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MAKING QUALITY REAL: TRAINING OF QUALITY ASSURANCE FACILITATORS

TRAINER'S GUIDE



August 2007

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ACRONYMS

COPE	Client Oriented Provider Efficient
FP	Family planning
IP	Infection Prevention
IUD	Intrauterine device
MCH	Maternal and Child Health
PP/IC	Post Partum and Infant Care
PPPH	Public-Private Partnerships for Health
PSP-<i>One</i>	Private Sector Partnerships- <i>One</i> project
QA	Quality Assurance
QI	Quality Improvement
QAT	Quality Assurance Team
QIS	Quality Index Score
RH	Reproductive health
STIs	Sexually Transmitted Infections

Overview of the Quality Assurance 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 those gaps. This problem is further compounded when working with providers, given the lack of a built-in effective supervisory system and frequent lack of access to organized continuous education. Therefore, when trainings and other interventions are organized, it is especially important that these interventions identify gaps in quality.

Assure Quality of Clinical Services

Promotion and evaluation of high quality care is a priority for anyone delivering, organizing or monitoring clinical services. Initiatives to assure quality of care have a long history in the public sector around the world. Despite the experience and effort, much remains to be done, particularly in rural and semi-rural areas where distances are great, supervisors few and human and material resources limited. This Quality Assurance (QA) package effectively helps the provider identify quality gaps, develop short-, medium- and long-term action plans, and monitor improvement over time.

Quality Assurance Model

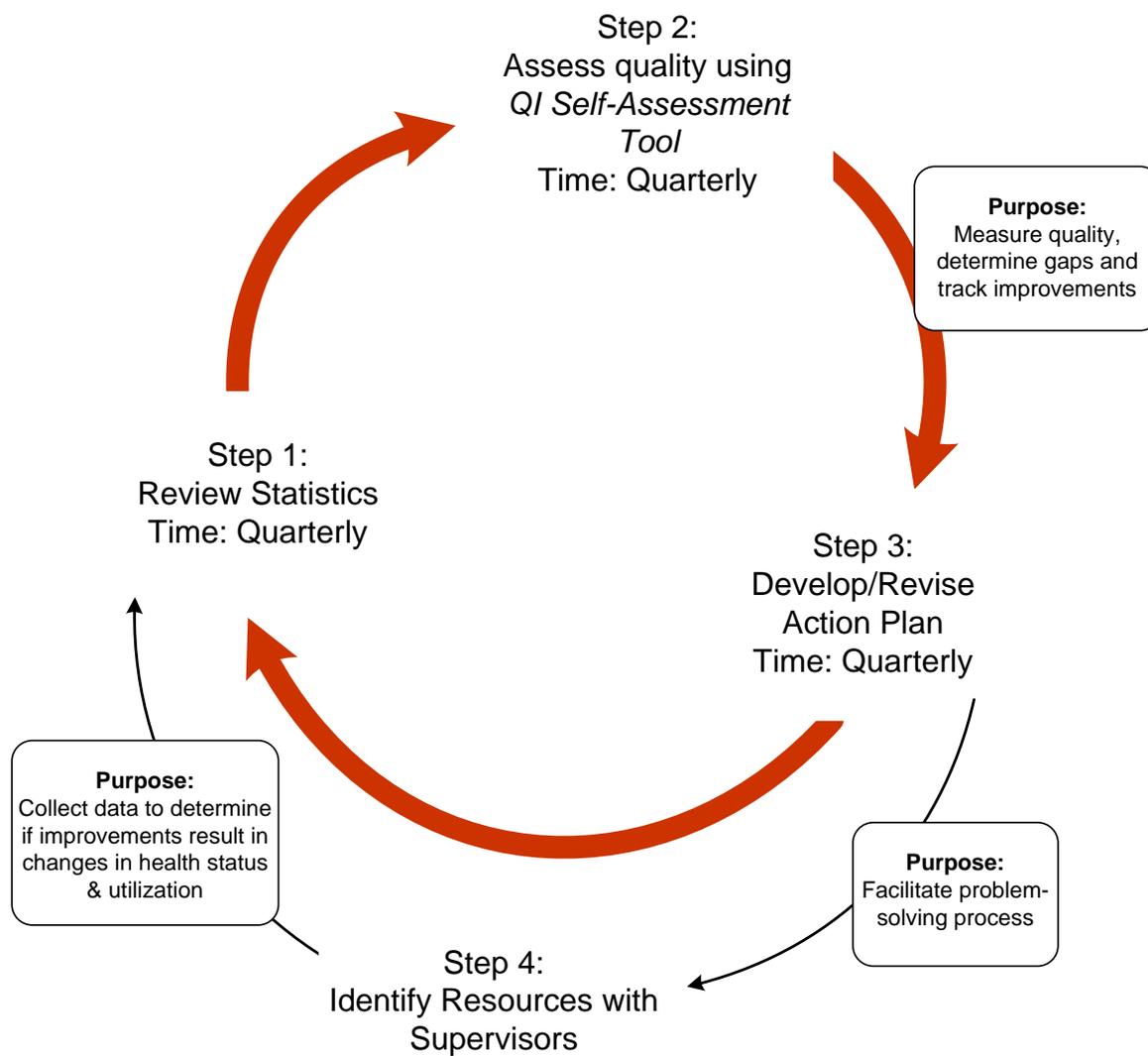
The initial conceptualization was derived from IntraHealth's assessment tool developed in Armenia for use by health centers. The QA package applies tools that meet the criteria of simplicity and practicality with emphasis on root-cause analysis and problem-solving. It can be used on site by health care workers and reviewed with the supervisor at regular support meetings, including district level meetings. The QA methodology was also influenced by the experience of the performance improvement review approach of Initiatives Inc. in Jordan's primary health care centers. A number of items related to family planning (FP) were drawn from EngenderHealth's COPE Self-Assessment Guide.

Purpose: The purpose of this Training Guide is to prepare site-level Quality Teams for implementation of continuous quality improvement activities.

Overall Objective: to introduce the concept of quality, the Project NOVA quality assurance framework and to enable participants to plan and implement a continuous quality improvement/assurance process at their facility. Specifically, they will be able to:

1. Describe the components and use of the QA package including:
 - Complete and analyze the statistics collected at the facility level;
 - Complete the QA self-assessment questionnaire and learn how to score it.
 - Identify root causes of quality problems and develop and monitor the facility action plan.
2. Practice supportive supervision techniques (coaching, mentoring, active listening, and two-way communication) in working with facility staff to encourage behaviors that adhere to performance-based practices introduced through Project NOVA trainings in Maternal and Child Health.
3. Introduce the concept of improving quality at the facility level and help staff to understand and use the QA package including:
 - Participate in completing the QA self-assessment questionnaire.
 - Become involved in identifying and solving performance gaps identified through the self-assessment process.

Flowchart for Quality Implementation and Timing



How to Use this Guide

This training guide contains all the session designs and handouts for orientation to quality assurance materials for public sector practitioners.

Workshop participants are members of quality teams who will guide healthcare staff at their facilities in improving the quality of care. Two trainers conduct the workshop for up to 20 participants/members from five secondary-level marz hospitals supported by Project NOVA as well as other interested counterparts.

Approach to Training and Learning

The workshop outlined in this Trainer's 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, built 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 actively participating, and sharing 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 **The Adult Learning Cycle** in the appendices.

Training Methods

This training guide incorporates a variety of methods suited to the stated learning objectives. As necessary, adapt 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 determine the success of a training program. 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 subsequent trainings.

This workshop uses the following methods to elicit feedback on the training experience:

- Daily participant reflection and comments in the closing circle
- End of workshop participant evaluation form.

The workshop participants after the workshop will be followed-up to assess the results of the workshop -- the extent to which the participants were able to apply what they learned by completing their statistics forms, QA self-assessments, and action plans and what facilitated or hindered their action plans. The recommended format for the follow-up is quarterly meetings conducted by supervisors with the health care workers in his/her area/district. Each QAT (or a representative of the QAT) will bring the self-assessment form completed by facility staff and will share some of the problems identified. The supervisor will then group and prioritize the problems then conduct a brain-storming session to help generate solutions including mobilizing resources.

In Each Training Session

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

Session title—The title of the session or activity.

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

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

Trainer preparation—This section lists the specific preparations that ***trainers*** should make for the session. In addition, required preparations 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 used. General instructions for methods are included in the Appendix. Instructions for suggested participatory activities are included in these Facilitation Steps.

Evaluation/assessment—This section lists evaluation methods for assessing the learning objectives. 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 *Quality Assurance Package*, including the Statistics Form Self-Assessment Questionnaire, Action Plan Template, and Score Summary Sheet. 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 distributed during the session in which they are used.

MAKING QUALITY REAL: TRAINING OF QUALITY ASSURANCE FACILITATORS AGENDA SCHEDULE

Day One 12:00 18:00	Day Two 10:00 -15:30	Day Three 10:00 -15:30
<p>12:00-13:00 Session 1. Creating a Learning Environment Introduction Participants' Expectations: Review of agenda, learning objectives, and participant materials, conducting pre-test.</p>	<p>10:00-10:15 Session 5. Opening Circle</p> <p>10:15 – 11:45 Session 6A: Problem Solving Process: Root Cause Analysis</p> <p>11:45-12:45 Session 6B: Reviewing the 5 Whys</p>	<p>10:00-10:15 Section 9. Opening Circle</p> <p>10:15-11:15 Session 10. How to Facilitate the QA process & Qualities of effective QA facilitators</p> <p>11:15-12:45 Session 11. Skills needed to facilitate QA activities: Effective Communication & facilitation skills</p>
Lunch 13:00 – 13:30	Lunch 12:45 – 13:15	Lunch 12:45 – 13:15
<p>13:30 – 13:45 Warm up exercise</p> <p>13:45 – 15:00 Session 2. What is Quality of Care?</p> <p>15:00 – 16:00 Session 3. Statistics Form and Review of Data</p> <p>16:00 – 18:00 Session 4. QA Self-Assessment Questionnaire</p>	<p>13:15 – 13:30 Warm up exercise</p> <p>13:30 – 14:30 Session 7. Problem Solving Process: Fish bone Diagram</p> <p>14:30 – 15:30 Session 8. Action Plan development with exercises</p>	<p>13:15 – 13:30 Warm up exercise</p> <p>13:30-14:30 Session 12: Facilitation Methods</p> <p>14:30 – 15:00 Session 13. Working together to Assure Quality: Practice conducting the Quality Facility meetings and Next steps</p> <p>15:00 – 15:30 Session 16. Evaluation and Final Closing Circle</p>
Day Ends 18:00	Day Ends 15:30	Day Ends 15:30

DAY 1

Session 1: *Creating a Learning Environment*

Session Objectives	At the end of the session, participants will be able to: <ul style="list-style-type: none">• Share and compare observations about their work in maternal and child health• Share their expectations and concerns for the workshop and compare with learning objectives• Review workshop objectives and schedule• Begin contributing actively in the workshop
Time	60 minutes
Trainer Preparation	<ul style="list-style-type: none">• Prepare index cards with words on one side of them (sample words: Inspiration, Opportunity, Service, Benefit, Choice, Caring, Serious, Complex, Quality, Hopeful, Option, Commitment, Perform, Challenge, Communication, Courage, Strength, Access, Grateful, Cheerful, Purpose, Open-minded, Difference, Accountable, Chance, Guidance, Informed, Collaborate, Sustainability, Teamwork).• Prepare flipcharts: 1) “Welcome to Quality Assurance Training”, 2) Workshop Objectives, and 3) Schedule for Day 1.• Check that flipchart paper, markers and masking tape are available.• Arrange seating in a circle for the participants and trainers.
Facilitation Steps	<p>Step 1. (5 min) Trainers and participants sit in a circle. Welcome participants; provide a short introduction to the purpose of the workshop; introduce trainers.</p> <p>Step 2. (15 min) <i>Introductions:</i> Place index cards with words in the center of the circle; face down, on the floor. Ask participants to come forward and select a card. When all are seated, ask them to select a partner. Once they are in pairs, ask them to stay in silence and to think about what the word means to them as it relates to their work as a trainer. If they wish, they can write down some ideas as reminders. Then, they introduce themselves to their partner and share their thoughts about the word. Afterwards, each pair introduces the person they paired with by name and tells some of that person’s thoughts which the person has given permission to share.</p> <p>Step 3. (15 min) <i>Expectations and Concerns:</i> Ask participants to break into groups of 3-4 and take 15 minutes to flipchart their expectations and concerns for their time together, highlighting items to share with the larger group. After 15 minutes, have the entire 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 small group discussions and identify common ideas. Trainer talks about bringing expectations to fruition and that some concerns may be realized and promises to revisit expectations and concerns at the end of the process. (Note: If you are short on time, this activity can be done all together in the large group – 10 min)</p>

DAY 1

Step 4. (15 min) Review *Workshop Objectives* and *Schedule*.

Flipchart 2: Workshop Objectives

Overall objective: By the end of the training participants will learn about the overall concept of quality, NOVA's quality framework and will be able to plan and implement a continuous quality improvement process at their facility.

Specifically, they will be able to:

1. Describe the components and use of the QA package including:
 - Complete and analyze the statistics collected at the facility level;
 - Complete the QA self-assessment questionnaire and learn how to score it.
 - Identify root causes of quality problems and develop and monitor the facility action plan.
2. Practice supportive supervision techniques (coaching, mentoring, active listening, and two-way communication) in working with facility staff to encourage behaviors that adhere to competency-based practices introduced through Project NOVA trainings in Maternal and Child Health.
3. Introduce the concept of improving quality at the facility level and help staff to understand and use the QA package including:
 - a. Participate in completing the QA self-assessment questionnaire.
 - b. Become involved in identifying and solving performance gaps identified through the self-assessment process.

