QUALITY IMPROVEMENT TRAINING FOR TEAM MEMBERS AND COACHES

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Maternal and Newborn Health in Ethiopia Partnership (MaNHEP)
Quality Improvement Training for Team Members and Coaches

Kim Ethier Stover, MA, University Research Co., LLC
Solomon Tesfaye, MD, MPh, University Research Co., LLC
Amy Stern, MHS, University Research Co., LLC
Contributors
Lynn Sibley, Aynalem Hailemichael, Nigel Livesley

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# Acronyms

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<th>Description</th>
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<tbody>
<tr>
<td>ANC</td>
<td>Antenatal care</td>
</tr>
<tr>
<td>CHBLSS</td>
<td>Community Based Life Saving Skills</td>
</tr>
<tr>
<td>CMNH</td>
<td>Community maternal and newborn health</td>
</tr>
<tr>
<td>HBLSS</td>
<td>Home Based Life Saving Skills</td>
</tr>
<tr>
<td>HEP</td>
<td>Health Extension Program</td>
</tr>
<tr>
<td>HEW</td>
<td>Health Extension Worker</td>
</tr>
<tr>
<td>IHI</td>
<td>Institute for Health Care Improvement</td>
</tr>
<tr>
<td>LS</td>
<td>Learning Session</td>
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<tr>
<td>MaNHEP</td>
<td>Maternal and Newborn Health in Ethiopia Partnership</td>
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<tr>
<td>MNH</td>
<td>Maternal and Newborn Health</td>
</tr>
<tr>
<td>PDSA</td>
<td>Plan, Do, Study, Act cycle</td>
</tr>
<tr>
<td>QI</td>
<td>Quality improvement</td>
</tr>
<tr>
<td>SOW</td>
<td>Scope of Work</td>
</tr>
<tr>
<td>TBA</td>
<td>Traditional Birth Attendant</td>
</tr>
<tr>
<td>vCHW</td>
<td>Voluntary Community Health Worker</td>
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Introduction

The Maternal and Newborn Health in Ethiopia Partnership (MaNHEP) together with the Federal Ministry of Health (FMoH), Amhara and Oromiya Regional Health Bureaus (RHB), and Woreda Health Offices (WorHO) in 6 woredas (districts) organized efforts in 51 kebeles (communities) to improve care for mothers and babies in the birth to 48 hours timeframe. The efforts included training providers and families in the Community Maternal and Newborn Health (CMNH) package, quality improvement efforts to organize community processes and a behavior change communications strategy. This document outlines the training approach used for quality improvement (QI) team members and coaches. The training materials draw heavily upon the work of the USAID Health Care Improvement project managed by University Research Co., LLC.

QI teams were formed in each kebele from representatives of kebele administrations, community and religious leaders, women groups, guide teams and HEWs. Coaches were selected staff from WorHO and health centers whose responsibility was to support QI teams. Trained coaches from health centers and woreda offices together with project staff (MNH specialist) provided on site support for each kebele level team.

Objectives

The objectives of the basic quality improvement training were for participants to be able to:

- Articulate the key concepts of quality improvement.
- Develop a plan for the first PDSA together with the QI team.
- Understand how to collect and analyze data and begin ongoing measurement.
Basic Quality Improvement Training

There are six main themes covered in the basic quality improvement training include:

- What is the problem (identification and analysis of a problem)
- How we improve (Model for improvement as a tool)
- What we are trying to accomplish (setting an aim)
- How we will know that our work is an improvement (measurement and data collection)
- Plan-Do-Study-Act cycles
- Teamwork

Given that we had many participants with low levels of literacy, the quality improvement training was conducted without any slides. If we had instructional moments, we used a flip chart to draw diagrams or make important points.

What is the problem

Before addressing how to improve a given area, it is important that QI teams and coaches understand that there is a problem, what the problem is and what the possible causes are. We started this session with a brief presentation of the data around maternal and newborn morbidity and mortality for Ethiopia. Then we discussed a failed case of maternal and newborn care. Later in the training, we had the participants conduct a flowchart exercise to examine in more depth the specific processes that occur and where barriers, bottlenecks or other problems occur. The flowchart exercise helps to get team members talking to each other and helps teams uncover problems. This exercise could be done at the beginning of the training or closer to the discussion around specific changes which could be made.

Case Study and Plenary Discussion

Objective: Develop common understanding of the problem that the program is addressing

Time: 1 hour

Materials: Interview guide

Activities:

1. Activity 1: Case Study Interview (25 minutes)
   - Case Study Interview: State that we will now hear the specific example of one kebele.
   - Prepare ahead of time one HEW or community member who will be willing to be interviewed about a death of a woman and/or baby in a village.
   - One staff member will lead the interview with prepared person using the interview guide. (see Interview Guide below)

2. Activity 2: Plenary discussion (20 minutes)
   - After the interview, have general plenary discussions, to comment on the following (1-2 people should be called on to respond to each question)
   - Is the experience you heard similar or different to your community? In what ways?
   - What are examples of good practices that should be encouraged?
   - Does your kebele or gotte experience any difficulties or problems during the birth to 48 hour time period?
   - What areas exist for improving care for mothers and babies around the time of birth?

3. Activity 3: Recap (15 Minutes)
   - Ask the group: Does everybody agree that there are areas for improvement in the birth to 48 hour timeframe? Mention some of the things that came up in plenary discussion; focus on the areas that are addressed in the project.
   - Ask 2 to 3 participants: What do you feel is important from this discussion?
What is the problem – Interview Guide

Preparation

1. Before the start of the Learning Session, ask one kebele team member (possibly TBA, community leader or vCHW) to participate as the interviewee. You can let them know the list of questions that they will be answering ahead of time. Be sure to explain that there are no rights or wrong answers – this is to get an idea of the steps that take place in a community around pregnancy and birth. Reassure them that this is not to criticize their kebele but to help provide a learning opportunity for others and to open up the discussion of where problems exist around the time of pregnancy and birth.

2. Note to interviewer: The idea is to ask in depth questions. If at some point they talk about a problem, then you need to probe – was the person referred? How did that happen? Who was involved, etc. The general idea is to walk them through the process without calling it that. The best way to do this is to keep asking “what happened next? And then? And then?” Request that everyone clap for the person who was willing to share the story.

Conduct interview with the participant

1. State for everyone: We will now hear one kebele’s experience with pregnancy and birth. Please listen for what is similar or different to your community. Listen for good practices and areas that might be improved.

2. Introduce the interviewee (name, kebele, woreda and role/job). Thank them for being willing to share their story.

3. Begin the interview: We’d like to discuss what these steps look like in one community. There is no right or wrong answer, but we want to start thinking about what happens at each step.
   - When a woman is pregnant, who does she tell? When does a health worker typically learn about the pregnancy? What health worker is told? If it is not a HEW, how and when does a HEW find out? What do the health workers do currently when they find out a woman is pregnant? Do they know about all pregnant women early in the pregnancy?
   - What happened when the woman went into labor? Who is with her? Who is informed of the labor? Who, if anyone, assists her with labor?
   - What kinds of problems are encountered during labor and delivery? How common are they? What happens if there is a problem? Who is told? Is she referred? [If someone was called, who called them? How did they find them?]
   - How is the baby cared for immediately after birth? Who cares for the baby? What happens if there are problems?
   - How is the mother cared for immediately after birth? Who cares for the mother? What happens if there are any problems?
   - How do health workers and specifically the HEW find out that there has been a birth? When do they usually find out? When is the first check of the mom and baby by the HEW (at the Health Post or at home) after the birth?

4. Thank the interviewee once again.

5. Follow up plenary discussion
Understanding the Process through Flowcharts

Objective: Explain the activities around birth as a process

Time: 2 hours

Materials:
1. Handout of improvement aims
2. Handout of symbols used for flow chart

Activities:
1. Activity 1: Introduction/Discussion (10 Minutes)
   - Now that we have talked about the problem, aim and measures, let’s talk about the solutions or changes that we want to see in the activities.
   - In order to determine the best solutions, we need to understand the causes of the problems we are looking at and the best way to develop solutions. We will do this by talking about the process of care.

