



Workshop Report

Advanced Leadership and Supervision Workshop

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Advanced Leadership and Supervision Workshop Report

Background

Part of TAHSEEN/CATALYST’s role in providing technical assistance to the Family Planning Sector of the MOHP aims to strengthen their capacity to supervise the governorate level staff. The TAHSEEN Project has assisted the MOHP in designing a new supervision system for the MOHP/PS central office staff to supervise the governorates to be integrated (i.e. cover all FP/RH activities in the governorate) rather than the vertical/functional currently applied system (teams of supervisors for each activity). See Figure 1.

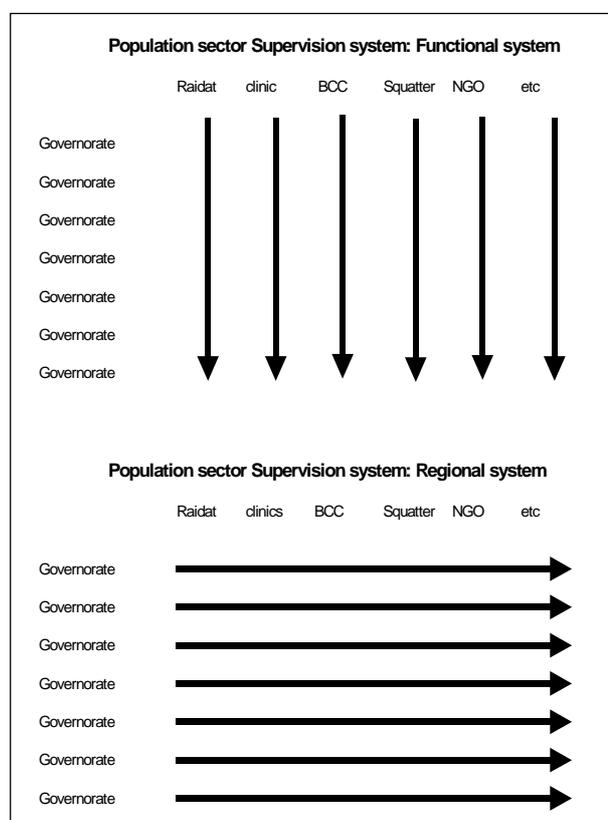


Figure 1. Different Supervision Systems

To strengthen the capacity of the supervisors, training was provided in early 2004 on “Basic Supervision and Leadership Skills” for members of the MOHP/PS Central office and for the governorate staff of 10 governorates.

From September 2004 to January 2005 a further training was provided to governorate staff of the additional 17 governorates using the CO staff as co-trainers.



The current training builds on and strengthens these achievements and was designed to provide COP staff with advanced leadership and supervision tools. It was also designed to equip the CO staff to start a series of monthly meetings in which they discuss and attempt to solve the problems that exist at the governorate level. These meetings are included in the MOHP 2005 work plan and will be assisted by TAHSEEN/CATALYST.

Workshop Description

Timing

A three-day workshop was organized and conducted for all MOHP/PS central office staff in charge of supervising the 27 governorates. The workshop was conducted at the Ramses Hilton Hotel in Cairo from 12 to 14 January 2005.

Participants

For the list of participants see Annex 1.

Schedule

For the training schedule see Annex 2.

Topics

The topics were chosen in collaboration with selected CO staff members to meet the training needs of the group. The course was designed to be practical and to offer opportunities for practical training. The main topics were change management, feedback (theory and practice), meeting management (theory and practice), prioritization, root cause analysis and formulating action plans (theory and practice). For the presentations, see Annex 3. This workshop was unique in that there was ample opportunity for practice. Participants worked in small groups on assignments and were given serious feedback from the trainers on their skills and performance in meeting management.

Co-trainers

- Dr. Ton van der Velden, TAHSEEN/CATALYST Medical Director
- Dr. Morsy Mansour, TAHSEEN/CATALYST Reproductive Health Officer
- Dr. Adly Hassaneen, Consultant
- Dr. Esam Shaltout, Consultant



Workshop Results

General

Day 1

Participants commented that after a full days work it was tiring to then begin the training on Wednesday evening (late afternoon). This negatively impacted the first day's training. The session was planned to end at 10:30 pm but this was shortened to 8:30 pm for the abovementioned reason. Despite the excellent presentations made on the first evening, participants took time to warm up to the material.

The participants' reactions were normal given the fact that the first day of training is usually heavy on lecture and somewhat less interactive than subsequent days. Nonetheless, the combination of a long day and the volume of material that had to be conveyed, participant enthusiasm was not outstanding for the first session.

Day 2

On Day 2, participation was very high. There was a great sense of receptivity. Participants were able to be outspoken and voice criticism without confronting or offending one another. There was a deep desire for improvement and change demonstrated by these management officials. The group sessions went extremely well, especially when they found the material directly relevant to the situations they faced in their daily lives. We witnessed the evolution of their performance as time went on, and as participants applied more and more of the skills that were introduced during the training sessions. As the subject became clearer and understanding deepened, the participants applied more of the principles they had acquired to their exercises and to the discussions.