Step 5. (10 min) Ask participants if they have any questions about the objectives, schedule and design for the workshop; briefly present outline of the day (Flipchart 3).

**Evaluation/
Assessment**

- Question/answer; discussion

Handouts

Agenda
List of participants

DAY 1

Session 2: *What is Quality of Care?*

Session Objectives	At the end of the session, participants will be able to: <ul style="list-style-type: none">• Identify how improved quality of care affects clients, providers and the community• Identify the parts of the QA package and their purposes
Time	75 minutes
Trainer Preparation	<ul style="list-style-type: none">• Review the <i>Implementation Guide for Health Care Workers and Supervisors</i> Prepare Flipchart 4 with NOVA’s QA Framework (See Handout NOVA Quality Model).
Facilitation Steps	<p>Step 1. Divide participants into 5 groups (one for each marz - number should be about 4-5 persons/per group) and give instructions about two different scenarios. Do not mention anything about quality or objectives of the session before breaking into groups.</p> <p>Scenario 1: You are interested in having a wedding party for your son. With the group discuss 1) how you go about choosing a place for the party and then 2) what would make you want to return to this particular place to have another party or recommend it to a friend (what makes you a satisfied customer).</p> <p>Scenario 2: You are going to buy fresh meat for a BBQ. Once again, discuss 1) where you go and how you select a particular meat seller, and 2) what makes you return to buying meat from this particular seller (what makes you a satisfied customer).</p> <p>Instructions: During the discussion, list on a flip chart, 1) the characteristics that help you choose the place for a party or meat seller and 2) the characteristics that make you a satisfied customer who returns.</p> <p>Step 2. Ask participants to reconvene into the larger group and ask each group to present the characteristics. Guide the discussion so that all relevant characteristics are enumerated and clustered into initial selection and return/repeat business. (Some characteristics may only emerge for one scenario and not both, which is why two different scenarios are used for this exercise.) Answers: Initial selection: word of mouth, convenience of location, reported cost of services, general appearance and cleanliness of vendor and shop. Repeat Business: friendliness of sales person, perception that the staff at the hotel/restaurant knows what they are doing and make a lovely party, quality of product or service, do I like it (e.g., meat for a BBQ), waiting time to obtain service or product, actual cost or value for money to buy product or service.</p> <p>Step 3. Ask participants whether there is any difference between the characteristics you look for in 1) meat/restaurant and 2) the characteristics clients are looking for in the quality of clinical services that you provide. (They are more or less the same characteristics). Give participants the definition of quality: “Doing the right thing right the first time”.</p>

DAY 1

Step 4. Ask participants the question, “Why is quality important for you as a facilitator/manager of health care?” Usually the following points are made:

- Quality services result in better health outcomes, including decreased maternal and infant mortality
- We will be respected by the community we serve and feel that we have contributed to the well-being of (our clients/patients?) those that we are serving.

Step 5. Ask participants, “What unique challenges do you face in providing quality services in the semi-rural areas?” Usually the following points are made:

- Shabby and ill-equipped premises
- Poor infrastructure (lack of water, heating, electricity, sewage, etc.)
- Lack of financial resources
- Little opportunity for relevant trainings/updates for physicians, nurses, midwives
- No opportunities for professional development for mid-level personnel
- Lack of a viable referral system
- Lack of meaningful supervision and management system
- Lack of commodities, including essential drugs and supplies
- Lack of incentives to do a “good” job and work hard

Step 6. Introduce Project NOVA’s QA framework and initiative (Refer to handout)

Step 7. Hand out the *Quality Assurance Package* that consists of the following:

1. Quarterly Statistics Review Form and DHS statistics about Armenia
2. Self-Assessment Questionnaire organized by five dimensions -- with questions under each quality dimension-- grouped by indicator within the dimension. (Link, during discussion, the characteristics of service in the two scenarios to the dimensions of quality.)
3. Score Summary Review Form
4. Action Plan Template

Evaluation/ Assessment

- Question/answer; discussion

Handouts

- *Project NOVA Quality Assurance Framework*
- *Armenian statistics*

DAY 1

Session 3: *The Statistics Form and Review of Data*

Session Objectives	At the end of the session, participants will be able to: <ul style="list-style-type: none">• Define the service indicators used on the <i>Statistics Form</i>• Complete the <i>Statistics Form</i>• Routinely analyze statistics and apply collection of site statistics for internal monitoring purposes as part of the QA initiative
Time	60 minutes
Trainer Preparation	<ul style="list-style-type: none">• Review the <i>Statistics Form</i>.• Review Key Maternal and Child Health Indicators from Armenia
Facilitation Steps	<p>Step 1. Ask participants “What are statistics and why do we collect statistics?” (Record of what you’ve done, to help you plan, to give you a picture of your performance and client utilization to services, to submit statistics to health department and MOH.)</p> <p>Step 2. Refer participants to the Quarterly Statistics Review Form in the QA package and Armenian statistics. Review data based on Armenia DHS (2005) to highlight service delivery issues:</p> <p>Vaccination coverage has decreased in past five years: Only 60% of children 12-23 months have received the six vaccinations recommended by WHO (BCG, MMR, three doses each of DPT and polio) compared to 76% in 2000.</p> <p>Children with diarrhea are not seen by a health provider, not given treatment and not given additional fluid. (Only 43% of children received more liquids than normal).</p> <p>Postnatal Care: One in six women does not receive any postnatal care.</p> <p>Delivery: Most deliveries are facility-based – (97%)</p> <p>Knowledge and use of contraception. 47% of married women are not using any method (modern or traditional). Only 19.5% of married women are using a modern method. Rural residents are less likely to use a modern method than urban residents (16% as compared to 22%).</p> <p>Abortion: Among all pregnancies in the past three years, 48% resulted in a live birth and 45% ended in induced abortion.</p> <p>Step 3. Go through and examine the indicators in the QA Package Statistics Form and determine if at your facility you are collecting this data and how are you using the data that you are collecting?</p> <p>Step 4. Ask if there are any questions about the documentation of clinic statistics.</p>

DAY 1

Evaluation ○ Question/answer; discussion

Session 4: QA Self-Assessment Questionnaire

Session Objectives	At the end of the session, participants will be able to: <ul style="list-style-type: none">• Explain the rationale for self-assessment• Describe the five dimensions of quality in the QA self-assessment questionnaire• Identify where to find the indicators for each of the quality dimensions• Complete the Self-Assessment Questionnaire, rating their facility and provided health services on all five quality dimensions• Identify their strengths and areas for improvement on one quality dimension
Time	120 minutes
Trainer Preparation	<ul style="list-style-type: none">• Review the <i>QA Self-Assessment Questionnaire</i>
Facilitation Steps	<p>Step 1. Refer participants to NOVA’s quality assurance framework posted on the flipchart and self-assessment instrument in the QA package. Point out the five dimensions to the QA self-assessment questionnaire, one for each quality dimension, and that each dimension is divided into indicators with questions. These dimensions, indicators and questions were selected because they are associated with quality, according to international evidence on quality of health services. Have them review some questions in small groups and see if they have any suggestions.</p> <p>Step 2. Go through the instructions for completing the questionnaire. Be sure that they understand the scoring key (2, 0, 1, and N/A – not applicable). Give an example of when to use N/A --for example, if you do not provide immunizations that require a cold chain or you do not keep vaccines in your clinic that require a cold chain. If needed, go through all of the questions for Dimension 1, to make sure they understand the indicators and questions.</p> <p>Step 3. Point out that at the end of each dimension, there is a page for summarizing what the service provider does well and areas where staff needs to improve in that particular quality dimension. State that the QA team at the facility should assess themselves using the questionnaire every three months.</p> <p>Step 4. Break all participants into five small groups (one for each marz), one for each dimension, and have them review questions listed under each dimension. Please make sure that each group assigns one participant to report results of their small group discussions to the larger group.</p> <p>Step 5. After a break, reconvene the larger group and ask each small group to report back on their discussions. Discuss any questions participants have.</p> <p>Step 6. Introduce the Summary Score Sheet in the QA package explaining its purpose and instructions for use.</p> <p>Step 7. State that the next steps are to analyze the root causes of the gaps identified in</p>

DAY 1

their QA self-assessments and to develop an action plan for making quality improvements.

Evaluation/ Assessment

- Question/answer; discussion
- Completion of the QA self-assessment questionnaire

Handouts

QA self-assessment questionnaire

DAY 2

Session 5: *Day 2 Opening Circle*

Session Objectives	At the end of the session, participants will be able to: <ul style="list-style-type: none">• Express their thoughts about the previous day's work or today's sessions, if they wish.• Respectfully listen to other participants' thoughts.
Time	30 minutes
Trainer Preparation	<ul style="list-style-type: none">• Outline the Day 2 agenda on a flipchart.
Facilitation Steps	<p>Step 1. Welcome the group back to the circle.</p> <p>Step 2. Place an object in the center of the circle and invite participants to share any reflections about the previous day's work, thoughts about the day ahead, any news pertaining to the meeting, or anything at all that is on their minds which they wish to share with the group.</p> <p>Step 3. To share their thoughts they may individually come forward, pick up the object, and either stand in the circle or return to their chair. When they are finished, they return the object to the center of the circle. While the individual has the object, they are the speaker and the rest of the group members are respectful listeners. There is never any order that is required, nor any requirement to speak.</p> <p>Step 4. When the participants have finished sharing their thoughts, ask the group to refer to their agendas in their binders and review the agenda for Day 2. Outline it also on flipchart. Ask if there are any questions.</p>
Evaluation/ Assessment	None
Handouts	None

DAY 2

Session 6A: *Problem Solving Process: Root Cause Analysis*

- Session Objectives** At the end of the session, participants will be able to:
- Conduct a root cause analysis concerning quality issues or gaps that they have identified using the QA self-assessment questionnaire
 - Conduct analysis of root causes using the “5 whys”

Time 90 minutes

- Trainer Preparation**
- Review in the QA Package: STEP 3: *Action Plan for Health Care Workers*.
 - Check that flipchart paper, markers and masking tape are available.

Facilitation Steps **Step 1.** In the QA self-assessment questionnaire any items 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 these issues or gaps by a method known as Root Cause Analysis.

Step 2. Stress the following:

- Once the performance gap is identified, it becomes important to do some critical thinking about what might be the causes of this performance gap.
- Selecting the most effective intervention depends almost entirely on the conclusions reached concerning the root causes of the gap. Remember the relationship between gaps and interventions:



- We need to select only the interventions that will address the **real (root)** cause of the gap. What would happen if we selected an intervention that does not eliminate 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 gap, our actions will not improve quality. Does this example help? For example, arranging a training session on infection prevention to help staff follow the steps of infection prevention may not solve the problem if they are lacking bleach (Clorox) for decontaminating the instruments and a boiler for sterilizing them.
- It may be necessary to narrow or prioritize the number of gaps to those that deserve attention and warrant the time required to conduct a root cause analysis.

Step 3. Explain the key steps to conduct a root cause analysis:

- To reach conclusions on causes of quality performance gaps, it is important to brainstorm and objectively determine what factors exist within the facility that may be resulting in quality gaps as identified through the self-assessment questionnaire.

DAY 2

- One simple technique for better understanding problems is to search for the root cause by asking “why” five times. Too often we focus on the first cause of a problem, trying to solve it before considering other causes. Thus, deeper problems go undetected. While there is nothing magic about the number five, repeatedly asking “why” will lead the team to find a number of causes, some that can be addressed, and others that cannot. Based on this thorough analysis of the situation, the staff (and supervisor) are better able to decide where and how to take action.
- It may be helpful to use the five quality dimensions as a framework in asking about the causes and seeing where the gaps originate. For example, you may have identified a gap in the Management dimension (for example, not following up or requesting information and feedback about the outcome of the visit from the referral facility) but when you analyze the causes of the gap, you may find that the root cause is in another dimension. For example, if you have many women reporting to have an abortion due to a contraceptive method failure, the reasons may be due to staff’s lack of counseling (technical competence).

Step 4. Describe the “Five Whys” method: Why does Maria not bring her baby for immunization

- This is a means for revealing the root causes of the identified issue or gap. Begin with an illustration: For example, Maria, the mother of nine months old Danielle, is not bringing her to the hospital for immunizations.
- Ask participants to brainstorm about all the reasons why Maria is not bringing the baby to the clinic for immunizations. When they are doing this exercise with gaps identified in their clinic, they need to think of all the possible reasons this gap exists. Write on flipchart the potential reasons why the mother is not bringing her baby to the hospital for immunizations. They may include: 1) she does not realize that this is important (lacks knowledge); 2) she has not been given a schedule of the return visits for immunization; 3) no one has ever explained to her the importance of immunizations according to a fixed schedule in terms of the baby’s age; 4) Maria is very busy and has not had time to bring the baby for all those visits; 5) her family has religious beliefs that prohibit immunizations; 6) Maria is concerned about side effects and does not want to hurt the baby; and/or 7) she does not have the money for transportation to bring the baby to the clinic.
- When thinking about performance gaps in their hospital, staff will select the reasons they think most likely cause the gap. In this example, we will explore in detail the reason why Maria is not bringing her baby to the clinic for immunizations.
- Read the following to the participants while having your co-trainer write on the flip chart: **WHY** is Maria not bringing the baby to the clinic for immunizations and the well-baby visits? She does not have money for transportation)? **WHY** (does she not have money for transportation)? She is a housewife and doesn’t have any income. **WHY** (does she have no income)? She doesn’t work. **WHY** (does she not work)? Her husband does not want her to work. **WHY** (he does not want her to work)? He thinks that the woman needs to stay home to take care of children.