2. Activity 2: Short Presentation on How to Understand a Process using Coffee as an Example (30 minutes—No Slides Necessary)
   - Inputs
     i. Explain that inputs are the resources we need to make coffee. Give one example of the beans. Ask participants to provide different inputs until we have exhausted the list. Have a second facilitator noting the list on flip chart paper.
     ii. If not mentioned, note that knowledge and training on how to make coffee are important inputs.
   - Process
     i. Explain that processes are the activities which need to happen to get the results you want. Ask them to list out the activities or steps which need to take place in order to make coffee. Have a second facilitator noting the list on flip chart paper.
     ii. If the response is simply “boil the coffee”, then ask questions such as “What do you need to do in order to boil the coffee? Do we need to grind/pound the beans? Should I stir the coffee in the pot? How do I know it is ready? Do I need to pour it?” Or any similar questions to get them to think about all the activities involved.
   - Output
     i. Explain that the outputs are the immediate results of your activities. Ask for a general answer to “What is the output of the activity in this case?” People will probably respond “coffee” or “cup of coffee”.
     ii. Continue the explanation to say that the outcome is the effect that the cup of coffee has. “What possible outcomes would the cup of coffee have?” The answers should be something like “satisfied drinker” or “more awake”. If you do not get these answers, the follow-up question could be “what effect does the coffee have on/for you?”

3. Activity 3: Flowcharting a Process – Presentation (15 Minutes)
   - Now that we have a general understanding of an input, process and outcome, we want to show you a simple way of drawing the process so that you can better discuss and understand it. We will use 5 basic symbols to do this. (Handout 1 Flowchart symbols below)
   i. A circle or oval shows the beginning and end of a process. Ask the participants “What was the beginning of our coffee process?” The answers may vary but we are looking for something like “decision to make coffee” or “gather all the inputs” – something that will show a starting point. Have someone draw this on a flowchart with a couple of words on what the starting point is. Let them know that they can do this with words, symbols or pictures as they are comfortable.
ii. Next we want to talk about the steps or activities in the process. To show a step we use a rectangle or square. We then use arrows between the steps to show how one activity follows another. The facilitator and assistant at the flip chart will then fill in a few steps. (Have slide ready to show the same point as well – or prepared ahead of time for coffee)

iii. When we come to a decision that must be made, we use a diamond shape. The diamond has two arrows coming out, one for yes and one for no. The diamond represents a question such as “should I add sugar?” or if we relate it to the process of caring for pregnant women a decision diamond question might be “Do we tell the health worker about a pregnancy?” The facilitator should make sure that there is at least one question in the coffee process.

iv. If we come to a step that is unclear because we don’t know exactly what to do there or if there is disagreement about the best way to do this, we use a cloud to demonstrate disagreement, lack of clarity or some other problem such as a lack of necessary supplies or inputs.

v. Finally we come to the end of the process. In this case, the oval/circle at the end will have a cup of coffee since that is the output of this process.

- Reiterate that there are 4 symbols – the oval to show beginning and end, the square to show a step, diamond to show a decision and a cloud to show disagreement or uncertainty in the process.
- Complete this section with a summary statement that we are going to be focusing our problem-solving on the process or activities in order to improve care for mothers and babies.
- Now that we have looked at the process of making coffee, let’s talk specifically about the process of assisting and caring for moms and babies in your communities.
4. Activity 4: Flowcharting a process – Practice (55 minutes)
   - Community groups will prepare a flowchart of activities in their sites
     i. Please move to sit with the other representatives at your kebele to practice creating a flowchart.
     ii. Please take 30 minutes to work in your community groups to create a flowchart of the process or series of activities for pregnancy identification. (see Handout 2 below)
     iii. You might not finish, but you can bring this home and finish with the rest of the team.
   - Facilitators should give participants warnings when there are 15, 10, 5 and 1 minute remaining.
   - Facilitators should circulate between the groups helping them by asking questions and making suggestions on symbols.
   - Once the 30 minutes is up, kebele teams should be given an additional 15 minutes to discuss the following questions:
     i. Was drawing a flowchart helpful for you to think about the process of pregnancy identification? How did it help you?
     ii. What did you learn about how pregnancy identification happens in your community?
     iii. Did you find any areas for improvement while drawing your flowchart? Are there any steps that are unclear or that create a delay or barrier to the HEW knowing about pregnancy?
   - Facilitators should spend 5 to 10 minutes asking for general answers from the group. For instance, asking each kebele to make a few comments on one of the questions. Try to highlight comments such as:
     i. It helps us see what we have now.
     ii. We realized that some areas are not clear/we disagree.
     iii. We are not covering everything we should be etc.
     iv. Any comment related to understanding a process.

5. Activity 5: Recap (10 minutes)
   Ask 2 to 3 participants:
   - What do you feel is important from this discussion?
   - Where do you see opportunities (in general) for improvement?
   - How does this help you think about possible ways to make improvements?
### Handout 1 – Flowchart symbols

<table>
<thead>
<tr>
<th>Flowchart Symbols</th>
<th>Meaning</th>
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<tbody>
<tr>
<td><img src="image" alt="Start and End Point of the flowchart" /></td>
<td>Start and End Point of the flowchart</td>
</tr>
<tr>
<td><img src="image" alt="Step or action in the process" /></td>
<td>Step or action in the process</td>
</tr>
<tr>
<td><img src="image" alt="Decision that has to be taken" /></td>
<td>Decision that has to be taken; Text in box should be a question with the answer yes or no. Two arrows exit the diamond shape one for yes and one for no.</td>
</tr>
<tr>
<td><img src="image" alt="Shows an unclear step or action" /></td>
<td>Shows an unclear step or action; can be used when there is disagreement over the proper action or when it is not known</td>
</tr>
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</table>
Handout 2 – Drawing a Flowchart: Exercise Guide

1. For a flowchart on pregnancy identification, the starting point is a pregnant woman and then end point is the HEW worker entering the mother into the Health post registry.

2. Try to draw the process from the perspective of the pregnant woman.

3. Ask yourself as you go through – 1. What happens next? And 2. Are there any decisions to be made by the pregnant woman, family, health worker at this step?

4. If you have any disagreement about a step on your team, just put a cloud and move forward. These clouds will help us understand where we need to make improvements. You will further discuss this with your team back in your kebele.

5. Draw what exists now so you understand the process that you have and see how to improve it. Do not draw what you think is supposed to happen.
Overview of the Model for Improvement

This section presents a few different ways of introducing the model for improvement to participants. The first approach is an exercise in which small groups must come together to create a bridge capable of holding a bottle of water out of paper and tape. The second approach is a drama on improvement. ManHEP did not use the drama in our first training, but used it as refresher training. We would recommend this as a way to introduce improvement at future trainings.

Building Structures Exercise

Objective: Develop common understanding of how to approach problem solving

Time: 2 hours

Materials:
1. Materials for build a bridge game: pile of newspapers, tape, bottles with water
2. Hand out – copy of improvement model

Activities:
1. Activity 1: Introduction/Discussion of Problem Solving (15 minutes)
   - Everyone solves problems all day long. Something we all do as individuals, but can be more complicated as a group. We are now going to separate into small groups to think about the steps we take in problem solving.
   - Separate groups around tables; assign according to areas representing (woreda). Pre-placed the materials on the tables. One facilitator will give the instructions for the exercise.

2. Activity 2: Building Structures– Problem Solving Exercise (25 minutes)
   - Preparation:
     i. Put equal amounts of newspaper (5 or 6 newspapers) on each table along with one roll of masking tape and one full .5 liter bottle of water and one small plastic cup.
     ii. Post a flip chart paper with the rules on the wall before the exercise begins.

   - Instructions:
     Each group is going to build a structure (bridge, table, chair, house) using only the newspaper and masking tape. The structure must be strong enough to hold this bottle (show a water bottle). Also the structure must be tall enough for a plastic cup (show plastic cup) to pass underneath it.

