another similar course will be conducted in a few months for the Visayas and Mindanao. How - if at all - should this course be modified? (In particular, should the major emphasis continue to be on CQI?)

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Average responses to questions 2 and 3, by work position/location are as follows:

	<u>Reg/FP</u>	<u>Reg/Trng</u>	<u>Central</u>
Question 2			
Objective #1	4.0	4.0	3.8
Objective #2	3.6	3.8	4.0
Objective #3	4.6	4.5	4.2
Objective #4	4.5	4.7	4.0

Question 3

Very high			1
High	7	5	2
Moderate		1	1
Low			
Very low			

On question 4, participants were virtually unanimous (except for one blank, one unclear response) in recommending that the same focus - including CQI - be retained. The following modifications were each expressed once or twice:

- o more family planning focus
- o minor/minimal modification
- o instructions should be very clear and precise
- o have to take into account language (communication) difficulties
- o use same methodologies (SLE, role play, simulations, short inputs, reading together, reflecting)

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