DAY 2

- We can see from this example that if you thought the root cause was a lack of information about the importance of immunizations or the schedule to bring the baby back, the solution or intervention to this problem might be to provide to information about immunizations and the schedule. But if you determined the root cause that her husband does not want her to work, the solution would be entirely different. Addressing the appropriate cause will lead to a long-term solution. If we address only surface rather than root causes, the problem may recur. It is important to look below the surface reasons to the root of problems before we determine interventions.
- 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 at least 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 the “5 Whys” exercise is a tool to help providers think about root causes. It is more important to find the root cause than it is to ask “why” five times. The provider on some deep level will be able to figure out the real root cause because she/he is the ultimate authority on her/his practice. The providers know issues about their practice better than anyone. This tool is designed to help providers to think deeper about some reasons why they may have certain gaps in quality, reasons that they never considered before. Their root causes may be similar or completely different than those of other providers who identify the same gap.*

Step 5. Practice the “5 Whys” method

- Ask participants if anyone responded with a “1” or “0” to question 2.8 (Does your hospital have private space so that counseling sessions, physical exams and procedures can not be observed or overheard?). First ask WHY they identified this as a gap. You may find some participants have no private area while others have a private area but the counseling can be overheard. Once you have identified the possible different whys, use the “5 Whys” one at a time with two to three of the participants who identified 2.8 as a performance gap. Keep emphasizing that you have to keep asking “Why?” to dig deeper to determine the root cause of the problem.
- Read the following questions from the Self-Assessment tool one by one and ask participants to raise their hands if they answered “1” or “0” to any of them.
 - *Access Dimension: (1.8) Your hospital does not prominently display signs outside of and throughout the building that indicate the location, and working hours of maternity or other pregnancy-related services?*
 - *Responsiveness: (2.1) Providers do not conduct School of Motherhood for pregnant and postpartum women*
 - *Environment Dimension: (3.3) Hospital does not have a system in place to monitor, maintain and replace equipment.*
 - *Management: (4.4) Client records are not kept in an orderly fashion.*

DAY 2

- *Technical competence: (5.5)* Provider does not explain warning signs of pregnancy and what to do if the warning signs occur.

- Have the participants divide into groups based on the gaps that they identified. If some providers have not identified a gap for any of these questions, have them join a group to observe. If some have identified more than one gap, they should join a smaller group. Try to have groups of approximately the same size. Have each provider who identified a question as a gap go through the “5 Whys” exercise with the group asking **WHY**. Have someone in the group record the “whys” identified and the root cause.

Step 6. Conclude the session by discussing the reason for 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 Session 9.

Evaluation/ Assessment

- Question/answer; discussion
- Completion of a root cause analysis for one problem for each group

Handouts

None

Day 2

Session 6B: *Reviewing the “5 Whys”*

Session Objectives	At the end of the session, participants will be able to: <ul style="list-style-type: none">• Conduct analysis of root causes using “5 whys”
Time	60 minutes
Trainer Preparation	<ul style="list-style-type: none">• Review the “5 Whys” information from Session 6A
Facilitation Steps	<p>Step 1. Ask participants “Why do we use the ‘5 whys’?” Answers might be:</p> <ul style="list-style-type: none">• To reveal/identify the root causes of problems in our clinics;• When you know the root cause, you can solve the problem. <p>Step 2. Ask participants to open the QA package to the Management Dimension. Give them a few minutes to complete the self-assessment for this dimension if they have not already done so.</p> <p>Step 3. Ask one participant to share one of the problems in the Management dimension and lead the QA Team or health care worker through the “5 Whys” to arrive at the root cause of the problem. Write the question number, re-phrased problem, and 5 Whys on a flipchart as you go. For example: Question 4.11: I do not request information and feedback about the outcome of the visit from the referral facility. Why? I thought I was finished when I referred the client. Why? I did not know it was important to ask the referral facility about the outcome. Why? I was not informed. Why? My referral form does not include a section for sending referral feedback/follow up back to me.</p> <p>If this example is used, determine if there is a Referral Note with a back referral already in use in Armenia and discuss how to put it in place in their facility. Discuss the importance of following up with clients that they refer.</p> <p>Step 4. Second example of “5 Whys”: Ask participants to turn to the Responsiveness Dimension. Give them a few minutes to complete the self-assessment for this dimension if they have not already done so.</p> <p>Step 5. Ask one participant to share one of the problems in the Responsiveness Dimension and lead her through the “5 Whys” to arrive at the root cause of the problem. Write the question number, re-phrased problem, and “5 Whys” on a flipchart as you go.</p> <p>Step 6. Ask if there are any questions about the use of the “5 Whys” technique. Ask what the supervisors think of this technique for helping their health care workers find out the root causes of their problems.</p>
Evaluation/ Assessment	<ul style="list-style-type: none">• Question/answer; discussion

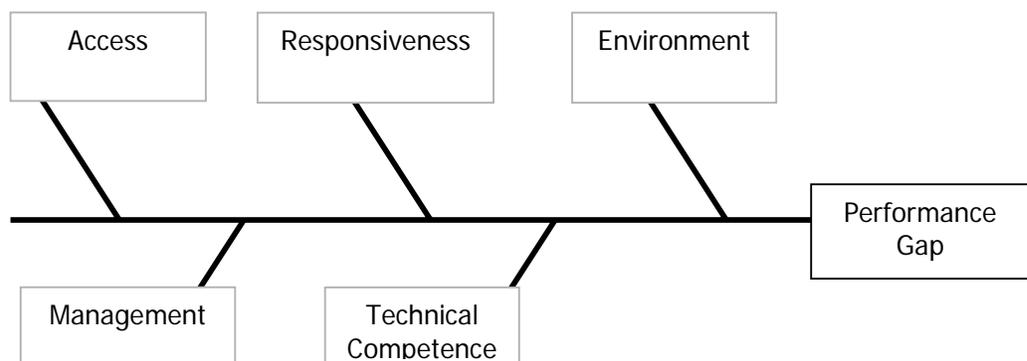
Day 2

Session 7: *Problem Solving Process: Fishbone Diagram*

Session Objectives	At the end of the session, participants will be able to: <ul style="list-style-type: none">• Use the fishbone (or cause and effect) diagram to identify root causes.
Time	60 minutes
Trainer Preparation	<ul style="list-style-type: none">• 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 three copies of Fishbone for small group exercise in Step 3).
Facilitation Steps	<p>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.</p>

Step 2. Describe the purpose of the Fishbone Diagram

- Display the Fishbone Diagram prepared on a 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: **Few pregnant women are seeking care in the 1st trimester.**
- The diagram is completed by considering the major causes of the performance gap in each of the five quality dimensions and then writing them on the “fishbone” connected to each dimension.
- This method is useful because it organizes information from a variety of sources (for example, the 5 dimensions or other major categories of causes such as human resources, equipment, facility and supplies) graphically, in a way that is easy to comprehend.
- List the major categories of causes on the main branches or ‘bones’ and all the possible causes related to that category.
- The objective of the exercise is to look for the most likely root causes of the problem and to try to reach consensus about which causes of the problem should be the focus of a quality assurance effort.



Day 2

- As a group, complete the fishbone diagram by identifying the possible causes in each of the five 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 of the root causes.

Step 3. Divide into three small groups. Each group will use the Fishbone Diagram to identify possible root causes of the same problem/performance gap that has been identified through the review of the clinic statistics: **few clients are seen for postnatal care within the first 6-8 weeks following delivery.** Give each group the prepared flipchart of the Fishbone Diagram for this problem.

Step 4. Reconvene in the larger group and ask each small group to report back on the use of the Fishbone Diagram example to identify causes in each dimension.

Evaluation/ Assessment

- Question/answer; discussion
- Completion of a Fishbone Diagram for one problem/performance gap

Handouts

None

Day 2

Session 8: *Action Plan Development*

Session Objectives	<p>At the end of the session, participants will be able to:</p> <ul style="list-style-type: none">• Identify the steps in developing a service provider’s action plan.• Describe what information goes in each column of the action plan template.• Complete columns 1-4 in the action plan for at least one quality dimension from the previous session.• Understand what should be included in all the columns of the action plan.
Time	60 minutes
Trainer Preparation	<ul style="list-style-type: none">• Review <i>Sample Action Plan for Facility QA Teams</i>
Facilitation Steps	<p>Step 1. Ask participants to turn to the “Action Plan for QA Teams” in the QA Package. State that since this is the first time they are using the QA self-assessment questionnaire and developing an action plan, we will start at Step 3. In the future, they will start with Step 1 (Review your statistics form...).</p> <p>Step 2. Read the instructions for Steps 3 and 4 and the Sample Entry on page 62. Ask participants to record the responses from their own self-assessment questionnaire in one dimension (Columns 1, 2, 3, 4). Circulate and assist participants who need help.</p> <p>Step 3. Lead the participants through the process of completing a sample action plan for one Quality Assurance Team that identified the following performance gap in the Responsiveness Dimension: Provider seeks regular feedback on services from clients. The Quality Assurance Team discovered after performing a root cause analysis that the root cause of this problem was that they had never thought of asking their clients what they thought about the services. Fill out the sample action plan that was distributed.</p> <p><i>Causes:</i> Did not realize it was important. <i>Solution:</i> Talk to staff about why it is important and ask for their suggestions about how to obtain feedback from clients about satisfaction with their visit. Consider constructing a suggestion box and place it near the door to the clinic. <i>Actions/Next steps:</i> Ask someone at the facility to construct a suggestion box. <i>By whom:</i> Ask a particular staff member to find out who on the staff would be willing to take on this task by the end of the week. <i>By when:</i> If a staff member is identified and agrees, he/she should be able to finish the suggestion box by the end of next week.</p> <p>Encourage all members of the QA team to attend the quarterly meetings with their action plan completed so that they can review their identified performance gaps and action plan.</p>

Day 2

Reminder to all members of the QA Team:

1. Complete *Statistics Form* quarterly
2. Conduct *QA Self-Assessment* Questionnaire quarterly
3. Review status and update *Action Plan* quarterly.

Evaluation/ Assessment

- Question/answer; discussion
- Completion of columns 1-4 in the action plan for one quality dimension

Handouts

Sample Action Plan for Facility QA Teams

Day 3

Session 9: *Opening Circle*

Session Objectives	At the end of the session, participants will be able to: <ul style="list-style-type: none">• Gain clarity on the day's tasks
Time	15 minutes
Trainer Preparation	<ul style="list-style-type: none">• Outline the Day 3 agenda on a flipchart.
Facilitation Steps	<p>Step 1. Welcome the group back to the circle.</p> <p>Step 2. Review the agenda for Day 3 written on a flipchart. Ask if there are any questions.</p>
Evaluation/ Assessment	None
Handouts	None

Day 3

Session 10: How to facilitate the QA Process

Different people, at various levels, will roll out the QA process. Their roles and responsibilities in facilitating the process need to be determined and clarified. The aim is to create a safe environment that enables program managers, supervisors/trainers and providers to disseminate and apply NOVA's QA process including the self-assessment questionnaire, review of statistics, and developing and monitoring action plans in order to achieve project objectives.

Effective facilitation and communication skills will help implementers create a safe learning environment, organize successful dissemination meetings and support the application of Project NOVA QA framework and strategy. Common facilitation techniques include summarizing, clarifying, paraphrasing, acknowledging, questioning and directing learners' contributions to other learners and/or the group as a whole. Participatory adult training methods ensure the learning process is built on participants' existing experience/skills and for meeting facilitation as well.

Role as change agent, communicator, facilitator and trainer and convening/leading the Quality Team Meeting

The purpose of this session is to clarify participant roles and encourage them to provide ongoing support to the providers who implement the QA process.

Session Objectives	At the end of this session, participants will be able to: <ul style="list-style-type: none">• Identify their roles and responsibilities as change agent, communicator, facilitator and leader/participant of Quality Assurance Team facility meeting;• Identify knowledge and skills that enable participants to effectively implement the QA process in the targeted marzes.
Time	60 minutes
Trainer Preparation	<ul style="list-style-type: none">• Review facilitator notes and instructions;• Prepare notes/slides on roles as change agent, communicator, facilitator and trainer; and• Reassemble flipcharts, markers, masking tape.
Facilitation Steps	<p>Step 1. Introduce the session: the purpose of their role as change agent, communicator, facilitator and trainer for the QA process and clarify session objectives.</p> <p>Step 2. Facilitate a brainstorming session on their roles and responsibilities as change agent, communicator, and facilitator for the QA process writing their answers on a flipchart. Discuss answers and complete with the following: As a champion for QA process implementation, they have to be effective leaders, effective communicators/facilitators and effective mentors throughout and after the orientation workshop, rather than merely providing instruction to colleagues and providers.</p>

Add from the following list (prepared flipchart or slides):

Day 3

An effective change agent and leader of facility Quality Assurance team:

- Creates a safe, respectful and collaborative atmosphere for the QA process implementation
- Is knowledgeable about the strategy being discussed
- Is decisive when decisions need to be made
- Believes that everyone, including the leader, has something to learn
- Is open to new ideas and perspectives
- Supports the empowerment of colleagues in the field including providers
- Models group norms and enforces them when necessary

An effective communicator and facilitators:

- Practices good communication skills, including both listening and sharing
- Facilitates effective group interaction and communication
- Mediates disagreements and generates solutions
- Facilitates adherence to group norms and consensus
- Encourages new ideas and positive initiatives

An effective mentor:

- Encourages and inspires groups and individuals
- Instills confidence and enthusiasm in colleagues and providers
- Acts as a role model
- Thinks and acts in inventive, creative ways to keep participants engaged in the QA process strategy implementation
- Supports ongoing coaching and supportive supervision after the workshop
- Leads/facilitates Quality Assurance Team meetings

Step 3. Work with participants to learn how to lead effective team meetings at the facility.