   - Rules:
     i. You cannot use any materials other than the newspaper and masking tape.
     ii. Cannot stick/tape to a person, furniture, wall, or any other object.
     iii. You will be given 10 minutes to plan and 15 minutes to build. We will give you updates on the amount of time you have left.

   - Time the teams’ 10 minutes to plan; giving them warnings when there are 5, 3 and 1 minute remaining. During this time, facilitators should note for themselves and later discussion (you will be asked during plenary if you have any comments):
     i. How teams are communicating ideas
     ii. Did they start building without planning? If so, what were the consequences?

   - Once the teams’ 10 minutes of planning are up, let them know that their 15 minutes for building has begun. Give participants warnings when there are 10, 5, 3 and 1 minute remaining. (Give an extra 5 minutes maximum if necessary.) Facilitators should note for themselves:
     i. Teamwork: Is everyone participating equally? Is there a leader? How are they communicating?
     ii. Are ideas working the first time or do teams need to try different things? Do they continuously do the same thing and get the same bad result? Are they checking along the way whether their idea works?

   - At the end of time, take 10 minutes to have each team demonstrate what they were able to do. Do this as quickly as possible, giving each team only 1-2 minutes to show whether they were able to complete the task. Congratulate everyone on their effort, even if they were not able to accomplish the task.
• State: Now we are going to discuss in groups how we approached problem solving and what helped us or hurt us.

3. Activity 3: Group Discussion on the Exercise – around tables (20 minutes)

• Ask each group to discuss the following questions at their table for 20 minutes
  i. What helped you while you were building? What caused problems for you?
  ii. How would you describe the steps you took for solving this task/problem? Please list them.
  iii. How is this similar or different from the steps you take as a community? How do you solve problems as a community? How is this similar to or different from what you did in this group?
• Facilitators should give participants warnings when there are 15, 10, 5 and 1 minute remaining.
• Facilitators should move between the tables ensuring that the groups stay on task and ask guiding questions as necessary.

4. Activity 4: Plenary Discussion on Problem Solving Steps (20 minutes)

• Debrief in plenary session. Ask teams to go around and say what the first step they took was. Try to list these out on paper in a way that reflects the problem solving cycle we are looking at. Go around to each table asking for steps, but not overlapping (i.e. if Table 1 says “determine problem”, Table 2 can add a different first step or mention the second step). Ask if there are additional steps which are taken if they are working as a community.
• Things to note:
  i. Teamwork
  ii. Testing different things
  iii. Planning

5. Activity 5: Summarize Points/Presentation on Problem Solving (30 minutes)

• Facilitator should reiterate all of the steps that are necessary for problem-solving. This is the model for improvement written out as steps. We will go through each of these over the next few days.
• Short presentation on improvement model based on the discussions above (see Handout 3). Refer to the steps that they talked about and show that this is what they are doing anyway.
• Here is a way to think about what you are doing when you problem solve:
  i. Understand. The first step is to understand what the problem is and what you are trying to accomplish or achieve; in other words, set an aim to fix the problem you see.
  ii. Measure. How will we know that we have made an improvement or accomplished our goal? What is this called? (Measure) Ask them how we knew we had accomplished the bridge task (answer: the bottle was on the top and cup fit under the bottom). How might we know that we have accomplished the task of improving care for mothers and babies?
  iii. Solve the problem. After we have a way of knowing whether what we are doing works, we need to brainstorm different ways of solving the problem. We can ask and answer the question: what changes/ideas do we think can lead to improvement? What were some of the different ideas that you used for the structure? What are some ways that we might improve care for mothers and babies?
  iv. Choose. Once you have ideas on how to improve, you need to choose one.
    a. What did you do when you started building the structure – did you try every idea or did you choose the one which you felt was most likely to work? Then what did you do?
    b. Get participants to talk about trying one thing, then the next, making revisions etc.
  v. PDSA. So let’s talk about what you did – we call this a Plan Do Study Act (PDSA) cycle. First, you Planned your trial. You talked about what it would look like and how to put it together. When you are trying to solve problems as a community, you need to decide what needs to be done, who will do it, when they will do it, what they need to do it (information, resources, other?). This is planning.
vi. Then you need to try or DO what you think will work to solve your problem. While you are trying it, you probably pay attention to whether or not it is working. You need to build the structure. This is the “Do” part of the cycle.

vii. Does every solution you try work immediately? [Allow them to answer; if they say “yes”, then probe – so you all built the bridge and it worked the first time with no revisions, etc.] How do you know if it worked? [you need to look at your measure] In the case of the bridge, how did we know? So after we “do” our change or solution, we need to study whether it worked. By study, we simply mean looking at our measure to say “did it work? Is it better or worse than before?”

viii. So, does every solution we try make things better? What are possible outcomes of testing a solution? [Looking for these responses: 1. It improved things, 2. We might need to modify it, 3. It didn’t work.]
   a. So, if our solution worked or improved the situation, what should we do? Looking for responses: “keep it,” implement it, etc.
   b. If our solution worked slightly, but not enough, what should we do? [looking for responses: modify, change, fix what’s wrong, etc.]
   c. What if our solution doesn’t work at all? [looking for response: try something else]
   d. All of these are ways to ACT on what we have learned from our test.
   e. If we need to modify our change or try something new, then we start a new cycle of problem solving – planning, doing, studying and acting.
   f. What if we don’t measure? What will happen then? [answers - We won’t know what we have done, we won’t know if we improved, etc.] So we need some way of knowing whether the solution to the problem we tested worked or not.
   g. What if we don’t change anything? We have a problem, but we keep doing the same thing. What will happen? [answers – nothing, no change, same result, etc.] So if we want to see an improvement, what do we need to do? [answers – change something, test a solution, etc] We need to make a change or test a solution if we want to see a different result.

ix. BRIEFLY review each of the improvement questions and steps in the model as a summary.

x. In the next sessions we will be talking about these steps in more depth.

6. Activity 6: Recap (10 minutes)
   Ask 2 to 3 participants: What do you feel is important from this discussion? Where do you see opportunities (in general) for improvement?

Drama on Quality Improvement

Objective: Review quality improvement basic principles

Time: 1 hour

Materials: Model of improvement

Activities:

1. Activity 1: Use of Dramas to Review Model for Improvement
   The point of the drama developed by Manhep staff was to teach the model for improvement using examples that were familiar to the audience. In Amhara, the staff felt that the best option was to discuss maize yield of a field. In Oromiya, they used the milk yield (liters per day) of a cow in order to sell at the market, with change ideas such as feed the cow more, take the cow to the vet, and drink less milk at home. In both cases, the staff put together a general outline of a story including the aim, measure, possible changes and which change they would test. They then improvised the drama, bringing in coaches to help as needed. The first drama was so well received that they conducted a follow up on the story at the next learning session. The follow-up included the result of the first test, a review (or “study”) and a decision on what to do next (or “act”).
Question 1: What are we trying to accomplish? This is the overall aim of the improvement.

Question 2: How will we know a change is an improvement? This is related to measurement, measuring the improvement effort.

Question 3: What change can we make that will result in improvement? This is related to developing, prioritizing and testing different changes. PDSA (Plan, Do, Study, Act) cycle is a cycle to test different change ideas.
Example from Amhara:
- **Aim:** Improving the amount of maize cultivated from 6 madega\(^2\) to 12 madega during the next season
- **Measurement:** Madega
- **Summary of the drama:** This drama demonstrates the QI model through the discussion of two farmers, Derese and Belete, on yield of production from their harvest. Derese and Belete have cultivated 35 “Madega” and 6 “Madega” maize respectively during the last season.

Derese had planned to cultivate 35 ‘madiga’ of maize from the three ‘Timad’ of land and discussed with his wife. To achieve their plan, he used both artificial fertilizer and natural fertilizer (compost). At the end of the season, they had 30 ‘madiga’ of maize. For the next season Derese with his wife had also planned to produce 50 ‘madiga’ of maize in the same land.