Day 3

Day 3 presented its own set of constraints, being Friday – the day for prayers. Everyone was anxious to complete the training in time to attend prayers. Nonetheless, this last day was excellent. Participants felt a desire to learn more and to have more practical training. Some participants commented that during the two and one half days they learned more about the importance of time management, leadership, resource management, problem solving, needs assessment and analysis than they had learned in the past three years. They especially appreciated the fishbone exercise and saw practical applications for it within the workplace.

Overall, participants were enthusiastic about feedback, brainstorming and prioritization techniques. They requested an opportunity to build upon these techniques in any subsequent TAHSEEN/CATALYST training. Participants were interested in learning more about the differences in preparing annual, 5-year and strategic planning. They requested more training on team building and needs assessment methodologies.



Management

The venue was good and the training room was fine. The workshop organizers did an excellent job of preparing all necessary materials for the trainers and participants.

Follow Up

Overall there was a good match between the training curriculum/materials and the participants.

The trainers foresee the need for follow up at the central office. It was agreed that Dr. Ton and Dr. Morsy will attend bimonthly meetings held at the MOHP in order to observe and provide feedback to workshop participants on their performance during these meetings.

Conclusion

In conclusion, we believe the workshop was a very positive experience for both the participants and the trainers. It contributed greatly to improving, at a minimum, the understanding of the central office regarding the issue of change management. At the conclusion of the workshop, participants requested additional information and links to websites in order to download material related to the training topics. It was clear that there is a great need to continue this quality management training. Additionally, it would be valuable to provide leadership training, not only to the family planning sector but to other MOHP departments as well. This would serve the needs of an integrated health care system in which the MOHP moves away from a vertical programming approach towards an integrated approach to health care provision.



Annex 1: Participants

1. Dr. Hassan Ahmed Nabeeh, Quality Unit Director
2. Dr. Ibrahim Gamal Eldin, Training Director, Population Sector
3. Dr. Esam Eldin Ali Faseih, Training Director, PS/ISPP
4. Dr. Mohib Ahmed Mahmoud, Women's Health Unit
5. Dr. Salah Eldin Mohamed Hassan, IEC Unit Director
6. Dr. Ahmed Gaser Hassan, Supplies Unit director
7. Dr. Ahmed Mohamed Abul Fotouh, Women's Health Unit
8. Dr. Ahmed Lottfi Hussein, PS/ISPP
9. Dr. Amal Mohamed Zaki Rezk, Raidat Rifiat Program Coordinator
10. Dr. Nifisa Ahmed Abul Dahab, Contraceptive Logistics Unit Director
11. Dr. Elham Mohamed Ghobarra, Field Operation Unit Director
12. Dr. Magda Hussein Soliman, Contraceptives Logistics Unit
13. Dr. Afaf Mohamed Abul Ella, PS/ISPP
14. Dr. Amira Abdallah El Antrawy, Monitoring and Evaluation Unit
15. Dr. Rawia Fahmy Shabban, PS/ISPP
16. Dr. Azza Alhanafy Hassa, Slum Areas Coordinator
17. Dr. Hala Abdel Fattah Allaboudy, MIS Unit
18. Mr. Saber Lawendy, MIS Specialist



Annex 2: Workshop Agenda

Arrival, registration, and check in: From 2:30 pm until 3:00 pm

Lunch: From 3:00 pm until 4:00 pm

Day	Time	Session
Wednesday 12/01	4:00 – 6:30 pm	Workshop orientation overview Change management, theory Feedback, theory
	6:30 – 7:00 pm	Coffee Break
	7:00 – 10:30 pm	Meeting management, theory and practice
	10:30 pm	Dinner
Thursday 13/01	9:00 – 11:00 am	Meeting management theory and practice
	11.00-11:30 am	Coffee Break
	11:30- 1:00 pm	Meeting management theory and practice
	1:00- 3:00 pm	Prioritization theory and small group work Root cause analysis, theory
	3:00-3:30 pm	Tea break
	3:30-5:30 pm	Root cause analysis, exercise with feedback
	5:30 pm	Lunch
Friday 14/01	9:00 – 11:45 am	Action plan
	11:45	Prayer Lunch box



Annex 3: Handouts



Handout: Change Management

Change is a shift in the way things are functioning currently. Change is happening all the time. Change can be seen as positive, leading to new opportunities and possibilities. Change can also be seen as producing negative and unforeseen pressures.

Any way you choose to view change, it creates a series of challenges for every manager, supervisor and clinic staff member. Change happens because without it there is no progress, no achievement of goals. Change can come from the “outside” – imposed by forces beyond your control. Or change can come from the inside – initiated by you or areas within your control.