Review hand out of Team Meeting Guidance;

- How to prepare an agenda.
- What to do before, during, and after a team meeting.
- Roles and responsibilities of team leader, notetaker.
- Example of an agenda.

Step 4. Discuss the knowledge and skills needed to fulfill their roles and responsibilities discussed above. Ask participants to write down their thoughts on a note card. Ask participants to post their cards on the flipchart. Ask five volunteers to share their cards with the group. Allow each volunteer no more than one minute to talk about his/her card and help the facilitators understand that is the purpose of this workshop.

Complete the flipchart with the following the knowledge and skills needed:

- Knowledgeable about QA package and steps for implementation of the QA process and their role as support/problem solvers.
- Action plan development and implementation (discussed in Session 9).
- Communication and facilitation skills including training methods (discussed in Session 12).

Day 3

- Skills in leading a team meeting with the facility QA team.

Step 5. Summarize the session. Link to the next session on communication and facilitation skills.

**Evaluation/
Assessment** Question/answer; discussion

Handout Team Meeting Guidance

Day 3

Session 11: Skills Needed to Facilitate QA Activities: Effective Communication and Facilitation skills

The purpose of this session is to identify communication techniques for effective verbal and nonverbal communication during training or meetings, to practice employing these techniques to demonstrate interest in and respect for participants' contributions and ensure that participants comprehend key information and fully participation.

- Session Objectives**
- At the end of this session, learners will be able to:
- Explain why good communication is an important skill for trainers/facilitators to improve quality;
 - Identify characteristics of effective verbal and nonverbal communication;
 - Demonstrate effective communication skills, including effective nonverbal communication and the use of open-ended questions;
 - Demonstrate the use of praise and encouragement; and
 - Give and receive constructive feedback.

Time 90 minutes

- Trainer Preparation**
- Make enough copies of handouts on communication and facilitation skills;
 - Label flipcharts: Effective Nonverbal Communication, Effective Verbal Communication, Tasks for small group work;
 - Prepare flipcharts or slides: Session objectives, Examples of Closed-Ended Questions, Examples of Open-Ended Questions, and Examples of Paraphrasing;
 - Copy handout: Communication Skills Checklist;
 - Reassemble flipcharts, markers, and masking tape.

Facilitation Steps

Step 1. Introduce the session: Effective Communication Skills and clarify session objectives.

Step 2. Facilitate a brainstorming session on **nonverbal** and **verbal communication skills** that trainers use to encourage open communication and facilitate learning.

To work effectively with adult learners, trainers/facilitators need to be skilled communicators. Trainers/facilitators use effective verbal and nonverbal communication to demonstrate interest in and respect for learners' diverse contributions, manage group conflict, facilitate learning and ensure that learners comprehend key information.

Post flipchart: Effective Nonverbal Communication.

Ask participants to identify nonverbal communication trainers/facilitators use to encourage open communication and facilitate learning.

Define **nonverbal communication** as silent communication through physical posture or body language, facial expressions and gestures. Write their comments on the flipchart.

Day 3

Add from the following list as needed:

- Maintaining eye contact.
- Nodding head or smiling to demonstrate interest in what is being said.
- Standing in front of learners without placing any barriers, such as a desk or podium, between themselves and learners.
- Standing in relaxed yet confident postures.
- Demonstrating enthusiasm about the topic by moving around the room and gesturing.
- Avoiding distracting movements, such as tapping feet, pacing back and forth, or passing out handouts while someone is speaking.

Note that effective trainers /facilitators also pay attention to learners' nonverbal communication.

People's body language may indicate that they are uncomfortable discussing a certain topic or are bored or distracted.

Step 3. Ask participants to identify **verbal communication** trainers/facilitators use to encourage open communication and facilitate learning. Write their comments on the flipchart and then add the following if not already mentioned by participants:

- Varying the pitch, tone and volume of voice.
- Speaking clearly.
- Encouraging questions.
- Avoiding becoming defensive when learners challenge them.
- Allowing learners to answer each other's questions.
- Emphasizing important points.
- Summarizing at the end of an important point.
- Avoiding repetitive phrases such as, "OK?" "Right?" "Do you understand?" or "Is that clear?"
- Making smooth transitions from one topic to another.
- Making connections between various topics, when possible.
- Giving clear directions by posting written directions in a visible place.
- Using language that is easily understood and culturally acceptable to the learners, avoid jargon.

Step 4. Discuss key **communication techniques**, including active listening, effective use of closed- and open-ended questions and paraphrasing.

Ask participants to define **active listening**: Write down all key responses, discuss them, reach consensus and complete if necessary with the following:

- Active listening is listening to another person in a way that communicates understanding, interest and empathy.
- Active listening does the following:
 - Concentrate on what the speaker is saying
 - Allow the speaker to express himself or herself
 - Allow the speaker to control the conversation
 - Accept the speaker's opinion as valid for himself or herself

Day 3

- Pay attention not only to words but also to gestures and behavior
- Prevent emotions from inhibiting active listening no matter what the speaker is saying

By actively listening, you acknowledge the speaker and demonstrate that his or her ideas are important. It involves nonverbal behavior or body language.

Ask participants for an example of a **closed-ended question**. Ensure the example is correct, and then discuss closed-ended questions.

- Closed-ended questions elicit short answers, often “yes” or “no.”
- They can be used to check in with the group, for example, to find out whether or not they understand the material or are ready to move to the next topic.
- Closed-ended questions can also be useful when the trainer is trying to uncover specific information or make a point.
- Closed-ended questions are not useful when trainers are trying to solicit in-depth responses from learners or to initiate discussion.

Post and read flipchart: Examples of Closed-Ended Questions related to implementing the QA process.

- Is the meaning of that word leadership clear?
- Do the practitioners in your facility mainly use the national treatment guidelines?

Ask learners for an example of an **open-ended question**. Ensure the example is correct, and then discuss open-ended questions.

Open-ended questions elicit in-depth responses, thus engaging learners more fully in discussions and activities. Open-ended questions begin with “how”, “what”, “when”, “why” and “tell about”. They do not have a “yes” or “no” answer.

Post flipchart: Examples of Open-Ended Questions related to implementing the QA process.

- *What skills* are you hoping to learn during this workshop?
- *Tell me* some possible reasons why this QA process needs to be implemented?

Ask learners to explain "**paraphrasing**". Ensure the explanation is correct, and then discuss the use of paraphrasing.

Paraphrasing, or restating what someone has said to you, is an effective way to make sure that you and the speaker understand each other. It shows that you are listening carefully to what is being said. If you have misunderstood, speakers have an opportunity to clarify their point.

Post flipchart: Examples of Paraphrasing related to implementing the QA

Day 3

process.

- *What I hear you saying is* that you're not getting the support you need from the health ministry to apply the QA process. Is this correct?
- *In other words,* you find that women providers are often reluctant to discuss the implementation these topics with a male doctor?

Discuss **Summarizing, Encouraging and Praise**

Ask participants the purpose of summarizing. Complete with the following information:

The trainer/facilitator, at key moments during a course, or a training session or meeting, identifies and verbalizes the principal elements or details of the discussion up to that point. The purpose of summarizing is to end one phase of the discussion and either terminate or move on to the next phase.

Summarizing is valuable in controlling the pace of a session or meeting and keeping the discussion on track.

The purpose of summarizing is to:

- Pull important ideas, facts, or data together.
- Establish a basis for further discussion or to make a transition.
- Review progress.
- Check for clarity; check for agreement.

By summarizing a conversation, you can encourage people to be more reflective about their positions as they listen for accuracy and emphasis.

Summarizing requires you to listen carefully, in order to organize and present information systematically. Summarized information ensures that everyone in the discussion is clear about what just transpired in their discussion.

For example, a trainer/facilitator may summarize to ensure that participants remember what has been said or to emphasize key points made during a group discussion. In these instances, summarizing is very useful. Some starter phrases to help you begin a summary are:

- There seem to be some key ideas expressed here...
- If I understand you, you feel this way about the situation...
- I think we agree on this decision, what we are saying is that we intend to....

A real value of summarizing is that it gives you the opportunity to check for agreement. If people do not agree, it is better for you to know during the discussion than to find out later when a task is not completed or a deadline is missed. As an example of summarizing, assume that someone named Robert has talked for three or four minutes, and you summarize as follows:

Let me see if I have it straight, Robert. First, you say the work is boring, not carefully scheduled, and finally, you are concerned about the number of hours people are expected to work, correct?

Day 3

As another example, the discussion has gone on for several minutes and you summarize as follows:

- In talking about this issue, we have come up with three main points. . .
- In summary, this communication skill is a deliberate effort on the part of a trainer to pull together the main points made by the person or persons involved in the discussion.

Encouraging and praise

Ask participants to define Encouragement and Praise. Complete with the following if necessary:

- Encouragement is the giving of courage and confidence.
- Praise is the giving of approval.

The trainer/facilitator, through facial expressions, body language, and comments, encourages the speaker to say more about the situation. When encouraging another to speak, the trainer should be aware of encouraging behaviors as well as those which may be discouraging.

In order for the facilitation skills to be successful, they need to be supported by a number of other encouraging facilitation skills, some verbal, and some non-verbal. The trainer, through facial expressions, body language, and comments, encourages the speaker to say more about the situation. Examples are:

- Nodding one's head.
- Picking up on the last word or two of someone else's sentence.
- Repeating a sentence, or part of a sentence.
- Asking someone "Say more about that."
- Saying "That's good, does anybody else have anything to add?"
- Maintaining eye contact, open body position.
- Saying "Uh huh."

Giving and receiving feedback

Step 5. Define **feedback** as a communication method for receiving or giving information about behavior.

Ask participants to give examples of constructive and unconstructive feedback. Write down the examples, discuss and complete if necessary using the notes below. You could organize a role-play if time allows.

The process of giving and receiving feedback involves giving trainer/facilitator information about their performance, and for the trainer/facilitator to listen receptively to suggestions for improvement.

Giving feedback includes providing people with information about what they do well, in addition to identifying aspects of their performance that need improvement. It also includes offering realistic suggestions for improving their performance. Feedback can take many forms and should include praise (positive feedback) as well as suggestions for improvement.

Day 3

Offer praise before sharing constructive criticism.

Offer feedback using the first person — for example, “I think,” “I saw,” “I feel,” “I noticed.”

- Be brief in your comments.
- Direct comments towards behaviors over which the person has control and can change.
- Offer constructive criticism by offering ideas for improvement.
- Criticize the performance not the performer.
- Describe what you saw and heard, but avoid making judgments.

Constructive feedback: “You were very thorough and seemed to cover all of the important steps. When you asked the person playing the role of client if she had any questions, however, I noticed that you were still filling out her chart and were not looking at her. Perhaps if you stopped what you were doing and made eye contact with her, she would feel more comfortable asking questions.”

Unconstructive feedback: “You ignored the client because you were too focused on filling out the chart. You asked, but you didn’t even care if she had any questions. Your voice is too deep and intimidating.”

When eliciting feedback be sure to:

- Ask for specific and descriptive feedback.
- Ask clarifying questions to understand the feedback.
- Accept feedback. Do not defend or justify behavior.
- Listen to the feedback and thank learners or fellow trainers for sharing their perspectives.
- Reflect on the feedback and use relevant feedback as information to improve performance.

Discuss the rules of **giving** and **receiving feedback**.

Feedback is most constructive when:

- Given at the appropriate time and place. Feedback is most useful when it is given during or immediately after a learner practices a new skill or procedure.
- Given directly to the person.
- Given in the format of “I observed, I think, I feel”. Facilitator/trainers should use their own observations and suggestions when delivering feedback to learners.
- Supported with facts and examples.
- Given in reasonable quantities - neither too much nor too little
- Focused on the most important things. Feedback is not helpful when it focuses on issues such as a learners’ accent or the sound of their voice.
- Directed toward behavior over which the receiver has control.
- It is specific.
- It is descriptive of what you have observed, not judgmental. Feedback should describe the consequences of learners’ behavior, rather than judging learners’ skills or intentions

Day 3

- States the impact of the behavior or action. Link the undesired behavior or action to client satisfaction/outcomes or program goals
- The other person is asked to respond
- It is focused on solutions: clarify your expectations and offer advice, training and coaching. Explore solutions jointly and choose ones that are realistic.

How to received feedback:

- Listen without interruption
- Make no justification for behavior
- Ask only for clarification (this may be done by both the trainer and trainee)
- Acknowledge the feedback
- Be gracious and not defensive

Ground rules:

- Do not put down others' values
- No question is dumb
- It is Ok to feel embarrassed
- Do not ask personal questions
- Everyone has the right to participate or pass
- Speak for yourself. Use "I" statements.

Step 6. Summarize the importance of effective communication.