Belete only harvested 6 ‘madiga’ maize from the same area of land as Derese. Belete’s wife heard their neighbor production of maize and informed her husband to learn from their neighbor. One day they sat together and discussed how to plow in a certain way, which contributes to increased production and other best practices. Derese asked how many times he plows and whether he used fertilizer or not. Belete says he plowed only once and also did not use fertilizer because he had a shortage of money (due to his habit of drinking local alcohol “Areki”). Then Belete advised him to plough repeatedly and use compost for the first time. Derese planned to reap 12 madega of Maize in the coming season.

2. **Activity 2: Plenary discussion**

40-45 minutes discuss questions about the drama with large group. As we talk about each section, we can draw the model on the flip chart. In addition, the facilitator can make sure to bring out some of the key areas for emphasis – developing change ideas, testing vs. implementation, process for measurement. Below are examples of the follow up questions discussed in Oromiya Region related to improving milk yield.

- What were they trying to accomplish? What was their aim? Why do we set aims? How do they help us?
- How would they know that their change was an improvement? What were they measuring? Why do we measure? How does it help us?
- What were all the different ideas that they thought of to improve the cow’s output? Why is it helpful to list out all the possible ideas? Once you have a list of ideas, what should you do? How might you decide which one to try? [Note that when they come up with the list of changes to test, add brief discussion about which one they will test first, for how long and WHY they think this one should be prioritized (to emphasize testing one change at a time)]
- Which idea did they choose? Why did they only choose one at a time? How is it helpful to do one at a time? [Note that testing the change can also be on only one cow (if more than one) or for only a few days (if this makes sense in the drama to emphasize “test on small scale”)]
- What was the plan that was made? Was it a good or bad plan and why? Why is a plan helpful? What should a good plan for your kebeles include? When we develop changes, should we implement in the whole kebele or in just a part? Why or why not?
- What happened when they tested the change? What did they observe?
- What did they find? Was this change an improvement? Should they keep this or try something else? What else could they try and why should they try it?
- How is this similar to/different from what you have been doing with your teams?
- Add a follow up section with what their result was whether they were happy with it (not entirely) and what they might try next (from their list of changes previously) if they aren’t happy. For instance, we could have the cow yield more milk from different feed, but then discover that during the “test” the husband just drinks more milk as a result. The second round plan might be to have the husband drink less milk.

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\(^2\) Local measurement of weight, 30Kg
\(^3\) Local measurement for farming land
**Setting an aim**

In this section, we were trying to answer the question “What are we trying to accomplish?” The overarching aims for the project were developed together by MaNHEP, the FMoH, and RHBS. However, we wanted to give all participants the chance to briefly thinking about what the problems were and what the aims should be to help them own those aims. In addition to the exercise below, during visits coaches would emphasize to QI teams that they should come back to the question of what they were trying to accomplish for each care step and PDSA cycle.

**Small group work**

**Objective:** Set an improvement objective

**Time:** 1 hour

**Materials:** Handout of improvement aims

**Activities:**

1. **Activity 1: Introduction/Discussion (50 Minutes)**
   - In the steps we took in problem-solving, we said we should start with an understanding of the problem--which we did at the beginning. Let’s go back to the problems we discussed around MNH care. We talked about breaking down the tasks that need to be done around the time of labor and delivery into a list of:
     i. Notifying health workers of pregnancy
     ii. Notifying health works of start of labor
     iii. Labor and delivery assistance/tasks
     iv. First hour after birth assistance/tasks
     v. Notifying health workers of birth
     vi. Exam by HEW in first 48 hours
   - We want to set an aim for improvement in our community. That is, we know what problems we have and we need to think about what we want to see as a result of our solutions. To improve care for mothers and babies, we should think about what we want at the end. For each area, we should have a statement that we keep in mind as we are working which tells us “What are we trying to accomplish?” This will remind us about why we are testing solutions.

2. **Get into groups of 4 or 5 people.**
   - i. Choose one of the steps from the process of caring for mothers and babies.
   - ii. Do your communities have a problem in this area? How do you do you know? What can tell you? First, discuss with your kebele what the overall aim of working on this problem is.
   - iii. What do you want to see for mothers and babies in your community? Take a few minutes to talk about what you want to accomplish through solving this problem.
   - iv. For one of your priority problems, look at the aim statement. Do you have data or do you know what level you are at now? How many mothers are receiving this care right now on time? Think about how many you think you should be reaching and write that in. Also, when can you accomplish this? Next week, next month, in two months, etc.?
   - v. You will have 20 minutes to discuss this.

   - **Facilitator should go through each of the steps listed above and ask for one or two group representatives to say what the aim is for each step (that is, one or two representatives per step; not for the entire list).**
     - i. Make note of the aims that they come up with which are similar to the list of aim statements prepared ahead (by the project, others).
     - ii. Introduce the list of improvement aim statements. Go through systematically based on each step in the high level flow chart and explain the aim statement (without timeframe or target). Review the aim statements for each section.
     - iii. Explain the need to set a numeric goal and timeframe for each. For instance, if your community only knows about some of the pregnant women, what would you want to accomplish? For what percent or amount of women? How soon do you think you can do this? Ask participants how they would go about setting a target. What would they look at to determine where they are now? How would they decide what they can accomplish and how soon?
(Just have general discussion.) Wrap up this section by saying that coaches will work with each team to get targets for different areas.

- Lead a short discussion of whether it is OK if we do all of this for some women or some of it for all women (is it OK if a mom and baby only receive a few points from this list? What if only 10 moms and babies receive all, but you have 20 moms that month in your kebele? Is that good enough?) What should we be trying for overall?

- Note to facilitator: Now you want to bring the discussion around to the higher level goals and aims of the project in relation to what the communities should be improving (not the official Project level goals). Introduce our phrasing/categories referring back and incorporating what they have presented and said.
  i. Improved health outcomes for moms and babies
  ii. Every mom and baby receiving the package of care every time

2. Activity 2: Recap (10 minutes)
   Ask 2 to 3 participants: What do you feel is important from this discussion? Where do you see opportunities (in general) for improvement?

Measurement

These sections try to answer the question “how do we know that change is an improvement?” There are several parts to measurement including understanding what measurement is and why it is used, setting indicators, data collection process and tools, plotting data on a time series chart and analysis of data. Due to the low level of education of the QI Team members, MaNHEP’s training on measurement was more focused on just-in-time training during coaching visits rather than trying to teach abstract concepts in the classroom setting. We taught the purpose of measurement, introduced the indicators and data collection tools, and explained the basic information on how to create a time series chart and plot data points at the first Learning Session (see modules below). We have included a brief description of how we introduced the indicators and data collection tools, but we have not included the actual data collection tools with this document. During coaching visits, we worked with teams to develop a data collection process (who collects what, when, where recorded) and guided teams to interpret and analyze their data points.

Overview of measurement and indicators

Objective: Understand what measurement is and its use

Time: 1:30 hours

Materials: Indicator definition sheet

Activities:
1. Activity 1: Presentation and Discussion (30 minutes—using flipchart)
   - Why are we measuring? Encourage participant to respond, ask two to three people and make sure the following is included:
     i. If we don’t measure what we are doing, how will we know if it is an improvement?
     ii. If we don’t measure, how will we know what led to the improvement?
   - What is the use of measurement? Encourage participant to respond, ask two to three people and make sure the following is included:
     i. Essential for identifying and measuring problems and setting goals for improvement
     ii. Answers the question – how will we know that a change is an improvement?
   - Discuss how measurement should work:
     i. Should be linked to aims
     ii. Should be used to guide improvement and test changes
     iii. Should be integrated into the team’s daily routine
   - Present the different type of measures (slide or using flip chart) including input, process, output and outcome indicators
   - Present the list of indicators (see Handout 4 as an example)
• Discuss the bases on determining indicators
  i. What is the minimum amount of measurement that you need in order to answer the questions?
  ii. Should concentrate on key measures – avoid endless data collection and analysis
• Presentation/discussions of the list of indicators – go through the indicator definition sheet with the whole group & break into groups.

2. Activity 2: Group work (30 minutes)
• Each group will review/discuss each indicator and take note of issues that need clarity for large group discussion.
• Each team will review the information they had and practice in determining the level of each indicator (number or percent of pregnant women identified, received ANC-1, attended CMNH meetings and etc.) for their site.