Supervision is about change. As a supervisor, it is helpful to be aware of and sensitive to reactions to change and develop ways to help providers and teams adapt to the change while minimizing the loss in providing quality service.

Resisting Change

The most common reason why people might resent or resist change is the fear that they will lose something personal such as:

- Their job
- Their money
- Being needed for their particular skill or competency
- Their contacts or interactions with colleagues
- The freedom in their job
- Their position of power or authority
- Good working conditions
- Their status

Other reasons include:

- They do not agree that the change was needed
- They do not like the person responsible for making the change
- They do not like the way the change was announced
- They feel they could have been asked for their opinion
- They feel the change has created more work or effort

Changes, for example actions from an action plan are therefore best accepted when they come from the staff themselves. Another reason to make sure you have their input!

Welcoming Change

There are many reasons why people accept or welcome change. The most common reason is when people see some type of personal gain or benefit. Examples include:

- Better use of their skills



- Money
- Position of greater power or authority
- More responsibility
- Job is easier as a result of the change

In addition to personal gain or benefit, people also accept or welcome change when they:

- Have an interest in new challenges
- Have a positive attitude toward the person introducing the change
- Feel a part of the decision making process to bring about the change
- See new opportunities

What Sort of Changes Will Work?

- The change helps the governorate, district, the clinic and its employees get something they want or need
- It has a minimal impact on working relationships
- The change is introduced in phases
- It “fits” the governorates’, districts’ or clinics’ mission, goals and structure
- It is clearly communicated
- Employees have adequate time to adjust to the change
- Employees understand the rationale for change
- Employees have had a chance to discuss the change
- Change is led by a person at the appropriate level
- That person is liked
- That person has the right authority



Handout: How to Provide Constructive Feedback

The following is a format you can use when you want a provider to change her/his behavior or improve their performance.

Before giving feedback consider the following:

Choose an appropriate time

Make sure that the timing is good to give the feedback. Is the provider in the middle of seeing a client or concentrating on something else? Try to provide feedback as soon as possible.

Choose an appropriate place

Privacy when receiving feedback is generally appreciated by the provider. Take special care not to alarm or worry the client by giving feedback in her presence.

When giving feedback follow these rules:

Listen

Let the provider teach herself as much as possible, instead of telling her what to do. After all, people learn best when they are active learners! A common technique is to start with “what did you think went well” and then “what do you think you can still improve”. Use paraphrasing, open-ended questions and other effective listening techniques as well.

Prioritize

Most people find it difficult to absorb more than 3-5 things they need to improve. Try to give feedback about things to improve for only a selected few items. (Sometimes it is possible to group several items you noticed into one larger category).

State facts, not interpretations

An example of how not to do it is: “You are not comforting this client because you are scared / shy / uncaring”. If you do this, you run the risk of being wrong, which does not help the training, coaching or supervision. Only state what you observe and then ask the provider for the interpretation if needed.

Make it practical

Let the provider come with the solutions to problems. Ask, “What can you do to make sure that happens?” Do not be content with vague assurances like: “I am sure that with your help I can do better next time”. If they say this, ask: “How?”

Discuss consequences.

(Positive Consequence) “If you do include the dates, it will help everyone to serve the client.” (Negative Consequence) “If you continue to leave out the dates, I will have to write this up on your performance chart.” For the most part, use negative consequences



after you have used the positive at least once. If the person is just learning a skill, only use the positive. Also, use negative consequences that fit the seriousness of the incident.

A useful sequence for giving feedback is:

1. Praise the provider with a few general words (good job, that went really well, etc.).
2. Ask how the trainee thought the case went. Ask her what she did well / what she was happy with / what she would do exactly the same way next time.
3. Ask her what she would do differently next time. (This is a more positive way of asking the question than asking what did you do “wrong”).
4. Discuss the points she brings up and if needed add you own. Prioritize. Ask her how she can do that better next time. Make it practical.
5. Summarize



Handout: Meeting Planning

Use this checklist in planning your next meeting, then again as an evaluation after the meeting. Target weaker areas for improvement in subsequent meetings. You will find that more effective meetings mean greater productivity but also more enthusiastic involvement, both keys to your success as a leader.

Preplanning

- Have facilities and equipment reserved, set up, and functional
- Alert all participants to time and place well in advance
- Suit room size and seating arrangements to group size and activity
- Have materials prepared and distributed when necessary
- Make arrangements for refreshments
- Make sure location is accessible

Clarifying goals

- Have clear outcome in mind for each meeting
- Prepare participants by giving clear expectations of the goal of the meeting. Realistically match desired objectives to available time.
- Prepare opening questions to suit the goal of the meeting

Clarifying rules and roles

- Prepare (to develop) rules
- Prepare to assign roles

Clarifying structure

- Prepare an agenda
- Use a relevant warm-up that is quick, purposeful, and focusing.
- Include a variety of activities (e.g., writing, listening, discussing).
- Plan activities that encourage everyone to participate.
- Make data collected visible to all (e.g., on blackboard, flip chart).
- Summarize the accomplishments of the meeting and indicate next steps.