Key points:

- Effective leaders/facilitators/trainers employ good communication skills to facilitate learning, manage tension and conflict, and maintain a positive and productive learning environment.
- Skilled trainers/leaders/facilitators use verbal and nonverbal communication to demonstrate interest in and respect for participants/learners' contributions, and to interpret nonverbal cues that learners provide about their comfort and satisfaction with the training course.
- Successful leaders/facilitators/trainers acknowledge the value of different perspectives, while diplomatically testing and challenging learners' assumptions and prejudices.
- Effective leaders/facilitators/trainers are skilled at providing productive, positive feedback to learners and respond non-defensively to participants/learners' feedback.

Invite participants to ask questions. Get answers from participants and complete the flipchart if necessary. Review objectives. Thank participants.

Step 7. Link to next session.

Now that we have discussed and practiced effective communication skills, let's talk more about the key training/ learning methods.

Evaluation/ Question/answer; discussion; exercises

Day 3

Assessment

Handouts Communication Skills Checklist

Day 3

Session 12: *Facilitation methods*

The purpose of this session is to review different methods that facilitators might use for working with QA teams and facilitating the QA process.

Session Objectives At the end of this session, learners will be able to:

- Describe various facilitation methods, their advantages and disadvantages
- Describe how to use each method with staff to orient and support the QA process at the facility level.

Time 60 minutes

Trainer Preparation

- Review notes on COACHing, mentoring, supportive supervision, and handout on Key Training methods

Facilitation Steps **Step 1.** Facilitate a short presentation on definitions of **COACHing**, **mentoring** and **supportive supervision** to help participants understand the differences. The presentations should include the following:

Coaching: Means using coach approach. The acronym COACH approach describes below as:

- C** = Clear performance model (Trainer/Preceptor should clearly show the participants what they are supposed to do)
- O** = Openness to learning (Create activities in such a way that participants are interested in learning)
- A** = Assess performance (Provide feedback / progress to individual participants)
- C** = Communication both ways
- H** = Help and follow-up

Mentoring: The word mentor means wise counselor/guide/ helper. Mentoring is a systematic process through which one can see the progress of another individual's or organization's work and assist them where gaps or needs exist to keep the individual's or the organization's performance as per standard.

Keys to effective, supportive mentoring:

- Support your provider and the worksite
- Pay attention to the needs and environment of providers
- Provide positive and constructive feedback
- Discuss problems with individuals to find solutions.
- Understand the needs and demands of the providers
- Discuss supervisory system problems with supervisor and discuss possible solutions

Supportive Supervision: This is a system of supervising the work of individual or organization with a helpful/supportive attitude and with **positive feedback**. A supportive attitude means problem solving and eliminating critical behavior.

Step 2. Practice mentoring, coaching and supportive supervision at worksite using checklists and role play.

Day 3

Distribute checklists. Ask for volunteers for at least one role-play. Ask participants to use the selected checklist for the feedback. In closing, discuss the usefulness of the role-play on the facilitation/communication skills and training techniques learned.

Step 3. In summarizing, ask participants:

- What have they learned about their roles and responsibilities in implementing the QA process?
- What is needed for effective application of the strategy at their level?
- Thank participants for their active participation.

Step 4. Link to next session.

Now that we have discussed the training strategy, roles and responsibilities to implementing the QA Package at different levels, we will now practice conducting a monthly meeting.

**Evaluation/
Assessment** Question/answer; discussion; exercises

Handouts Communication Skills Checklist

Day 3

Session 13: *Working Together to Assure Quality: Practice Conducting Quality Facility Team Meetings and Next Steps*

Session Objectives	<p>At the end of the session, participants will be able to:</p> <ul style="list-style-type: none">• Identify possible resources to help problem-solve at their facility;• Identify possible uses of the semiannual meetings to respond to the performance gaps/issues identified by the staff;• Lead a monthly meeting focused on improving quality.
Time	30 minutes
Trainer Preparation	<ul style="list-style-type: none">• Check that flipchart paper, markers and tape are available.
Facilitation Steps	<p>Step 1. Introduce this session by saying “Let’s brainstorm a list of possible resources for helping to solve problems identified through the facility self-assessment. Who can help?” Write the responses on a flipchart as the group brainstorms. Possible responses include:</p> <ul style="list-style-type: none">• Peers/other health care workers• Marz health department• Local health experts• Community leaders/stakeholders• NGOs• Donor agencies <p>Step 2. Then ask the group to brainstorm possible uses of the semiannual marz meetings to respond to the performance gaps/issues identified by the health care workers. Write the responses on a flipchart as the group brainstorms. Possible responses include:</p> <ul style="list-style-type: none">• Practice conducting root cause analysis or action planning;• Review the self-assessments; identify which gaps are due to knowledge deficits. Identify resource persons in their marz who can provide knowledge updates/continuing education during the semiannual marz meetings;• Identify where the health care workers can get needed supplies or equipment;• Rotate meetings to “model” clinics to learn from each other;• Share testimonies of QA accomplishments;• Plan for exchange visits. <p>Step 3. Explain that the next part of this session will focus on practicing the actual steps they can use to lead a marz meeting focused on quality. Choose one participant to act as the supervisor while the other participants will act as “health care workers” attending an actual marz meeting.</p> <p>Step 4. Ask the supervisor conducting the meeting to lead the group through an exercise to identify the most common performance gaps. Group the gaps together writing on a flipchart.</p>

Day 3

Step 5. Choose one of the common gaps identified that seems doable and important and perform a root cause analysis on this gap with one of the health care workers. Remember, it may be necessary to narrow down the number of issues or gaps to those that deserve attention and warrant the investment in resources needed before conducting a root cause analysis. Also remember that the root causes of the gap may be different from one facility to another, so you will need to lead more than one facility team through the “5 Whys” to arrive at the different root causes.

Step 6. Brainstorm about known resources to address the identified causes—working with other health care workers from other facilities within the marz, community, marz department head, Head Physicians of selected facilities, and Department Heads and then develop a specific action plan.

Step 7. Discuss with the group what went well with the exercise (Steps 2-6), and what they would do the same or differently to address quality issues in their semiannual meetings. Answer any questions/concerns they may have about conducting an actual semiannual meeting focused on QA.

Step 8. Discuss how to communicate findings at the national or marz-level once they have held meetings identifying the gaps and root causes. Responses might include:

- Quarterly written reports
- Face to face meetings
- Telephone calls

Step 9. Discuss future actions. Examples might be:

- Write a simple report describing the results of QA team meetings for the hospital director and/or Marz Health Department.
- QA team member organizes updates on QA to determine results of self-assessments and resolution of performance gaps.
- Visit other facilities with QA teams to see what they have done to improve quality and practice QA among ourselves (e.g. using the self-assessment questionnaire tool, “5 Whys” and action plan).

Step 10. Review what we have accomplished during this session.

Evaluation/ Assessment

- Question/answer; discussion

Day 3

Session 14: *Evaluation and Final Closing Circle*

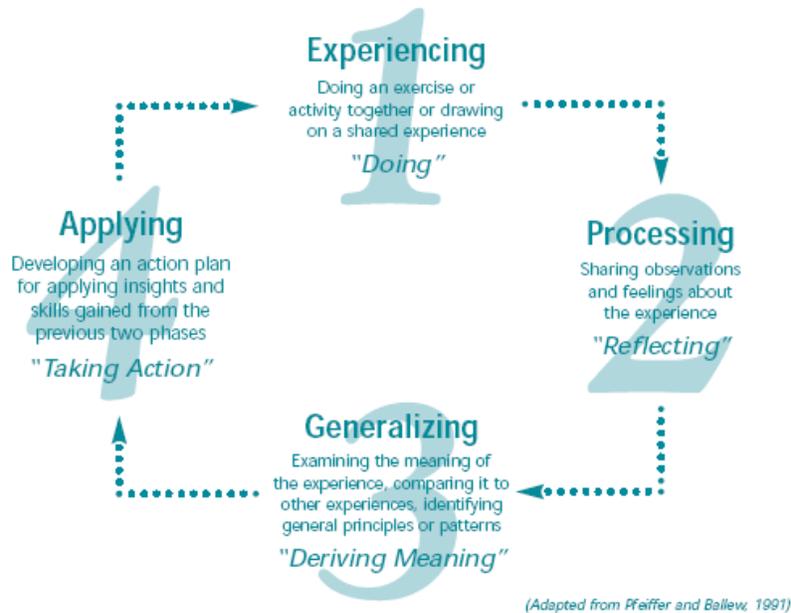
Session Objectives	At the end of the session, participants will be able to: <ul style="list-style-type: none">• Gain a sense of closure to the workshop
Time	30 minutes
Trainer Preparation	<ul style="list-style-type: none">• Make sure there is a ball of yarn to toss from one person to another.• Ensure that there are copies of the <i>Workshop Evaluation Form</i>
Facilitation Steps	<p>Step 1. Review the Workshop Objectives and the Expectations and Concerns that were listed on Day 1 flipcharts. Ask “Have we achieved the objectives, and addressed your expectations and concerns?”</p> <p>Step 2. <i>Final Closing Circle:</i> To close the workshop, ask participants to stand up and stand in a circle. Facilitator says “<i>This is our final closing circle and it is going to be very active. I am going to toss this ball of yarn to one person and invite you to say one thing that you have learned during our three days together. You have the option to say nothing. While you have the object, you are the speaker and we are the respectful listeners. When you are finished speaking, toss the ball of yarn to someone else.</i>”</p> <p>Step 3. Facilitator starts out by speaking and then tossing the ball of yarn to a participant. When holding the ball, each participant has the opportunity to speak or toss the ball to another participant. Designate someone to write the responses down on a piece of flipchart paper</p>
Evaluation/ Assessment	<ul style="list-style-type: none">• Completed <i>Workshop Evaluation Form</i>
Handouts	<ul style="list-style-type: none">• Workshop Evaluation Form

Appendices

The Adult Learning Cycle

Adults learn through a process in which they analyze and apply new knowledge and skills to their work and lives. Effective training activities guide participants through each step of the learning process.

The adult learning process consists of four phases:



Phase 1: Learners experience new information. The role of the trainer is to structure the activity by clarifying objectives, presenting information and giving directions and time limits for activities. The trainer presents information in a stimulating manner, using visual aids and actively involving learners by asking questions and facilitating discussion. Possible training methods to use during phase one: interactive presentations, group brainstorm, case studies, field visits, and film/video.

Phase 2: Learners process new information. The role of the trainer is to facilitate learners' reflections on what they learned in phase, how they reacted to the information, and sharing of their ideas and reactions with each other. Possible training methods to use during phase two: small-group discussion or problem-solving, small-group presentations.

Phase 3: Learners generalize the experience. The role of the trainer is to guide learners to derive meaning from their reactions to the new information. It is crucial for the trainer to be knowledgeable about the topic and its broader context. Trainers should resist providing answers for learners, and instead facilitate learners drawing their own conclusions. Possible training methods to use during phase three: large-group discussion, demonstration, individual reflection through writing.

Phase 4: Learners apply the experience to actual work or life situations. The role of the trainer is to help learners relate what they have learned in the training to their everyday work or life situations. The trainer can design activities where learners practice and plan for post-

training application. Possible training methods to use during phase four: field visits, study tours, action planning, simulated skills practice, and practice with actual clients.

Training Methods

Participants learn more and stay engaged in learning activities when a variety of training methods are used. For best results, the training method selected should complement the learning objective and be suited to the participants and any constraints of the training intervention.

Action/learning plan	Hands-on practice	Proverbs
Brainstorming	Homework	Question and answer
Case examples	Illustrated mini-lecture	Research
Demonstration	Independent study	Reflection
Discussion	Individual exercises	Role play
Exhibits	Interview	Self-assessment
Field visits	Learning diary	Self-directed activities
Fishbowl discussion	Observations	Simulated practice
Full group exercises	Pairs or triads exercises	Small group discussion
Games	Panels	Small group exercises
Group assignments	Presentation	Stories
Guest speaker	Problem-solving exercises	Surveys

General Instructions for Training Methods Used in this Workshop

Instructions for methods used frequently in this training course are included here. Instructions for specific activities are included with the modules where they are used.

Mini-lecture—Trainer makes a short presentation using the materials available. Mini-lectures should be kept short and should either include or be followed by question and answer to ensure comprehension and clarify questions.

Question and Answer—Question and answer sessions are used to recall information or elicit participant knowledge, to clarify information, to check comprehension, to present information when participants are already knowledgeable, to evaluate participant knowledge, and to fill gaps in participant knowledge.

Steps for Question and Answer

1. Trainer asks participants what questions they have about the topic.
2. If a participant has a question, trainer asks another participant to answer.
3. If the participant's answer is correct and complete, trainer reinforces.
4. If the participant's answer is incorrect and/or incomplete, trainer may ask questions that lead the participant to a more correct answer or ask another participant to respond.
5. If the answer is still incorrect and/or incomplete after two or three trials, trainer corrects and/or completes and informs the participant where to find the information.
6. If there are no questions, trainer asks questions to verify knowledge and follows the same steps (2, 3, 4, and 5).

Brainstorming—Brainstorming brings participants' experience into the classroom and lets the participants know that their experience is valuable. Brainstorming is also an excellent way to find out what participants already know and to identify gaps in their knowledge. Ideas

generated in brainstorming can be used for summarizing, as input to group exercises, and to relate content to participant experience.

Steps for brainstorming

1. Trainer asks an open-ended question.
2. Participants shout out their answers or ideas.
3. Trainer records ideas on newsprint or in another format where all can see them.
4. No ideas are discarded, criticized or analyzed, but clarifying questions can be asked.
5. Trainer leads a discussion of the ideas generated.
6. Trainer moves to the next question.