3. Activity 3: Plenary (20 minutes)
Presentation and discussion on issues of clarity and level of each indicator for specific sites

4. Activity 4: Recap (10 Minutes)
Ask 2 to 3 participants: What do you feel is important from this discussion?

Selected Indicators and Data Collection Tools
This activity was intended to introduce specific data collection tools related to ManHEP. While ideally we would use FMoH tools only, the community level health posts did not have standard tools therefore it was necessary to introduce a few simple ones.

We held a discussion with teams on targets for improvement. Unfortunately, this approach to target setting was not useful as it relied on group discussion rather than guided assistance team by team. The targets developed here were not used as they tended to be randomly selected and were not always achievable. We followed this up with support to teams during coaching visits which was more useful.

Objectives:
• Selecting indicators in relation to improvement aim
• Understand how to collect data

Time: 1:30 hours

Materials:
• Indicator definition sheet
• Sample format for recording

Activities:
1. Activity 1: Presentation and General Group Discussion (20 minutes)
• Review the definition, numerator and denominator, data source, frequency of collection and compilation for indicators of the selected areas for improvement.
• Discussion of how to measure using the data collection tool. Present/discuss with the large group the type of data that each cadre needs to keep record of and share with the next level.

2. Activity 2: Group Work (40 minutes)
• Break into groups and each group will discuss, review and prepare brief presentation on one of the following areas.
  i. Record book/format of community volunteers

Types of Indicators

<table>
<thead>
<tr>
<th>Types of Indicators</th>
<th>Short-term Result</th>
<th>Long-term Result</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Input Indicators</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of guide teams trained in CMNH</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Process Indicators</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of mothers who take all elements of MNH package</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Output Indicators</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal and neonatal complication rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outcome Indicators</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction in maternal and neonatal deaths</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ii. Registration book at health post level  
iii. Sharing information/communication, reporting  

• The group work will continue to set targets and discuss the basis for their prediction. Facilitators will briefly describe the steps in setting targets and bases for predicting certain numbers and then allow each group to work on:  
  i. How do you determine where you are?  
  ii. What is a realistic target?  
  iii. What can you accomplish with certain time frame? Why?  

3. Activity 3: Plenary (20 minutes)  
Prepare for presentation at plenary of proposed targets as an example of what they should be thinking about when they are working with their kebele teams.  

4. Activity 4: Recap (10 minutes)  
Ask 2 to 3 participants: What do you feel is important from this discussion?
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>number of newly identified pregnant women per month</td>
<td>number of newly identified pregnant women, per month</td>
<td>n/a</td>
<td>number of newly identified pregnant women</td>
<td>• master list cross checked with guide team record.</td>
</tr>
</tbody>
</table>
| cumulative percent of newly identified pregnant women who received 1st ANC, per month | cumulative number of newly identified pregnant women who received 1st ANC, divided by the cumulative number of newly identified pregnant women | cumulative number of newly identified pregnant women who received 1st ANC, per month | cumulative number of newly identified pregnant women | • numerator: master list cross-checked with hp ANC register.  
• denominator: master list, cross-checked with guide team record.  
• indicator calculated at end of month, each month.                      |
| percent of delivered women who completed all four Cmnh meetings, per month | number of delivered women who completed all four Cmnh meetings, per month | number of delivered women who completed all four Cmnh meetings, per month | number of delivered women per month | • numerator: master list cross-checked with guide team record.  
• denominator: master list, cross-checked with hp delivery register.  
• indicator calculated at end of month, each month.                      |
| percent of delivered women whose birth was notified to heW during labor and within 2 days after birth, per month | number of delivered women whose birth was notified to heW during labor and within 2 days after birth, divided by number of delivered women per month | number of delivered women whose birth was notified to heW during labor and within 2 days after birth, per month | number of delivered women for the given month | • numerator: master list  
• denominator: master list, cross-checked with master list & hp delivery register.  
• indicator calculated at end of month, each month.                      |
| percent of delivered women who were visited by heW in < 2 days of birth, per month | number of delivered women who were visited by heW in < 2 days of birth, divided by number of delivered women per month | number of delivered women who were visited by heW in < 2 days of birth, per month | number of delivered women for the given month | • numerator: master list  
• denominator: master list, cross-checked with master list & hp delivery register.  
• indicator calculated at end of month, each month.                      |
| percent of women who received misoprostol immediately after birth of the placenta, per month | number of women who received misoprostol immediately after birth of the placenta, divided by number of delivered women per month | number of women who received misoprostol immediately after birth of the placenta, per month | number of delivered women for the given month | • numerator: master list cross-checked with misoprostol distribution record  
• denominator: master list, cross-checked with hp delivery register.  
• indicator calculated at end of month, each month.                      |
Creating a Time Series Chart
This session covers both how to create time series charts and touches on interpretation. Based on our experience, it is better to separate these two topics by teaching teams how to plot time series charts in the initial training and train on analysis once teams have a few data points. Basic analysis may be taught immediately, but rules of interpretation requiring a median can be delayed a few months. Several months after the training, we found the need to conduct just-in-time training during coaching visits on variation and interpretation as QI teams and coaches were interpreting month to month normal variation as improvement and decline in performance. We created simple exercises to help teams understand the difference between normal variation month to month and improvement over time. Please see Appendix 5 Measurement presentation Slide 2 to accompany the information in this section.

Objective: Be able to create a time series chart

Time: 1:30 hour

Materials:
• Sample data to practice run chart
• Papers and markers for each table

Activities:
1. Activity 1: Presentation/Discussion at Plenary
   • Of the many ways to analyze data, visual displays provide a particular useful form of analysis
   • A time series chart plots observation over time.
   • Why use time series plots?
     i. Tell a story over time, rather than two points for before and after.
     ii. Provide immediate feedback to a team on their performance.
     iii. Graphs annotated with changes and other events help provide evidence that the changes led to (or did not lead to) improvement
     iv. Time series graphs annotated with changes and other events provide evidence of sustained improvement
   • Brief presentation on the key elements of time series charts:
     i. Data plotted over time; one data point for each point in time (for instance, each week, month, etc)
     ii. Usually time is represented on the x-axis
     iii. Contains only one line on the graph
     iv. Tells the story through use of careful annotation
   • Examples of run charts – See Appendix 5 presentation
   • Describe the steps to create run chart
     i. Collect data at specific time intervals such as weekly or monthly. The time interval is plotted along the horizontal axis.
     ii. Determine the scale for vertical axis, usually numbers or percents.
     iii. Label the axis with scales and unit of measure
     iv. Plot the points and connect them with straight line between each point
   • Explain that we annotate, or make notes on our activities, on a time series chart in order to capture what we have done and how it may affect the data.

2. Activity 2: Group Work
   • Facilitators create ahead of time a data set and post on a flip chart. The data set should have monthly data for two years. The data should reflect some variation, but show improvement over time.
   • Participants will be broken into groups and provided with flip chart paper and makers. Each group should practice creating a chart and plotting the data.

3. Activity 3: Group Presentation and Discussion
   Present run chart from selected groups for each indicator and discuss.
4. Activity 4: Presentation and Discussion
Discuss/present interpretation of results: how to react to measurements

- First method of analysis is just to observe [this is to look whether the data point after the intervention is going up or down (in favor of improvement or not) with simple observation]
- Discuss the options for the “study” and “act” part of the PDSA cycle. Did the change lead to an improvement?
  i. If no improvement in the data (movement up or down depending on the indicator), you would abandon or stop the change
  ii. If some improvement in the data but not enough, you might adapt or modify the change to make it better
  iii. If clear improvement has been made, then act to implement everywhere.

5. Activity 5: Recap (10 minutes)
Ask 2 to 3 participants: What do you feel is important from this discussion?

Teamwork
The Building Structures exercise discussion is an excellent time to bring up the importance of teamwork, including issues of communication, leadership, and organization. Most of the team building and organization of meetings was done with support from the coaches during visits. The discussions during the training were a broader overview.