Getting participation

- Use small groups for discussing and sharing information to increase input and output.
- Use different groupings appropriately (e.g., random, like-job, work units)
- Break down large tasks into small steps with progress checks throughout.



- Encourage passive participants to join in activities. Draw out. Make sure everyone has a chance to speak. Use appropriate non-verbal behavior.
- Pay attention to the needs of the participants.

Evaluation and closure

- Clearly define responsibilities resulting from the meeting.
- Set the time and place for progress checks.
- Get feedback from participants about the meeting (oral or written).
- Do a personal analysis of the meeting, focusing on accomplishment and participation.



Handout: Meeting Facilitation

From change management we learn:

- People are more likely to change when they have been involved in the discussions about the change.
- People are more likely to change when they understand the need for the change.
- People are more likely to change when they like the person who has introduced the change.

The Role of the Facilitator

At the end of the meeting you need to have consensus. Consensus means in this case not just that everybody agrees during the meeting but also that everybody is willing and motivated to implement whatever you have decided. So agreement and commitment should last also after the meeting ends. For this to happen, everybody will need to have a chance to speak out and help in formulating whatever the problem is.

Your role in this part of the meeting is that of a facilitator. A facilitator is someone who makes the meeting easier for the participants. Your job is to lead the meeting, summarizing participants' ideas, making sure everybody has a chance to speak and that all ideas are heard. You need to:

- State goal and structure of the meeting
- Divide roles if needed
- Make rules
- Guide discussion
 - ▶ Get people to talk
 - ▶ Encourage
 - ▶ Draw out
 - ▶ Summarize
 - ▶ Refocus
 - ▶ Deal with disputes
- Summarize and check for consensus

Goal and structure

Goal: It helps to make this very explicit at the beginning of the meeting. If people wander off the topic, you can then easily get them back by reminding them of the goal of the meeting.

Structure: As a facilitator you also determine the structure of the meeting. Will there be small group work or a large group discussion? Will there be brainstorming or brain writing? Will there be a flipchart to record the ideas for all to see? Etc.



Structured or unstructured brainstorming or brain writing

Brainstorming is used for creating a high volume of ideas, free of criticism and judgment. It encourages “open” thinking when a group is stuck in “same old way” thinking. It gets everybody involved and enthusiastic so that a few people do not dominate the group.

Structured brainstorming

The central question is written down and agreed on. Each person gives an idea in turn. No ideas are criticized or discussed. Ideas are written down on a flipchart or white board. Ideas are generated until everybody passes, indicating all ideas are exhausted. Discard duplicates.

Unstructured brainstorming

The process is the same except there is no “turn” and everyone can give ideas when they want.

Brain writing

Brain writing is the same as brainstorming except people write down the ideas themselves as they come up. The advantage is that it may feel safer for some people to do it this way, especially if you collect ideas anonymously. This may result in better ideas. It is important to make the pieces of paper big enough for a detailed explanation!

Alternatives to brainstorming

Idea gallery – Several problem statements are written on separate pieces of flipchart paper, which are posted around the room. The group moves around and writes down their ideas of the causes to the problems on the flipcharts. This technique generates creativity and piggybacking on people’s ideas.

As a facilitator, if you decide on brainstorming as the structure to use, it can be helpful to frame the questions that you’d like people to consider beforehand.

If people are very shy, you can divide the staff into smaller groups, with good mixing of jobs and responsibilities, and have each small group brainstorm their own list, which can then be presented for larger group discussion and consensus. Or, you could also have them write down the ideas (brain writing).

Divide roles

For a larger meeting it can be helpful to have a timekeeper and a note taker. We advise that you have the note taker use a large flipchart so everybody can see the notes. Also we advise that you keep a close eye on the note taker so that the notes really reflect the discussion.

Ideally the notes are written on a large flipchart so that everyone can see the decisions being noted.

Make rules

Making rules is not very useful for very short meetings but it is very helpful if you have regular meetings. Having good rules that everybody agrees on can help you a lot as a



facilitator to guide the discussion. Examples of rules are: please do not speak when others are speaking, respect each other's viewpoints, etc.

Be encouraging

Using verbal and nonverbal conversation encourages the participants to speak more.

- Smiling
- Eye contact
- Raised eyebrows
- Open body language
- Head nodding
- Small phrases like, "Go on", "Good", "That is great", "Yes".

Drawing out

One of the jobs of the facilitator is to make sure that once people express their ideas, everybody understands them.

Sometimes people will have difficulty explaining an idea or explain it so vaguely and confusingly that not everybody understands the idea. Drawing them out will help them clarify their thoughts and refine their ideas and help the other people understand them better.