Small Group Exercises—Trainer divides the large group into pairs, triads or small groups of up to 6 participants. The small groups have a short time to discuss a topic, solve a problem, or work on an activity together.

Steps for small group exercises

1. Trainer divides the participants into small groups (by having the participants count off 1,2,3, etc.; by having participants choose their own groups; by grouping according to seating; or any other method of forming groups).
2. Trainer presents the problem or topic, and explains what the small groups are to do and how much time they have for the activity.
3. Trainer asks each group to select someone to speak for the group when they reconvene as a large group. The groups may also wish to select a recorder and/or a leader.
4. Participants work on the activity in their small groups. Trainer circulates among the groups and answers questions, if any.
5. Trainer reconvenes the large group and asks each small group to summarize its discussions or its answer to the problem or activity.
6. If all groups were working on the same problem or topic, trainer can save time and avoid repetition by asking each group to offer one point, then ask the next group for one point, and so forth until all points are covered.

Adapted from:

Fetter KA, Clark M, Murphy C, Walters J. 1995. *Teaching and Learning with Visual Aids*. London, Macmillan Education, Ltd. in conjunction with INTRAH and TALC.

MARAM Project. 2004. *Training Modules for Use in Maternity Homes*. Chapel Hill, NC and Ramallah, Palestine: IntraHealth International, Inc.

Wegs C, Turner K, Randall-David B. 2003. *Effective training in reproductive health: Course design and delivery. Reference Manual*. Chapel Hill, NC, IPAS.

KEY MATERNAL AND CHILD HEALTH INDICATORS

INDICATOR	VALUE	SOURCE
Total fertility rate	1.7 1.4	2005 ADHS 2005 MOH
Total abortion rate	1.8	2005 ADHS
Maternal mortality rate (per 100,000 live births)	26.4	2005 MOH
Abortion-related maternal mortality rate (per 100,000 live births)	5	2005 MOH
Percent of pregnant women receiving ANC during 1 st trimester of gestation	46%	2006 MOH
Percent of pregnant women receiving all components ANC	60%	2006 MOH
Percent of births attended by healthcare provider	97%	2005 ADHS
Percent of pregnant and postpartum women who have satisfactory knowledge of pregnancy-related issues	30%	2006 MOH
Neonatal mortality rate (per 1,000 live birth)	17	2005 ADHS
Infant mortality rate (per 1,000 live birth)	26	2005 ADHS
Under-five mortality rate (per 1,000 live birth)	30	2005 ADHS
Proportion of low-birth weight infants (per 1,000 live births)	75	2005 ADHS
Proportion of premature infants (per 1,000 live births)	62	2005 MOH
Proportion of fetal developmental abnormalities (per 1,000 live births)	18	2006 MOH
Percent of infants exclusively breastfed up to 6 months	33%	2005 ADHS
Antenatal care coverage (percent)	93%	2005 ADHS
Use of any contraceptive method (modern and traditional) by married women aged 15-49 (percent)	53%	2005 ADHS
Use of any modern contraceptive methods by married women aged 15-49 (percent)	20%	2005 ADHS
Infertility prevalence	32%	1997 MOH
Secondary infertility prevalence (women)	28.5%	1997 MOH
Secondary infertility percent (men)	15.6%	1997 MOH
Cervical cancer incidence (per 100,000 women)	12.4	2005 MOH
Percent of cervical cancer cases detected in late stage	47%	2005 MOH
Breast cancer incidence (per 100,000 women)	55.7	2005 MOH
Percent of breast cancer cases detected in early stage	5%	2005 MOH
Syphilis incidence (per 100,000 population)	2.6	2005 MOH
Gonorrhea incidence (per 100,000 population)	30.6	2005 MOH
Number of HIV/AIDS registered cases	436	1988-2006 MOH
Percent of pregnant women tested for HIV	80%	2006 MOH

Quality Assurance Framework

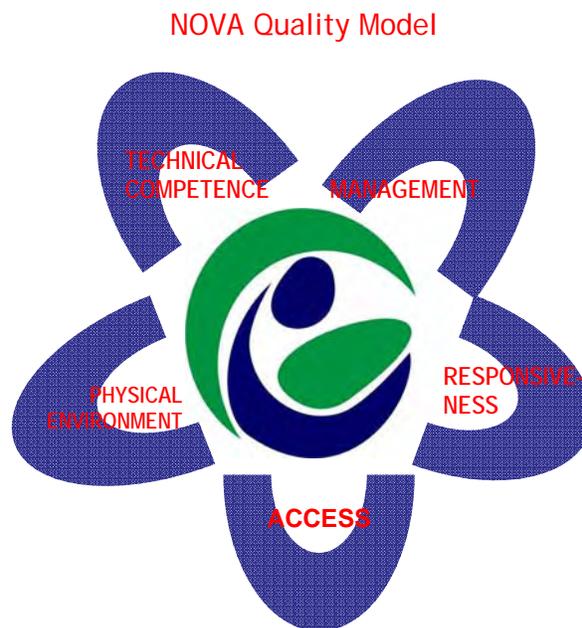
Dimensions of Quality

According to Avedis Donabedian, often considered the ‘father of quality’ and an ethnic Armenian, “The quality of technical care consists in the application of medical science and technology in a way that maximizes its benefits to health without correspondingly increasing its risks. The degree of quality is, therefore, the extent to which the care provided is expected to achieve the most favorable balance of risks and benefits.”¹

Quality criteria as defined by the Armenian Ministry of Health are summarized in the Armenian National Guidelines for Obstetrical and Gynecological Outpatient Care², and include, among others, the following outcome indicators:

- Increased number of women who receive four antenatal visits
- Increased number of women who receive postpartum care
- Increased registration of women earlier in their pregnancy for antenatal care, improving support during pregnancy and her preparation for delivery
- Reduced number of premature deliveries
- Reduced number of maternal and infant deaths.

In order to achieve these results, however, quality must be viewed as a multi-dimensional concept in which the dimensions can vary in composition and relative importance depending on the context. Generally, the dimensions most frequently agreed to by leading experts working in developing countries are: **Technical Competence, Access to Services, Effectiveness, Efficiency, Continuity, Interpersonal Relations, Safety, and Amenities**³. In Armenia, Project NOVA is focusing on a slightly modified and reduced Quality model, using five dimensions: 1) Access to Services, 2) Responsiveness, 3) Environment, 4) Management, and 5) Technical Competence.



¹ Donabedian, Avedis, *Explorations in Quality Assessment and Monitoring*, Ann Arbor, MI: Health Administration Press, 1980.

² Armenian National Guidelines for Obstetrical Gynecological Outpatient Care, Ministry of Health, 2004.

³ Brown, L., et al., *Quality Assurance of Health Care in Developing Countries*, Bethesda, MD, Quality Assurance Project

1. **Access** to services investigates geographical and financial access.
 - **Geographic Access**: Distance and transportation to higher-level facilities is a critical factor in whether a woman can access care or not. Although this project cannot create facilities where they don't exist, it is important to be aware of the difficulties women face in receiving care. Doctors and specialists have the mandate to visit rural areas to provide care—often they do not, and women suffer the consequences.
 - **Financial Access**: Many primary services are covered by the State through reimbursement of individual health facilities and are intended to be free of charge to vulnerable populations. Yet many clients are not aware of this right. The USAID Armenian Social Transition Program (ASTP) has developed a poster listing all of the free services available and all health facilities except HPs are required to post it, but not all clinics have the poster visible for clients and do not inform clients of their right to free services.

2. **Responsiveness** probes two important areas:
 - **Client-provider interaction**: Do providers treat clients with respect? Answer questions?
 - **Community-provider relations**: Are providers knowledgeable and involved in their communities? Does provider seek regular feedback on services from clients?

3. **Physical Environment**: This dimension refers to a facility's ability to provide a safe environment for health care and examines not only the availability and functioning of equipment and supplies in facilities but also the condition of infrastructure. Some health facilities have been renovated by various international organizations or individual humanitarian assistance efforts, but many others are dilapidated and do not have the basic infrastructure in place. It is important to factor this into any overall assessment of quality for any facility. In addition, basic supplies needed to provide care as well as the availability of educational materials are considered in this dimension.

4. **Management** looks at supervision of facilities as well as the daily management of the facility with regards to record keeping, cold chain process for immunizations and other relevant systems.

5. **Technical Competence** examines provider performance and determines if it meets acceptable standards or not. NOVA will be looking at performance in the clinical areas of antenatal care (ANC), postpartum and infant care (PPIC), family planning (FP), infection prevention (IP) and sexually transmitted diseases (STIs).

Assessing Quality of Facilities

Each quality dimension will be assessed by monitoring indicators that are most critical in determining the ‘health’ of the dimension. The indicators with the selected questions are not intended to be comprehensive; however, these indicators act as vital signs alerting providers of areas in need of improvement. There are 25 indicators with a total of 129 questions. Each dimension contributes a percentage of the whole. In viewing the relative strength of each dimension vis-à-vis the whole, Technical Competence is the most important and complex to assess as it encompasses five clinical areas: ANC, Family Planning, PPIC, IP, and STIs. Technical Competence has the most questions at 57. Responsiveness follows with 18 questions. Management and Supervision — 15, and Access and Physical Environment receive 15 and 19 questions respectively.

Scoring Quality in all Facilities

Each facility supported by Project NOVA will receive a *quality index score (QIS)* based on the results of the baseline assessment conducted by Project NOVA. After marz implementation program, Project NOVA will assess a representative sample of facilities to determine a follow-up QIS. This index score also may allow the project to compare quality in facilities that are implementing a quality assurance initiative with marz and national average scores.

QA sites will assess the quality of their facility each quarter. The project will help these facilities to review their scores over time by helping to establish Quality Assurance Teams. Teams will post their scores at their facilities and will monitor their own progress. Periodically, the team leaders will present the analysis of trends and accomplishments to the marz authorities.

Since our selected QA sites will undergo self-assessments, they will be having a total quality score at the end of each quarter (as delineated in our QA framework). Total quality scores will not be compared between different QA sites, i.e., each QA scoring will be tracked for the given network QA site and not compared to other network QA site.

Quality Assurance

According to the most current thinking in quality assurance, there are three required elements for continued quality assurance to take place: (1) Client and community focus, (2) Understanding work as processes and systems; and (3) Using data to drive decision-making and develop interventions. Project NOVA will employ all three concepts in the Quality Initiative⁴.

Client and Community Focus: Involving the community as individual clients in determining quality and improving services achieves important result: services meet the expectations of clients causing clients to visit more often. With providers working with communities to make services more efficient, comfortable, accessible, and responsive, clients will become more educated regarding what services are offered, how preventive care can lead to better health and what danger signs to look for when evaluating whether or not they should seek care. Too often Armenian women choose not to go to take advantage of free services for antenatal and

⁴ Massoud, R. et al, 2001, A Modern Paradigm for Improving Healthcare Quality, *QA Monograph Series*, Bethesda, MD.

postpartum care unless something is wrong—creating a crisis referral to a higher level of service that is difficult to get to. This initiative addresses client and community focus in through feedback solicited from clients on the provider’s performance, interpersonal skills, as well as overall impression of services.

Understanding Performance as Processes and Systems: Improving the performance of providers and the outcomes of services requires examining both the content of care as well as the process for providing care: evidence-based standards, protocols and guidelines must be carried out given the people, resources, infrastructure, supplies, and support available. Instead of looking only at outcomes, such as improved health statistics, improvement initiatives must look at the entire system— how are clients treated when they arrive? Do providers clearly explain the importance of each antenatal visit and the required lab tests? Are laboratory services accessible to women? Is a referral system in place? Improving outcomes requires that providers understand the service as a system and that their success is dependent upon the functioning of its key processes. This is particularly important given the vertical nature of the health system in Armenia where most providers are narrow specialists and lower level providers, such as nurses, are limited in their tasks and relied on only for the most basic health care services. Also, a focus on systems rather than individual performance reduces the ‘blaming’ that can occur when only provider performance is assessed and found deficient.

Using Information for Decision-making and Developing Interventions: One of the most important elements of any improvement process is the effective use of information for decision-making and planning. Quality data are scarce—and when available, they are often not used because they don’t meet the operational needs of programs or they don’t reach those that need it. And often, those that do have access to information, often lack the awareness and appreciation to use it as part of their decision making process. However, information is critical to program improvements. With it, we can:

- Identify and assess problems
- Discover causes for problems
- Make informed decisions about changes
- Decide whether changes are improvements or not—and if not, alter the approach,
- Monitor changes over time to ensure we are reaching desired goals.

Data collection processes should be simple and indicators dichotomous so as to eliminate debate about whether something has been achieved or not. When possible, quality teams should be involved in the process of finalizing indicators, developing tools, and managing the collection of information, in addition to monitoring and discussing the resulting information for decisions regarding improvements.

In selecting data to monitor for this process, we have identified 129 indicators that are derived from evidence-based standards and guidelines, that reflect the priorities of reproductive and maternal and child health care at the secondary level and that are feasible to collect at the facility level by quality teams.