Forming an Improvement Team
Objective: Form a team for QI

Time: 1 hour

Materials: Handout of improvement aims

Activities/Steps/Details:
1. Activity 1: Group discussion about teamwork (40 minutes)
   - Explain to the group that we are now talking about teamwork because as we think about improving care in our kebeles, we need to work together. Ask them: What do we mean when we say “teamwork”? Think about a sports team – what does that mean?

   • Try to get some comments such as:
     i. Group of people working together to achieve a common goal
     ii. Different skills/knowledge brought together
     iii. Helps to have many ideas for problem solving
     iv. Solving a problem

   • During the bridge building exercise you worked as a team. Ask different people to comment:
     i. What was that experience like?
     ii. What was helpful?
     iii. What was difficult?
     iv. How did you overcome difficulties?
     v. Did everyone participate equally? Did you encourage everyone to participate?

   • Ask them: How is this similar or different to how you work as a community? Do you work as a team? In what ways?

   • Why is it important for us to work as a team to solve problems

   • Let’s go back to our flowcharts. When we look at the process of caring for moms and babies, you can see that there are different people involved in each step. Ask them to shout out some of the people involved.

   • Can we solve the problems around pregnancy identification if we only work with HEWs and vCHWs? Why or why not?

   Note to facilitators: At this point, you want to ask questions and direct the conversation to the fact that we need to consider all of the opinions of everyone involved. (For instance, if they say “yes”, then ask a follow up question such as “If husbands or mothers-in-law make the decision when to inform health workers of a pregnancy, then how will they know? How do we take their opinions and needs into consideration if they aren’t involved?)

   • Follow up by asking, can we involve every vCHW, TBA, mother, family member? Why or Why not? If not, who should we take?

   Note to facilitators: You should direct the conversation to the fact that we need to include representative of all the key people involved or a representative for each step/action in the process.
• Now think about the members of your team, is there anyone that is missing or not represented? Does anyone want to give an example of someone that should be included who hasn’t been yet? [See if anyone has an answer.]
• When you plan for your next steps and when you return to your kebele you will have the chance to revise the team composition, but only if it is necessary and someone important has been left out.

2. Activity 2: Client needs (10 minutes)
• You will begin to think about ideas for improving care for mothers and babies. As you begin to make improvements, you need to consider the needs of those involved. Who might have needs in this process? Answers might be mothers and babies, but get them to think of others (families, health workers, etc.).
• Ask why the needs of all groups are important to consider? [We want to get to the point that if we develop a process which does not work or is inconvenient for one group, against cultural norms, etc., then the process won’t work.]
• Ask the group how they might find out what the needs of different groups are (Focus groups, asking when we see them, including them in the team, etc.).

3. Activity 3: Recap (10 minutes)
Ask 2 to 3 participants: What do you feel is important from this discussion? Where do you see opportunities (in general) for improvement?

Developing changes
Objectives:
• Understand and be able to develop improvement changes
• Prioritize a change
Time: 2:30 hours
Activities:
1. Activity 1: Introduction/Presentation on what is a change (45 Minutes)
• We’ve talked about what our aims are, what we are going to measure, who should help us make improvements and how to think about whose needs are important to keep in mind. Now we need to think about what we should do differently.
• Let’s talk about the flowcharts that were developed earlier showing the process of pregnancy identification. [Note to facilitator – prepare comments on the flowcharts for this section.] Think about for your community [This discussion should be a plenary discussion.]:
   i. Are you able to register/learn about every pregnant woman before they give birth? (In other words – what does the data tell you? Are all women found before birth?) Ask one person to comment from their community.
   ii. What are some of the barriers stopping women from registering their pregnancies? Ask a different person to comment from their community.
   iii. Do you have a process for registering pregnancies in your community? (A series of steps or actions that the entire community knows and follows to ensure that women are registered during pregnancy.) What might be some problems in that process? Ask a different person to comment from their community.
   iv. What are interventions that we can make to improve what is happening now or create actions/process which are clear and understandable to everyone? What do you think – will just telling everyone that they should do this ensure that they will? Why or why not? Ask a different person to comment from their community.

PDSA Cycles
Plan-Do-Study-Act cycles are hard to teach in a classroom if you want to use real examples from their improvement area since teams cannot test their actual solutions. Therefore we used a combination of exercises showing the PDSA cycle (such as the structure building exercise) and small group brainstorming around possible change ideas for their specific improvement areas. Before teams can conduct a PDSA cycle, they need to think about brainstorming all possible ideas, then learning to prioritize which ideas to begin with. The teaching around PDSA cycles needs to be reinforced during coaching visits.
v. Note to facilitator – you should be looking for them to say that no; everyone will not do it just because we tell them. You can use this as the jumping off point to ask what might be done to ensure that all pregnancies are registered.

vi. If you receive the answer that “yes” people will do this every time because we tell them to, ask about some other area – such as vaccines. Do people know that they should get them? (Yes/No) Do they get them? (Yes/No)

vii. So, what can we do to ensure that all women are registered before the final months of pregnancy? Solicit responses from the general audience and ask another facilitator to note down on the flip chart. Comment on/show appreciation for ideas/suggestions.

- Interventions such as X, Y, Z (fill in from what they have said) are important inputs which we need to make sure are in place. Interventions A, B, C are changes or improvements in the process. A change or improvement intervention is any possible solutions to problems identified during process of quality improvement. (Interventions which alters the process of care) These are developed on basis of knowledge and beliefs about likely causes and solutions to the problem.

- When developing interventions or changes for your communities, you should consider the following things
  i. What is the current situation in your community? What is the process and what possible “clouds” or problems are there? What are the barriers to making sure that this process runs smoothly?
  ii. You should think about the needs of different clients or stakeholders in your community. What are their needs? What will make this a process that works for them?

- Ask if someone can explain “brainstorming” – what is this and why would we do it?
  i. List all ideas without judgment to think of all the possible solutions.
  ii. Explain to the group that we will now focus on brainstorming – we want to answer the question “What changes/ interventions can we make/implement that we think will lead to improvement?”

- In a few minutes we are going to break back into groups to start to answer the question “what changes can we make that we think will need to an improvement?” Before we do that, we want to explain to you what you should focus on in the next few months.

- There are many different steps that we have talked about in relation to improving care around the time of labor and birth, but it is difficult to focus on all things at once. To begin with we recommend that you look with your teams at the following areas for improvement.
  i. Pregnancy identification – we have already started to look at this in depth by reviewing the process through a flowchart and discussing what possible changes could be made.
  ii. Pregnancy registration, ANC-1–This step will make sure that every identified pregnant woman is registered or received the first antenatal care from the health post or health center.
  iii. Birth notification – This step will focus on informing the HEW that someone has given birth. This area needs to think about who could be involved in this, how they will communicate, what problems/barriers there might be and how to overcome them.

- We will divide the group up to talk about these three areas. Three tables each will have an assignment to talk about this. Each of you will need to think about
  i. What the current process is
  ii. Who’s needs to be considered, and
  iii. What barriers exist?
Based on these things, come up with some solutions, or changes, which could help improve the process you are looking at. This is a brainstorming exercise so all answers will be accepted and considered. Later you will think about which of these ideas might work for your community. Not all ideas will work for all communities – that is OK; just list them out for now.