When you draw somebody out correctly, it sends the message: "I would like to hear more about this idea or yours, please tell me more". Together with friendly non-verbal communication it is an effective technique.

Drawing people out will also help to make sure the problem is correctly stated.

When to do it:

When you as a facilitator feel you do not quite understand what someone said or if you feel others do not understand it completely. (When you feel everybody does understand, summarize and check for correctness!).

How to do it:

There are two main techniques.

1. Ask open-ended questions (questions that help the person think about the situation and provide more than just "yes" or "no" responses.)

Open-ended questions start with "what", "how", or "tell me more about ..."
Avoid the use of "Why" because it might make the person defensive.

- ▶ "Can you give me an example"
 - ▶ "Can you tell me more?"
 - ▶ "What do you mean by..."
2. Paraphrase the idea and then use a "connector"



- ▶ “You are saying we need to do this because?”

Summarizing

Summarizing is useful to help a discussion along and to clarify the main ideas. To do it, paraphrase (repeat in your own words) the main ideas and then check with the person who brought up the idea to make sure you summarized correctly.

“Let me summarize. If I am understanding you correctly, you are saying...”

This allows the other person an opportunity to correct or object to your statements.

Disputes

When two or more people are having an argument, often they become more and more polarized. The differences become greater and they become further and further apart. It becomes harder and harder to reach agreement. What can you do?

1. Are they still talking about the topic that is on the agenda?

Often when people are in a heated debate, you will see they are no longer discussing the topic that is on the agenda. You can point this out and stop the discussion by asking them to concentrate on the topic on the agenda.

2. Are they just repeating themselves?

If they are talking about the topic, sometimes you find that they just repeat their own point of view again and again. In that case you can stop them, summarize their ideas and then ask other people to comment or if appropriate to vote.

3. Are they not following the rules?

Often in conflicts you will find people are not following the rules you made for the discussion. You can point this out.

4. Find common ground

What you might try in this case is point out to them what they have in common. This makes it easier for them to listen to each other again.

How to do it:

- Indicate what you are going to do: summarizing
- Summarize the differences
- Summarize the similarities, the things they have in common
- Check for accuracy

For example you can say:

1. Let me summarize what I am hearing from each of you.
2. I am hearing a lot of differences but also some similarities. It sounds like one group wants to do ... and the other wants to do ... Is that right? (Or: Ahmed, you



are saying that we should do.... Is that correct? And Gamal, you say that Is that correct?)

3. Even though, you both feel that... (can be as simple as : “you both feel we need to solve this problem/we need to make sure this doesn’t happen again etc. The more detail you find in the similarities the better.)
4. Am I right?



Handout: Facilitation Case Studies

How would you deal with the following problems if you were the facilitator of the meeting?

1. Two people at the far corner of the table have been talking to one another for the past minute or so. You noticed at the start of the meeting that they were frequently exchanging brief comments, but now they seem to have formed their own meeting. What do you do?
2. The group has been discussing the same issue and repeating the same reasoning over and over. You're all now discussing this for the third time. What do you do?
3. Ahmed has asked an irrelevant question, one that will take four to five minutes to answer. Other members of the group are also expressing strong interest in his question: they too want to know the answer. What do you do?
4. Every time the discussion becomes interesting, a general director stands up and gives a short speech on the problem which always ends with: "So we should try harder and then it will be much better". After her brief speeches, the staff are always silent. What would you do?
5. When the group is asked to give ideas about improving the work, Dr. Morsy stands up and says: "The problem is that Dr Ton does not do good work." What do you do?



Handout: Prioritization

If you have many problems you have to decide how to deal with them all.

The first preference is to spend more time and do them all. Decide together on a good time to have a second meeting later in the week.

The second preference is to prioritize. To do this you first have to work with the staff on what criteria you will use to prioritize on. Some sample criteria are:

- It is solvable with our resources
- It affects many clients
- It affects the safety of clients
- It affects how clients see the clinic / district / governorate office
- It is important for the staff
- Staff recognize the need to change it
- It is important to the bosses / central office / HE the Minister of Health
- It is in compliance with policies / strategies

The following technique can be used to prioritize. It is called the **nominal group technique**. It builds commitment to the group's choice by equal participation in the process, allows every group member to rank issues without pressure from others, and puts quiet group members in the same position as more vocal members.

1. Give each problem a letter. (A, B, C etc). Numbering might give confusion with the ranking later on.
2. Each team member records the letters on paper and scores the importance for the Quality of Care according to the criteria. If there are 5 problems, the most important solvable (!) problem gets a "5", the next important a "4" etc. (This method minimizes the effects of some team members leaving some statements blank. Therefore a blank (=0) value would not increase its importance).
3. Combine the scores of all group members. The problem with the highest number of points has the highest priority.
4. Do not tackle too many problems and do not tackle the very very hard problems.