Implementing the NOVA Quality Assurance Initiative

Selection of Sites: Five Quality Assurance Teams will be operating one in each marz (Ararat, Aragatsotn, Armavir, Vayots dzor and Syunik) during the three years of the program

implementation. Teams will be established in Project NOVA clinical training sites, which are:

- Vedi Maternity Hospital/Ararat Marz
- Talin Hospital/Aragatsotn Marz
- Armavir Hospital/ Armavir Marz
- Vayk Medical Center/Vayots Dzor Marz
- Sisian Hospital/Syunik Marz

A Quality Assurance Team (QAT) will be established in each selected QA site and will be composed mainly of the health care providers of the given site/ health care facility. Since there will be five technical areas to base the QA activities on, the QA team should include health care providers representing clinical specialties of obstetrics/gynecology, neonatology, etc. Involving health providers from the different clinical areas is important for achieving buy-in for the improvement effort. The QAT should include: the head doctor/deputy of the hospital, head doctor of the ob/gyn department, ob/gyns of the maternity department, neonatologists, midwives, pediatric nurses and the head nurse of the given facility. The leader of the QA team will be the head doctor/deputy of the hospital.

Orienting Teams: QAT members will be prepared to be an effective team member, trained in basic quality assurance concepts and be oriented to the initiative's objectives and scope. The QAT will clearly define roles, and responsibilities for each member of the team, then begin work by selecting the indicators they will track and the methods for gathering that data. Project NOVA staff will work with them to develop monitoring plans and practice with the instruments so they are able to implement the instruments confidently. A rolling agenda will be developed for QAT meetings in order to facilitate the review of data, the identification and discussion of gaps, and the generation of solutions. Data will be analyzed to look at trends and to determine if solutions are addressing intended gaps.

On-going Support: QAT will meet regularly to discuss problems, find solutions, and monitor action plans. The Team Lead will be responsible for ensuring that the team meets and that the discussion focuses on reviewing information presented and solutions are generated. Team members will be responsible for implementing monitoring tools at their facilities and presenting findings on a monthly basis, as well as updates as pertinent to activities planned the preceding month. Project NOVA staff will support and attend these meetings to help facilitate, conduct training in data collection and analysis, problem solving techniques, and to help maintain the focus of the work on systems and processes, not people.

Reporting of Results: There is always a delicate balance between the need for reporting and the investment required in terms of cost and time. It is Project NOVA's belief that if information is relevant and meaningful to those that collect it, if they have the authority to act on recommendations, and if it is kept simple, the likelihood of sustainability is higher. For this reason, the quality teams will be involved in the selection of indicators, the development of the monitoring plan, and the self-reporting and posting of data on a monthly basis. Quality assurance results will be presented to marz authorities every six months, with informal visits encouraged by marz authorities to quality team meetings in between. The objective for this pilot quality assurance initiative is to create the willingness and awareness of the power of information and team-based problem-solving in facilities that are otherwise bereft of attention and most support systems, and to develop a process that can be sustained over time and with as little automation as possible. If, in the future, an information system is implemented that

can automate collection, analysis or reporting, a more rigorous reporting system can be implemented.

Linking with Supervision and Management: There is a clear distinction between supervision and quality assurance—and particularly in Armenia where supportive, as opposed to punitive, supervision is a relatively new concept, it is important to maintain that distinction. Quality assurance must be undertaken and sustained with involvement and participation from the health care provider and the community, and with different facilities working together to find solutions; strict supervision oversight of the process can damage that organic adoption of quality assurance. The link between supervision and quality assurance is important and should be strengthened over time.

Incentive Schemes to Enhance Sustainability

Sustainability is always a challenge when introducing a new process or concept to a system—particularly if it involves additional work for providers, supervisors and managers. This case is no different, we will be asking that the head of the hospital manage and lead the quality process by facilitating meetings, overseeing and leading the data analysis, and presenting findings to the marz level authorities. Every person participating on a team will have added responsibilities in order to reach improvements. Although the Project cannot promise facility renovation or an increase in salary, it is important to consider all cost-effective means possible to motivate quality teams. Several options for incentives exist such as the end of the year bonus, public recognition, and public posting of accomplishments at the facility level. We will explore various options to determine what is possible and most sustainable.



Quality Assurance Package QUARTERLY STATISTICS REVIEW FORM

Name of the Facility: _____

Marz: _____

Indicators	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
Catchment area								
Number of women of reproductive age								
Number of births								
Number of maternal deaths								
Number of new pregnant women registered								
Number of pregnant women registered during first trimester of gestation								
Number of women who gave birth during this quarter who received at least 4 antenatal care visits during pregnancy								
Number of neonatal deaths								
Number of newborns with low birth weight (2.5 kg or less)								
Number of women with complications during labor and delivery (eclampsia, bleeding)								
• eclampsia								
• bleeding								
Number of referrals to higher level facilities for emergency obstetric care								
Number of referrals to higher level facilities for emergency newborn care								
Number of women of reproductive age receiving family planning services (new and old clients)								
• condom								
• IUD								
• hormonal pills								
Number of abortions								



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Quality Assurance Package QUARTERLY QUALITY SELF-ASSESSMENT QUESTIONNAIRE

Name of the Facility: _____

Marz: _____

General Indicators		Measurable/Observable Sub-Indicators For Self-Evaluation		Q1 Date:	Q2 Date:	Q3 Date:	Q4 Date:
1. Access Dimension: Means of approaching, entering, exiting; making use of a facility or services is easy (evaluates both geographic and financial access)							
1	Provider routinely conducts home visits for postpartum care	1	Do providers from your hospital conduct postpartum home visits?				
		2	Do providers accurately complete the home visit card to reflect the status of the visit and the patients (mother and child)?				
2	Physician visits PHC facility at least once per month	3	Do physicians notify the facility of the time and date of the visit in advance, so patients know when to come?				
		4	Do visiting physicians record visits to health posts with community leaders?				
		5	Do physicians conduct other home visits?				
3	Hospital has waiting area for patients and display signs for different services	6	Are the working hours explicitly announced or posted in the hospital and in each cabinet?				
		7	Does your hospital have a waiting area with seating for clients?				
		8	Does your hospital prominently display signs outside of and throughout the building, that indicate the location and working hours of maternity and other pregnancy-related services?				
4	Community is aware of services	9	Are the eligibility requirements for different services posted and known by the community?				

General Indicators		Measurable/Observable Sub-Indicators For Self-Evaluation	Q1 Date:	Q2 Date:	Q3 Date:	Q4 Date:	
	offered	10	Do you explain to the community the services that you offer at your hospital and WCC are free ?				
		11	Are informational materials available (for example posters, brochures) available at your hospital describing free services?				
		12	Are MOH state order posters on BBP visible to clients?				
		13	Do providers inform patients of their rights to free pregnancy care (visits, lab tests, ultrasound, and delivery) in the first visit by signing individual medical forms?				
5	Effectiveness of access to facility and services	14	Does the emergency car respond in a timely manner to those patients who need emergency transportation?				
		15	Do patients understand how the system operates and the benefits and services that are available?				
Dimension score							
2. Responsiveness Dimension: includes interaction and working relationships between facility and provider with community							
1	Provider educates clients on key health subjects	1	Does your hospital conduct School of Motherhood program for pregnant and postpartum women?				
		2	Do providers in your hospital conduct general health talks to small groups on the following subjects: pregnancy care, immunization, breastfeeding and exclusive breastfeeding, family planning, STIs/HIV/AIDS, common childhood illnesses, including diarrhea, ARI, and fever?				
2	Provider is informed about the community he/she serves and works with community	3	Do providers know and keep records of the community's size, composition and specific health problems?				
		4	Do providers know the socio-economic status of the community? (average income, number at-risk individuals, population considered officially vulnerable and able to get free services)?				
3	All client visits are confidential and	5	Do providers inform clients of their rights to privacy and confidentiality?				

General Indicators		Measurable/Observable Sub-Indicators For Self-Evaluation	Q1 Date:	Q2 Date:	Q3 Date:	Q4 Date:
private	6	Do providers discuss client care with family members and others only according to patient wishes?				
	7	Are client records kept secure and away from public access (i.e. only physicians and nurses have access to the records)?				
	8	Does your hospital have a private space so that counseling sessions, physical exams, and procedures cannot be observed or overheard?				
	9	When a third person is present during a counseling session, an examination, or a procedure, does staff explain the person's presence and request the patient's authorization for it?				
4	Providers follow basic counseling skill protocols with clients	10	Do providers serve patients in the order in which they arrive (do you make an appointment for date and time of next visit) in order of their scheduled appointments?			
		11	Do providers try to minimize patient waiting time by having a nurse or other health professional provide services that do not require a doctor's attention or by organizing records for quick and easy retrieval?			
		12	Do providers always explain to clients all aspects of the examination or procedures that they may undergo, including why the examination or procedure is needed and what to expect?			
		13	Do providers treat clients respectfully , greet patients politely by name, ask patients' questions about how they feel and listen attentively?			
5	Provider seeks regular feedback on services from clients	14	Do you regularly ask patients what they think about the activities and effectiveness of the services provided by you?			
		15	Do you have a way to determine the satisfaction of your clients (such as a suggestion box or conducting small group discussions with the community)?			
		16	Do you act/follow up on feedback received from clients and the community?			

General Indicators		Measurable/Observable Sub-Indicators For Self-Evaluation		Q1 Date:	Q2 Date:	Q3 Date:	Q4 Date:
6	Provider seeks to involve partner in health issues of woman and children	17	Do you encourage women to come with their husbands for ANC, PPC, and Infant Care visits and for delivery?				
		18	Do patients come for care with their husbands?				
Dimension score							
3. Environment Dimension: Refers to a hospital's ability to provide a safe environment for health care							
1	Hospital adequately equipped and supplied	1	Are basic equipment and supplies available for ANC, delivery, PPC, Infant Care, Infection Prevention, Family Planning?				
		2	Is the equipment in working condition?				
		3	Does your hospital have system in place to monitor, maintain and replace equipment as it becomes broken or non-functional?				
		4	Do providers maintain and keep records of cold chain conditions for vaccines?				
		5	Does your hospital receive essential medicine on a regular basis?				
		6	Does received medicine cover all needs of population?				
		7	Is received medicine kept in a locked storage cupboard?				
2	Facility infrastructure in adequate condition	8	Does your hospital have a reliable supply of clean water?				
		9	Does your hospital have an uninterrupted power supply?				
		10	Does your hospital have adequate lighting in the examination room, procedure rooms?				
		11	Does your hospital have a functioning heating system that adequately heats examination and counseling rooms/areas?				
		12	Does your hospital have clean, comfortable, well-ventilated rooms?				
		13	Does your hospital have storage cupboards for supplies and				

General Indicators		Measurable/Observable Sub-Indicators For Self-Evaluation		Q1 Date:	Q2 Date:	Q3 Date:	Q4 Date:
			equipment?				
		14	Does your hospital have a stretcher?				
		15	Does your hospital have protective wear for providers (gloves, masks, aprons, caps, face masks, and footwear) to protect providers who come in touch with body fluids and contaminated waste?				
3	Facility has educational materials and service delivery protocols	16	Do providers maintain a supply of informational materials (brochures) on different topics, including family planning, safe motherhood, and immunization for patients?				
		17	Are wall charts and posters nicely (not torn or dirty) displayed in an area visible to clients?				
		18	Do providers have service protocols easily accessible/visible for quick reference?				
		19	Do you use the protocols during their daily work?				
Dimension score							
4. Management Dimension: refers to the staff's capacity to plan, organize, implement, and maintain effective health delivery services including record keeping, ordering supplies, maintaining functioning of equipment and cold chain process for immunizations							
1	Hospital conducts review of services provided including review of action plan	1	Has any action been taken in the last month to address items in the action plan?				
2	Hospital has guidelines to ensure safe practice and to maintain accurate and current patient records	2	Do you have a written procedure or job aid for guiding infection prevention practice at your facility?				
		3	Do you maintain patient records/registers to record client visits?				
		4	Are client records kept in an orderly fashion?				
		5	Are records complete (show reason for visit, treatment given, outcome, and note for follow-up or referral if necessary)?				

General Indicators		Measurable/Observable Sub-Indicators For Self-Evaluation		Q1 Date:	Q2 Date:	Q3 Date:	Q4 Date:
		6	Does your hospital maintain logbooks summarizing the patient data?				
		7	Does your hospital have accurate financial data and reports on free and paid services?				
3	Client referrals are tracked	8	Has your hospital established a network of referral facilities or physicians (for sending and receiving patients)?				
		9	Do you send the client to the higher level facility with a completed referral form/note describing the need for referral?				
		10	Do providers receive clients from lower level facility with a note describing the need for referral?				
		11	Do you request information and feedback about the outcome of the visit from the referral facility?				
		12	Do you contact the client to find out about the outcome of the referral visit?				
		13	If you receive information from the referral facility, do you record the outcome of the visit in the client's record or register?				
		14	Do you follow-up on pregnant women and women in labor that you have referred for intensive care?				
		15	Do you contact patients about missed follow-up visits?				
Dimension score							
5. Technical Competence Dimension: Examines provider performance and determines if it meets acceptable standards.							
1	Antenatal Care: Provider counsels and prepares pregnant woman according to standards	1	Do you clearly explain to the pregnant woman that she should seek at least 4 ANC visits during her pregnancy?				
		2	Do you clearly explain to the pregnant woman that she should develop a birth plan with the family?				
		3	Do you clearly explain to the pregnant woman that she should deliver at the Maternity Hospital?				