2. Activity 2: Exercise – Practice brainstorming changes (45 minutes)
   - Note to facilitators: Every table needs a flip chart pad and markers and tape available to hang their notes
   - Each table will work as a group to develop ideas around one area. The facilitators will be available to answer your questions and assist you.
   - Around your table, choose one area to work on for this exercise. Either:
     i. Pregnancy registration
     ii. Pregnancy registration, ANC-1
     iii. Birth notification
   - The first 15 minutes, you should review the current information you have about this topic.
     i. Think about/review the data for your communities (if available) – is this happening for all moms and babies in a timely way?
     ii. Next look at your flowcharts or discuss briefly the process that currently exists – what can you say about the process that currently exists for this activity?
     iii. What might some of the problems or barriers to doing this for every mother and baby? List out the barriers or problems on a sheet of paper.
     iv. Note to facilitators: You should give them a 10 min left, 5 min and 1 minute left warning. Please circulate among the tables to help facilitate the discussion.
   - Now spend around 15 minutes to think up all the possible ideas for interventions that you think will help improve this part of care for mothers and babies based on the information you have. All ideas are accepted and noted on the flipchart paper.
     Note to facilitators: You should give them a 10 min left, 5 min and 1 minute left warning. Please circulate among the tables to help facilitate the discussion.
   - Once you have finished with a long list, spend another 10 minutes thinking about what you would try to implement first. Think about:
     i. Can it be done right away?
     ii. Does it need a lot of extra resources?
     iii. Is it easy to plan and arrange?
     iv. Do we think it will have a significant impact on what we are trying to fix?
     Note: it is OK if a table has a couple of things that would work for different communities.
     Note to facilitators: You should give them a 5 min and 1 minute left warning. Please circulate among the tables to help facilitate the discussion.

3. Activity 3: Group discussion (45 minutes)
   - We are going to join the larger group for a discussion of our results.
   - Once the tables have gone through developing changes, we will ask each table to report out BRIEFLY their list of changes, which one they would implement first and why. They should stay within 2-3 minutes.
     i. One facilitator should be assigned to take notes and keep track of all the changes suggested.
     ii. The lead facilitator should point out, but not discourage, which changes are inputs and which are process changes. Both may be needed and for the beginning, they can work on either.
   - Compliment the group on the long list of changes presented. Wrap up by stating that we will talk about how to see if these changes/interventions work.
4. Activity 4: Recap (15 minutes)
   Ask 2 to 3 participants: What do you feel is important from this discussion? Where do you see opportunities (in general) for improvement?

PDSA – Review Discussion
This review discussion was done as a refresher training during the second learning session.

Objectives: Understand how to test an intervention/change

Time: 40 minutes

Materials: Mode of improvement

Activities:
1. Activity 1: Introduction/Presentation on PDSA (30 minutes)
   - Let’s go back to our model for improvement (which is similar to how you problem solve in your own communities). We’ve talked about what our aims are, what we are going to measure, and what changes we can make that will lead to improvement. Now we need to think about how we organize and test one of these interventions.
   - At the bottom of the model you see there are 4 sections in a circle. These represent planning your intervention, doing/Implementing your intervention, analyzing the results, and deciding how to act on what you’ve learned or for short – Plan, Do, Study, Act.
   - Plan –
     i. Collect baseline data
     ii. Plan and list the individual tasks needed to set up this test of change, including the person responsible
     iii. Predict what will happen when the test is carried out and ask questions about other aspects of changes.
   - Do –
     i. Implement the plan/solution
     ii. Document any changes
     iii. Check that data is complete
   - Study –
     i. Review the data and run chart
     ii. Review other anecdotal and/or qualitative evidence surrounding the qualitative data
     iii. What do the results tell us?
   - Act – Ask, did the change lead to an improvement?
     iv. If no, abandon or stop the change
     v. If yes, but not enough, adapt or modify the change to make it better
     vi. If yes, it made a great change, then act to implement everywhere.
   - Start with a small change, in just one village or with just one vCHW to see how it works. If it works well you can expand to other areas.

2. Activity 2: Recap (10 minutes)
   Ask 2 to 3 participants: What do you feel is important from this discussion? Where do you see opportunities (in general) for improvement?
Handout 5 – Example form for documenting a PDSA cycle

Kebele:

What are we trying to accomplish?

How will we know the change is an improvement?

What change can we make that will result in an improvement?

<table>
<thead>
<tr>
<th>Cycle 1</th>
<th>Date started:</th>
<th>Date completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change ideas/ predictions</td>
<td>Plan</td>
<td>Do</td>
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<tr>
<td>Change idea:</td>
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<tr>
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<td>Predictions:</td>
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<table>
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<tbody>
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<tr>
<td>Change idea:</td>
<td></td>
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<tr>
<td>Predictions:</td>
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</table>
Sharing Experiences – Collaborative Improvement

This session was specific to the organization of the MaNHEP activities. We based the organization and flow of activities on a collaborative improvement approach. This session was used to help orient participants on what to expect in the upcoming year.

Objectives:
- Be familiar with plan of activities (learning sessions, action periods)
- Understand what the teams should be prepared to share at learning sessions

Time: 30 minutes

Materials: PDSA record handout (see Handout 5)

Activities:
1. Activity 1: General Group discussion (20 minutes)
   - Let’s go back to when you were building structures. Be honest – how many of you looked at what other teams were doing? [Ask them to raise their hands.] This isn’t a test so it is OK if you learned from others. How many of you found that ideas from others helped your design? [Make a joke, make light of this – the idea is to encourage learning from others]
   - What we want to encourage you to do is to learn from others – to look at what they are doing, take and adapt their ideas and make them your own. Overall, we can all learn faster how to improve care for mothers and babies if we work together. Look at how many different ideas you generated to improve care.
   - In the next year, we will look at determining the best ways (there may be more than one) to improve care for mothers and babies. Once every few months, representatives from community teams will come together to share what they have been trying and testing. When you come back together in the next meeting, you will need to be able to talk about what you have been doing.

2. Activity 2: Recap (10 minutes)
   Ask 2 to 3 participants: What do you feel is important from this discussion?

- What information do you think you will need to share?
  i. What you were trying to accomplish
  ii. What you tried (who did what? How was it different from what had been)
  iii. What was the result? What does the data say?
  iv. If we only have what was tried with no data, what does that tell us?
- We will hand out a paper which can help you remember what to record. You will need to keep track of what you have tried and what the result is so that you can share it with your colleagues in three months.
- In the next year or so, we will have five “Learning Sessions” where you will share your experiences and what you have tried. You will teach others and learn from one another.
- In between Learning Sessions, we expect that you will try different things to improve care for mothers and babies around the time of labor and delivery. These periods we will call “action periods” when you are taking actions – trying new things or adapting and implementing things that you heard worked from your colleagues.
- During that time, the coaches who are here with you will come to visit you, see how you are doing and help you solve problems. Coaches will take notes on what you’ve tried, but it is also important that you take some simple notes on what you’ve done. You might forget in two or three months.
Training for Coaches

The training for coaches consisted of a few different activities: basic quality improvement training with QI teams, an additional training session on what it means to be a coach, ongoing support at coaching visits and regular coaches’ meetings. All of these activities combined to build the capacity of coaches from woreda health offices and health centers. Presented below are topics covered during the first coaches’ training and subsequent coaches’ meetings. Following the first training, MaNHEP staff co-lead the first coaching visits with woreda and health center staff to model behavior and to provide feedback and guidance as they began. A separate document outlines the coaching guides and tools used during visits.

Objectives:
- Understand the goals of coaching for QI
- To develop skills for coaching in quality improvement
- Plan for and conduct first coaching visits

QI Review
Since coaches are expected to help teach improvement to QI team members who were not able to participate in the first learning session, they needed to be able to articulate the key concepts which were taught in the basic training. This session gave them the opportunity to discuss and present the basic concepts in their own words and receive feedback from experts.

Small group work
Objectives:
- Give participants a chance to state what they have learned about QI
- Add additional knowledge on QI concepts and theory

Time: 3:20 hours

Materials:
- Simple presentation [QI review for coaches]
- Presentation handout

Activity/Steps/Details:
1. Activity 1: Group work (40 minutes)
   - Before we talk about coaching, we’d like to first review with you the major concepts of QI that were discussed over the past few days. Each table will have 30 minutes to make some notes/comments about the important points in the handouts.
   - The handouts will have the following topics listed:
     i. What do you understand by quality?
     ii. Describe the QI model and each of its components. What is each section about and what should you know/remember about it?
     a. What are we trying to accomplish?
     b. How will we know that change is an improvement?
     c. What changes can we make that we think will lead to an improvement?
     d. Plan
     e. Do
     f. Study
     g. Act
     h. Process and flowcharting – why is this important for improving quality? How does it help?
     i. Team work – why is this important for improving quality? How does it help? Who should be included?
     j. Client focus – why is this important for improving quality? How does it help?
   iii. Please go through each of these briefly, brainstorming what you remember around your table. We will discuss in more detail later.