Handout: Cause Finding

For Simple Problems

Brainstorming is used for creating a high volume of ideas, free of criticism and judgment. It encourages “open” thinking when a group is stuck in “same old way” thinking. It gets everybody involved and enthusiastic so that a few people do not dominate the group

There are two major methods for brainstorming.

- Structured. In this process each person gives an idea in turn
- Unstructured. In this process people give ideas as they come to mind.

Either method can be done silently or aloud.

Structured brainstorming

- The central question is written down and agreed on
- Each person gives an idea in turn. No ideas are criticized or discussed. Ideas are written down on a flipchart or white board.
- Ideas are generated until everybody passes, indicating all ideas are exhausted
- Discard duplicates.

Unstructured brainstorming

The process is the same except there is no “turn” and everyone can give ideas when they want.

Brain writing

Brain writing is the same as brainstorming except people write down the ideas themselves as they come up. The advantage is that it may feel safer for some people to do it this way, especially if you collect ideas anonymously. This may result in better ideas.

Variation:

The 6-3-5 method (proposed by H. Schlicksupp in “Creativity Workshop”). Each person has 5 minutes to write down 3 ideas on a sheet of paper. Each person then passes the sheet to the next person who has 5 more minutes to add 3 more ideas that build on the first 3 ideas on the paper. This rotation is repeated until everybody has seen and added to all sheets (a maximum of 6 persons per group is recommended).

This method is very hard to do anonymously.

Alternatives to brainstorming

Card collection - Since some people may be uncomfortable expressing their ideas in front of a group, this alternative allows them to remain anonymous. Each person gets a stack of



3 x 5 cards on which to record one idea per card within a specified time period. Afterwards, the cards are collected and read out loud, and can then be sorted into similar themes.

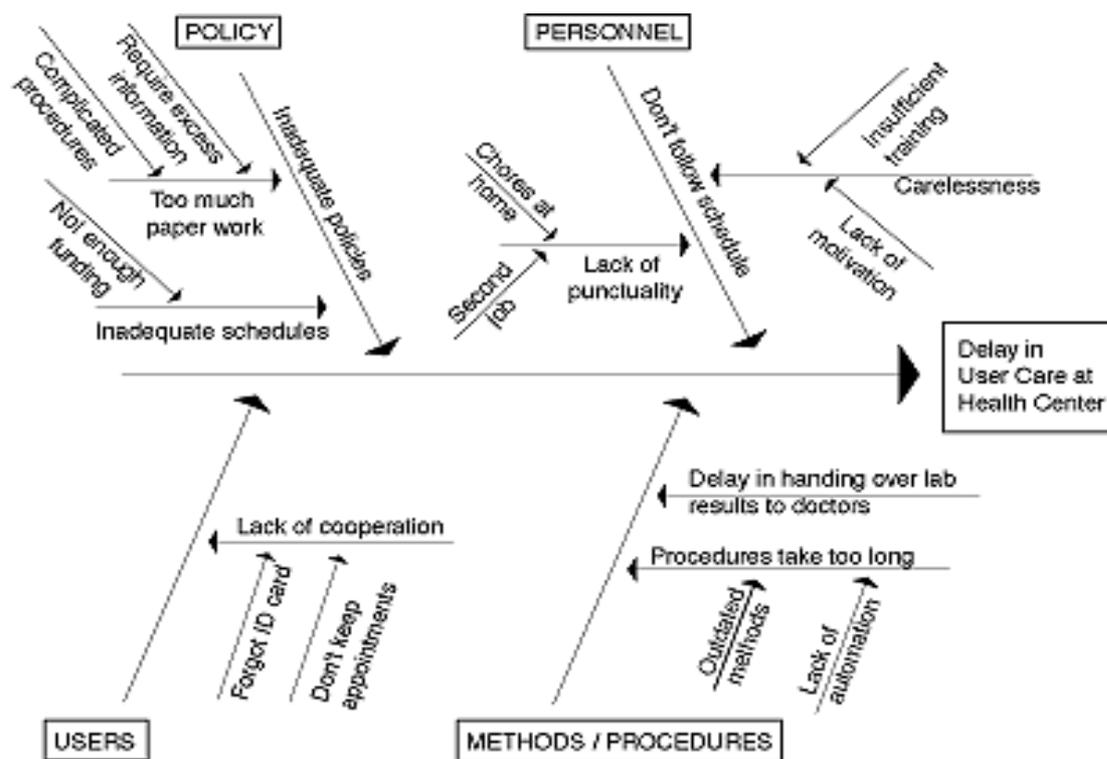
Idea gallery - Several problem statements are written on separate pieces of flipchart paper, which are posted around the room. The group moves around and writes down their solutions to the problems on the flipcharts. This technique generates creativity and piggybacking on people 's ideas.

For Complex Problems

If you have no hard data: Fishbone

For this we use the Ishikawa or fishbone technique. It was developed by Mr Ishikawa who found that most often the causes of problems are in one of 4 categories. He then designed a figure to write these causes in, in the form of a fishbone.