General Indicators		Measurable/Observable Sub-Indicators For Self-Evaluation	Q1 Date:	Q2 Date:	Q3 Date:	Q4 Date:
	4	Do you clearly explain to the pregnant woman that she should take care of personal hygiene and nutrition during pregnancy?				
	5	Do you clearly explain warning signs of pregnancy and what to do if they occur?				
	6	Do you define the expected date of delivery and inform the woman and record the expected date in the record/card?				
	7	Do you discuss with the woman the importance of breast feeding, including exclusive breastfeeding up to 6 months of age and how to care for her breasts when breastfeeding?				
2	Antenatal Care: Provider performs an exam according to standards	8	During the initial ANC visit, do you note the woman's height?			
		9	During each ANC visit do you check the woman's weight and note weight changes?			
		10	During an ANC visit do you refer client for laboratory tests according to standards as indicated by the presenting symptom or exam finding?			
		11	During each ANC visit do you correctly take and note on the client's card her blood pressure?			
		12	During an ANC visit do you correctly use the fetoscope (stethoscope) and record results in the record?			
		13	During an ANC visit do you check the woman's breasts?			
		14	During an ANC visit do you palpate the abdomen and define fetus age?			
		15	During an ANC visit do you prescribe iron-folic tablets, as necessary?			
16	During each ANC visit, do you check for warning signs and refer if you find any of the following: -vaginal bleeding -severe headache, -dizziness -fetus water outflow -severe vomiting -fever					

General Indicators		Measurable/Observable Sub-Indicators For Self-Evaluation	Q1 Date:	Q2 Date:	Q3 Date:	Q4 Date:
		-severe abdominal pains				
3	Safe labor and delivery: Provider performs according to standards	17 Do you use a partograph during labor to chart progress of labor?				
		18 Do you practice the active management of the third stage of labor including: -giving 10 units of oxytocin intramuscularly within the first minute after birth -controlling cord traction with abdominal hand support to the uterus -massaging the uterus through the abdomen immediately after delivery of the placenta				
		19 Do you encourage the mother to breastfeed within 1st hour after birth by putting the infant to the breast immediately after birth ?				
4	Contraceptive services: Provider performs according to standards	20 Do you provide sufficient information on advantages and disadvantages of various contraceptive methods?				
		21 Do you discuss with the patient how different contraceptive methods work and how to use the method that woman chooses?				
		22 Do you refer patients to FP cabinets if a particular FP method is not available at their facility that the woman wants?				
		23 Do you encourage both the woman to bring her husband for counseling as well and involve her husband in decision-making regarding FP?				
5	Immunization: Provider manages immunizations	24 Do you initiate immunization according to the national immunization calendar (hepatitis B within first 12 hours) and BCG (within 24-48 hours or at one month) if there are no contraindications?				

General Indicators		Measurable/Observable Sub-Indicators For Self-Evaluation	Q1 Date:	Q2 Date:	Q3 Date:	Q4 Date:
	according to standards	25 Do you have enough vaccine supplies when they need it?				
6	Postpartum and Infant Care: Provider performs according to standards	26 Do you allow women to keep their infants with them in the postpartum ward?				
		27 During the immediate postpartum period (0-7 days), do you take a full history and document findings in the record?				
		28 During the immediate postpartum period (0-7 days), do you check vital signs and document the findings in the record?				
		29 During the immediate postpartum period (0-7 days), do you conduct a complete physical exam (Head to toe) and note any abnormal changes for attention and refer when necessary: Do you: -weight the newborn and measure length and head circumference; -teach the mother and/other family member members how to bathe the newborn; -do eye care; -provide emotional support and counseling for mother and family.				
		30 During the immediate postpartum period (0-7 days), do you record findings and inform patient on her condition?				
		31 Are you able to identify postpartum danger signs and do you routinely teach the mother about postpartum danger signs and ask her to inform you or the facility if she has any of the following? -Unusual, excessive or sudden vaginal bleeding or bleeding for more than 2 weeks -Vaginal discharge with fishy odor -Severe abdominal pain -Worsening perineal pain from repaired laceration or episiotomy -Fainting and concussions -Continuous nausea -Redness, warmth or pain in breasts				

General Indicators		Measurable/Observable Sub-Indicators For Self-Evaluation	Q1 Date:	Q2 Date:	Q3 Date:	Q4 Date:
		-Injured nipples				
	32	Do you discuss with the mother her personal hygiene (wash breast daily, clean external genitalia gently daily-wiping from front to back) during the immediate postpartum period?				
	33	Do you discuss the nutrition and feeding of both her newborn and herself during the immediate postpartum period?				
	34	Do you discuss the method of contraception and how to avoid unwanted pregnancy with the mother during the immediate postpartum period and the importance of returning for her postpartum visit (approximately 40 days after delivery)?				
	35	Do you discuss the sexual life and healthy life style with the mother during the immediate postpartum period?				
	36	Do you discuss exclusive breastfeeding for 6 months with the mother during the immediate postpartum period?				
	37	Do you discuss the immunization of baby according to the national calendar with the mother during the immediate postpartum period?				
7	Infection prevention: Provider follows infection prevention protocols	38	Does your hospital follow protocols for use of sharps (puncture-resistant sharps containers in each client-care area, avoiding needle recapping) to protect the staff from exposure to infection?			
		39	Do you wear protective wear as appropriate (gloves, caps, masks, aprons, and footwear)?			
		40	Does your hospital dispose of medical waste by burning, burying in a deep pit, or using a municipal medical waste disposal service?			
		41	Do you wash hands before and after each procedure and patient contact with soap and water?			

General Indicators		Measurable/Observable Sub-Indicators For Self-Evaluation	Q1 Date:	Q2 Date:	Q3 Date:	Q4 Date:
	42	Do you have a posted job aid to guide staff about the steps of infection prevention: step 1: decontamination; step 2: washing and rinsing; step 3: high-level disinfection/sterilization?				
	43	Do you consistently clean your facility according to the infection prevention guidelines?				
	44	Do you have buckets, containers, bleach, 0.5 % bleach solution, and water always available in the required quantities for decontamination?				
	45	Do you decontaminate instruments, gloves, and medical waste, except for used immunization syringes and needles, after every procedure by soaking in a 0.5% chlorine solution?				
	46	Do you thoroughly scrub instruments and reusable supplies with a brush and detergent before high-level disinfection/sterilization?				
	47	Do you follow protocols for timing, pressure, and packing for high-level disinfection/steam, dry, or chemical sterilization?				
	48	Do you ensure that all items are thoroughly dried and marked with the expiration date before storing?				
	49	Do you reprocess expired instrument and supply packs correctly and in timely manner?				
	50	Do you dispose of needles and destroy the sharps container and its contents?				

General Indicators		Measurable/Observable Sub-Indicators For Self-Evaluation	Q1 Date:	Q2 Date:	Q3 Date:	Q4 Date:
8	STI: Patient Counseling, Prevention and Care	51 Do you refer patients with STI symptoms to appropriate level?				
		52 Do you refer pregnant women for lab tests for syphilis, HIV?				
		53 Do you counsel and discuss with all patients how transmission of HIV and STI occurs?				
		54 Do you counsel and discuss with all patients how to avoid getting infected (use of condom, being faithful to your husband/wife and abstinence)?				
		55 For those patients who have an STI, do you discuss the importance of treating the husband/wife?				
		56 For those patients who have an STI, do you discuss the details of treatment instructions?				
		57 For those patients who have STIs, do you discuss the value of using dual protection (one method for contraception and one for prevention of an STI)?				
<i>Dimension score</i>						
Total score						



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Quality Assurance Package SCORE SUMMARY SHEET

Name of the Facility: _____ Marz: _____

DIMENSIONS	1 st score Date:	2 nd score Date:	3 rd score Date:	4 th score Date:	5 th score Date:	6 th score Date:	7 th score Date:	8 th score Date:
1. Access Total number of questions: 15 Maximum score: 30								
2. Responsiveness Total number of questions: 18 Maximum score: 36								
3. Environment Total number of questions: 19 Maximum score: 38								
4. Management Total number of questions: 15 Maximum score: 30								
5. Technical Competence Total number of questions: 57 Maximum score: 114								



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Quality Assurance Package ACTION PLAN

Name of the Facility: _____ Marz: _____ Date: _____

Question # and restated question	Influencing factors (Causes Why)	Solutions	Actions Next Steps	Responsible Person	Deadline	Status/Resources Required

Sample Entry: Physical Environment Action Plan - Date of Assessment: 9 June 2007

Question # and Restated Question Column 1	Influencing factors (Causes/Why) Column 2	Solutions Column 3	Actions/Next Steps Column 4	By Whom Column 5	By When Column 6	Status Column 7
2.8 Do not have a private space so that counseling sessions, physical exams, and procedures can not be observed or overheard?	1. Clinic small	<ol style="list-style-type: none"> 1. Review use of space in clinic. 2. Mobilize support from community and others to create area that gives privacy for clients. 	<ol style="list-style-type: none"> 1. Walk through clinic to look at use of space 2. Identify potential space for counseling clients with privacy. 3. Develop a budget (if additional resources are required) to install door and any other modifications for privacy. 4. Work with community and others to obtain resources or make modifications within the clinic. 5. In the interim, offer clients to meet outside behind clinic where other clients cannot see or hear what is said. 	<ol style="list-style-type: none"> 1. QA team leader with midwife 2. Hospital director with QA team facilitator & midwife 3. Hospital accountant 4. Head of QA team 5. Midwife 	<ol style="list-style-type: none"> 1. 15 June 2. 23 June 3. 7 July 4. Apr. 10 5. Ongoing until door installed or modifications made 	(Fill this in when complete or when facility team reviews it next quarter)

TEAM MEETING GUIDANCE^{5*}

Guidance for preparing an agenda: the purpose of the agenda is to help people know what to expect in a meeting. If you are involved/responsible for the meeting, here is a checklist of typical information to include:

_____ Items to be discussed

_____ Person or people leading the discussion for each item

_____ Desired outcome for each item, such as

- List of ideas or options – identification of performance gaps/issues
- Shared understanding of performance gaps/issues
- Rating ease of solving problems (simple, more complex, hard)
- Defining priorities (of problems to be solved – immediate, medium, long-term)
- Decision or recommendations – what is to be done on the action plan (solutions)
- Action steps (as above) who is responsible for items on action plan, when will be accomplished

_____ Estimated time for each item

_____ Meeting evaluation

Sample Meeting Agenda:

- Check-in
- Review action items
- Report from subgroups
- Discuss next steps
- Confirm assignments
- Evaluation

Example of Team Meeting Agenda

Agenda Item	Responsible Person	Next Steps/Deadlines
1. Check-in	All	
2. Review purpose and agenda	Team leader	Agree on agenda items
3. Recap of where we were last meeting	Notetaker	Establish where we were
4. Review action plan and actions that we agreed to take by this meeting	Person(s) responsible for each action	Understand what we have accomplished
5. Identify issues to be worked on by next meeting	Person responsible for new or continuing problems	List of new actions to be taken
6. Set date for next meeting & evaluation	Team leader	Understanding of how meeting went & date for next meeting

⁵ Adapted from the Team Memory Jogger. [A Pocket Guide for Team Members](#). A GOAL/QPC-Joiner Publication (Phone: 608 – 238 – 8134)

Communication Skills Checklist⁶

For each item described below, write a check in the Yes column if the person demonstrating effective communication exhibits the skill or in the No column if the person does not. In the comments column, record specific examples or suggestions to be shared in the feedback session.

Item	Yes	No	Comments
Open-Ended Questions Uses open-ended questions to encourage participation			
Paraphrasing Restates learners' comments to show that the facilitator is listening			
Nonjudgmental Remains neutral and nonjudgmental; validates everyone's experiences and opinions			
Body Language & Voice Uses body posture, gestures, facial expressions and vocal qualities that are natural, interesting and reinforce subject matter			
Articulate Remarks are clear and easy to remember; presents one idea at a time; summarizes			
Culturally Sensitive Respects learners' cultural backgrounds and perspectives			
Inclusive Encourages all learners to share experiences and contribute to the group learning process			
Aware of Learner Needs Checks in regularly with learners to ensure that needs are being met			

⁶ Adapted from the American Red Cross, Basic HIV/AIDS Program: Fundamentals Guide for Training Instructors. Falls Church, VA: American Red Cross; 1997.



Making Quality Real: Training of QA Facilitators EVALUATION FORM

Instructions: Check the answer to each question. Your responds and comments will help us to improve our future training events.

1. Training objectives were:

- Clear
- Not clear

Comments: _____

2. Training goals and objectives set up by trainers were:

- Fully completed
- Somewhat completed
- Not completed

Comments: _____

3. My expectations from the training were

- Fully met
- Somewhat met
- Not met

Comments: _____

5. Training was

- Interesting all the time
- Sometimes interesting
- Not interesting

Comments: _____

6. Information presented at the training was

- Almost all new to me
- Somewhat new
- Mostly known to me
- Was not useful at all

Comments: _____

7. Skills that I acquired at the training are:

- Related to my everyday work
- Somewhat related to my everyday work
- Not related to my everyday work

Comments: _____

8. Knowledge and skills that I acquired at the training will

- Help us to solve some site-specific problems
- Not help us to solve site-specific problems
- Do not know

Comments: _____

9. Duration of the training was

- Too long
- Adequate
- Too short

Comments: _____

10. Training premises were

- Excellent
- Satisfactory
- Unsatisfactory

Comments: _____

11. What training subjects do you consider the most useful? _____

12. What training subjects do you consider the least useful? _____

13. Out of the list below please check things that could have improved the workshop?

- Use of more examples and applications
- More time to practice skills and techniques
- More time to discuss theory and concepts
- More effective trainers/facilitators
- More time for group discussions

14. What else can you suggest to improve future training? _____

15. Please check the box that best reflects your overall evaluation of the workshop.

Excellent

Good

Satisfactory

Unsatisfactory

THANK YOU!