For example:



For every category, ask why does this contribute to the problem. The answers are written, each on its own line, as smaller bones of the big bone. For each of these you again ask: “why?” and you add smaller and smaller bones to the diagram. Clearly you would quickly run out of space to write.



The main use of this technique is to allow a team to explore in detail all the possible causes related to a problem. It enables people to focus on the content of the problem, rather than on its history or on different personal interests. It also makes people realize they collectively have much knowledge and it enables them to reach a consensus. Lastly it focuses them on causes, not symptoms.

Steps in cause finding with Fishbone technique

Typically it is best to formulate the problem in the clients' perspective. Describe how the problem has an impact on clients. This way you leave all possible causes open and you focus on the final important outcome of your work: improving quality of care to clients.

Make sure everyone agrees on the problem statement. Include as much information on the “what”, “where”, “how much”, “when” of the problem. Use concrete data if you have it. Write down the problem on a large flipchart. For example:

“The percentage of women using contraception is only 40% on average in this year in this district.”

Select big categories of possible causes. For us, a good start would be:

- Staff (governorate team, CO team, district team, depending on the problem)
- Policies/rules/standards
- Materials/equipment/facility
- Providers
- Organization of the work

There is no perfect set of categories. Try to make them fit the problem. (But these 5 will do for most problems). Please note that these categories are not mutually exclusive. Some causes belong in more than one category.

In practice you quickly run out of space to write. Instead of making a fishbone, give each category a flipchart with that title. Brainstorm (or brain write or use post-it notes) all possible causes in one category and then place them on the left side of the category flipchart. Some causes fit in more than one category. In that case, place them in both. If the ideas are slow in coming, use the major categories as catalysts. For example ask: “What policies/rules might contribute to the problem that...” You might ask small groups to work on one category each. To increase participation you might switch groups after a while so more people have a chance to work on the same category.

For each cause you find ask: “**why...**”. Write the answer to “why” next to it, on the right of the flipchart. This way you will find underlying or root causes. Stick to those causes that are controlled by you at your level or at most at the level that your supervisor works at. When a cause is controlled by people at much higher levels, you generally cannot do anything about it. (For example salary levels). Trying to analyze the root causes at these high levels make this an exercise in frustration.

Keep asking why until one of three things happens:

- A solution to the problem becomes apparent.
- You are discussing causes that are controlled outside your influence



- You are in a different category of causes

After you have collected everybody's ideas about the causes and the causes behind the causes, now you start to organize them. Try to find root causes in the right hand column by looking for causes that appear more than once within or across categories. You can also select the root causes (the most important ones) by voting. Now for those root causes, try to find a solution. Only select root causes to include in the action plan if the group can actually influence/solve them.

If you have hard data or want to use hard data: Pareto diagrams

(This description is adapted from "The guide to managing for quality", MSH, <http://erc.msh.org/quality/example/exempl22.cfm>)

When to use it

You use Pareto analysis when you do not know the causes of a problem and need to find out.

How to use it

- Gather data on the frequency of the causes using a tally sheet.

Rank the causes from the most to the least important, and calculate the cumulative percentage (the cumulative percentage is the first percentage plus the second percentage, and so on).

Causes	Percentage of Total	Computation	Cumulative Percent
A	20%	$0+20%=20\%$	20%
B	18%	$20\%+18%=38\%$	38%
C	15%	$38\%+15%=53\%$	53%
D	11%	$53\%+11%=64\%$	64%

- Draw a horizontal axis (X) that represents the different causes, ordered from the most to least frequent.
- Draw a vertical axis (Y) with percentages from 0 to 100%.
- Construct a bar graph based on the percentage of each cause.
- Construct a line graph of the cumulative percent.
- Draw a line from 80% on the Y-axis to the line graph, and then drop the line down to the X-axis. This line separates the important causes from the trivial ones.



In the example below, you can see that only 6 causes out of 20 are responsible for 80% of the problem. The other 14 causes are responsible for 20% of the problem. There is a good chance that if you focus on solving the 6 key causes, the other 14 will be solved as well.

Example

There is a clinic where long waiting times are a problem. The staff decide to find the causes by doing a Pareto analysis.

Step 1: Frequency analysis

The first step of the Pareto Analysis is to gather data on the frequency of the causes. The staff in the clinic need to gather some data on the frequency of the different possible causes. They interview a sample of 50 IUD cases in which the clients feel they wait too long. For those 50 cases they analyze why the wait was so long.

Here are the results, in a tally sheet:

Causes of Long Wait Time	Number	Percent of Total
Procedure takes too long	1	2
Counselor is slow	3	6
No IUD in clinic, need to buy outside	9	18
Lack of automation in reporting	1	2
Delay in handing over lab results to doctors	15	30
Clinic personnel don't follow the schedule	18	36
Client forgets cards	1	2
Client does not know where to go	1	2
Client comes late on appointment	1	2

The next step of the Pareto Analysis is to identify the “vital few” causes of the problem.

Step 2: Ranking causes

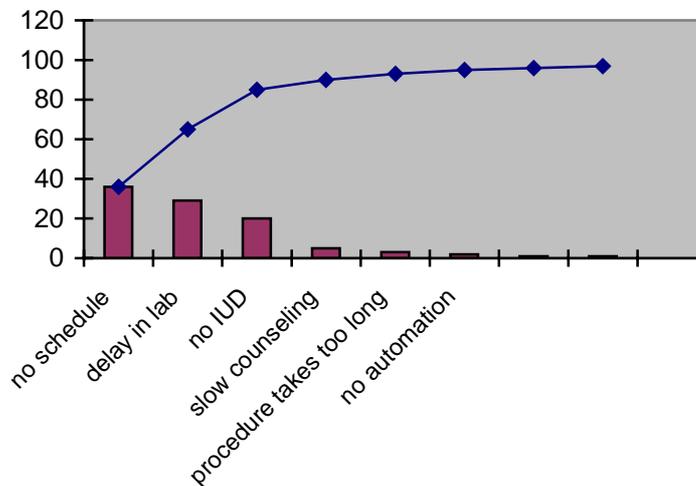
To identify the "vital few" causes, the team ranks the causes based on the frequencies they found in their survey. The team also calculates the cumulative percentage (each percentage added to the one before it) so they can build a Pareto graph.



Cause	Percentage	Cumulative Percentage
Clinic personnel don't follow the schedule	36	36
Delay in handing over lab results to doctors	30	66
No IUD in clinic, need to buy outside	18	84
Counselor is slow	6	90
Procedures take too long	2	92
Lack of automation	2	94
Clients come late	2	96
Clients forget cards	2	98
Clients do not know where to go	2	100

Step 3: Pareto graph

Now the team is ready to draw the Pareto graph. They draw a horizontal axis (x) that represents the different causes, ordered from the most to least frequent. Next, they draw a vertical axis (y) with percentages from 0 to 100%.



Now, they construct a bar graph based on the percentage of each cause. They construct a line graph of the cumulative percent. Finally, they draw a line from 80% on the y-axis to the line graph, and then drop the line down to the x-axis. This line separates the important causes from the trivial ones.

Now it is easy to see that approximately 3 factors are responsible for 85% of the waiting time problem. The other factors are responsible for only 15%. The supervisor with the team decides to focus her attention on the most important (most frequently occurring) causes and begins working toward choosing the actions that will be effective and cost-effective at solving this problem.



Handout: Decision Matrix

Why do we use it?

To narrow down options by using a systematic approach of comparing choices by selecting, weighing and applying criteria.

What does it do?

- It quickly forces a team to focus on the best things to do and not everything they could do, which increases the chance for success.
- It limits “hidden agendas” by making the criteria clear and up front.
- It increases the chances of acceptance since everybody is involved in the process and the procedure is open and clear.
- It reduces the chances of selecting someone’s “pet project”.

How do I do it?

Agree on the ultimate goal to be achieved in a clear, concise sentence.

Create the list of criteria by using brainstorming. Sample criteria are:

- Cost in money
- Cost in time spent
- Feasibility
- Importance for quality of care

Now make a table with all your various options and criteria. Write the relative weights of the criteria in the table:

	Cost in money 3	Time 5	Feasibility 1	Importance 1
Option 1				
Option 2				
Option 3				
Option 4				

Compare all options to each weighted criteria.

For excellent give 9 points, for fair give 3 points, and for poor give 1 point.

If option 1 is going to be expensive it will get 1 point for cost in money. If it will be quick to do, it will get 9 points for “Time”. If it is very possible to do, give it 9 points for “feasibility” and if it is reasonably important for quality of care, give it 3 points for “Importance”



For example

	Cost in money 3	Time 5	Feasibility 1	Importance 1
Option 1	1	9	9	3
Option 2				
Option 3				
Option 4				

Lets complete the example:

	Cost in money 3	Time 5	Feasibility 1	Importance 1
Option 1	1	9	9	3
Option 2	9	3	3	9
Option 3	9	3	1	1
Option 4	3	3	3	9

For each option, you can now calculate a total value by multiplying the value in each cell with the relative importance of the criterion.

For example

	Cost in money 3	Time 5	Feasibility 1	Importance 1	TOTAL
Option 1	$1 \times 3 +$	$9 \times 5 +$	$9 \times 1 +$	$3 \times 1 =$	60
Option 2	9	3	3	9	54
Option 3	9	3	1	1	44
Option 4	3	3	3	9	35

The first row shows you how the calculation is done. The result is that the option number 1 has the highest combined score (60) and therefore it is the option we choose.