2. Activity 2: Presentation and discussion (90 minutes)
   - Now we will have a review of what you have learned, but also add a few additional concepts for you as coaches.
   - [Conduct review by going through each section above. Ask one table to mention]
what they talked about, and then ask if any of the other tables have something to add or comment on. Once you have some feedback from teams, emphasize the most important points or concepts. Go through (briefly) the slides that are prepared ONLY emphasizing/discussing what is new/different/clarifying what the coaches brought up. Skip slides as necessary if they have gotten everything.]

• Key points to listen for, note and comment on include
  i. Quality
     a. Perspectives on quality differ (patient and family experience, clinical correctness, etc)
     b. Make sure we are doing the right things at the right time for every patient, every time
     c. To make an improvement, we have to change what we are doing
     d. Test small changes and measure to see what works
  ii. What are we trying to accomplish?
     a. Determine where quality problems exist
     b. Prioritize what to work on
     c. Set clear aim for improvement (ultimate aim- improve health of moms and babies)
  iii. How will we know that change is an improvement?
     a. Ongoing measurement and review/analysis to determine improvement
     b. Not every change is an improvement
     c. (Types of indicators?)
  iv. What changes can we make that we think will lead to an improvement?
     a. Understand care as a process
     b. Changes are small solutions or interventions which we think will lead to an improvement in the care process
     c. Work as a team
     d. Focus your changes/interventions on the needs of your clients
     e. Prioritize a change to test (easy at first, then more complicated)
  v. PDSA
     a. Cycle of plan do study act
     b. Keep testing new things until result is better

3. Activity 3: QI at site level (60 minutes)
   • We want to explain what this will look like at the site level. Give examples of QI activities.
   • Was there anything that struck you as interesting? Does the practice reflect the theory we are teaching or are their differences implementing in reality?
   • What do you think the most complicated part of testing changes is?
   • In general, what challenges do you anticipate facing as you begin to assist teams? What do you think will be difficult for teams? What will be difficult for you?

4. Activity 4: Q & A (10 minutes)

Measurement
Coaches need to have a higher level of understanding of measurement, especially analysis, in order to support teams. This section outlines the additional classroom training they received at the first coaches’ training. At subsequent coaching meetings, MaNHEP staff supported coaches by providing corrective feedback on the coaches’ interpretation of data, led discussions to better understand natural variation, and taught them rules for interpreting data using run chart rules. These were informal discussions and presentations given by QI experts for the coaches and are not included here.

Presentation and group work
Objective: Add additional knowledge on measurement

Time: 1 hour

Materials:
• Simple presentation [Appendix 5. Measurement]
• Presentation handout
Activity/Steps/Details:
1. Activity 1: Presentation and discussion (20 minutes) (see Appendix 5)

2. Activity 2: Group work (30 minutes)
   - Give data for the group to work on and look for different variation and practice the application of the rules. Coaches were also provided with “Guidance for Analyzing Quality Improvement Data Using Time Series Charts” from the USAID Health Care Improvement project.

3. Activity 3: Q & A (10 minutes)

What is coaching?
Objectives:
- Explain coaching for QI
- Develop common understanding of the objectives and activities of coaching
- Describe different strategies for assisting teams through QI
- Discussion on coaching similarities/differences

Time: 1:30 hours

Materials:
- Simple presentation [Appendix 6 – what is coaching?]
- Presentation handout
- Group work handout

Activity:
1. Activity 1: Discussion and presentation (30 minutes)
   - When you hear the word “coach” what do you think of? [Possible answers including sports, mentoring, etc]
   - What are the characteristics of a coach? Think of a sports team? What is the role of a coach in that situation?

   Based on what you heard, what do you think coaching for QI will include? What activities will you be expected to conduct during coaching visits? [Look for/highlight answers including support/lead the team through the QI process; assist with clinical training/support; facilitate teamwork …]

   [Give the presentation on coaching, noting throughout the areas that they brought up already. At the section for coaches’ responsibilities, allow them to brainstorm these first, then show slide. This could also be a time to review the coaches’ SOW and expectations.]

2. Activity 2: Group Discussion on the similarities and differences of coaching and their current supervision practice (30 minutes)

   Break into groups around the tables to discuss:
   - How is this similar to what happens now?
   - How is this different from what happens now?
   - Follow-up/additional questions can include: Do you do supportive supervision? What is involved in that? Does this have some/all of the aspects of coaching?
   - What does the QI perspective bring to enhance supervision approaches?

3. Activity 3: Report back and discussion (20 minutes)

   Report out to the general group: One table answers one questions, others just add what was missing or different

4. Activity 4: Recap (10 minutes)

   Ask 2 to 3 participants to comment on what they feel is important from this section

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Facilitation Skills

This session was a brief introduction to facilitation skills for small group meetings. Group work included case scenarios based on real coaching experiences to help the coaches think about how they might handle different situations using, but not limited to, the facilitation techniques which were introduced.

Case Study and exercise

Objectives: To familiarize coaches on facilitation skills for different case scenarios

Time: 2:00 hours

Materials:
- Simple presentation [Appendix 7 - facilitation skills]
- Presentation handout

Activity/Steps/Details:

1. Activity 1: Presentation and discussion
   - Give 15 – 20 minute presentation on some facilitation techniques. See Appendix 7.
   - Use slides to present some of the points related to facilitation skills

2. Activity 2: Exercise
   - Practice the 4 step intervention techniques.
   - Exercise: Four-Step Approach to Group Process Intervention
     i. Scenarios:
        a. Uneven participation from team members, some talk too much and others not at all
        b. Frequent interruptions due to non-urgent phone calls or requests
        c. Team leader makes all the decisions for the team
        d. Team members frequently changing and group is “starting over”
        e. Women on the team are silent
     ii. Four-Steps
        a. Give the team feedback on the observed behavior:
           “When the leader stated that she believed everyone supported improvement C, I noticed that some team members exchanged what appeared to me to be puzzled glances.”
        b. Describe the potential or actual effect of the behavior:
           “As you know without true consensus we may have trouble implementing the solution.”
        c. Ask the team for input:
           “Is there something else that needs to be discussed or have we achieved consensus?”
        d. Ask the team to decide on action:
           “What would the team like to do now?”
   iii. Prepare 6 to 8 strips of paper to distribute evenly among the tables for discussion. For each paper they receive, the teams should discuss for 20 minutes:
       a. What facilitation might be needed, if any?
       b. What open-ended questions might you ask to guide the team to resolution?
       c. What concrete actions would you as a coach take in this case, if any?
   iv. Scenarios include:
       a. Team formed on paper, but only a few people come to the meetings and no progress is being made
       b. The team members seem to agree to implement all of the ideas from the kebele leader. Other people appear to be shy to speak up and make suggestions or disagree.
       c. The team is implementing a lot of ideas, but they are not collecting any data or keeping any records.
       d. In listening to the team and community members, you realize that they have misunderstood some key points about caring for mothers and babies around the time of birth. (For instance, they are teaching the community not to tie the cord.)
       e. After several months the team has gotten into a pattern of testing changes and collecting data, but they do not seem to be making any improvements.
       f. The team has been regular in collecting data and making changes. They seem to have good results for some indicators but not all.
g. The team has been collecting data and turning it in to the coaches, but they don't seem to be reviewing it and making changes on it.

h. The team has been making changes, collecting data, and has seen results in improvements. They have good participation from team members.

3. Activity 3: Report out and discussion

- After the tables have had a chance to review their 2 or 3 scenarios, each group will read their scenario and discuss what their solutions were. Take 15 minutes to hear how one table handled that issue.
- Then the floor should be opened for others to comment if they would approach the situation in a different way.
- Finally, facilitators should comment if they feel there is an additional piece of important information. Each scenario discussion should be limited to 5 minutes.

4. Activity 4: Recap (10 minutes)
## Appendix 1. Sample Training Agenda

<table>
<thead>
<tr>
<th>Sessions covered during First Learning Session</th>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session 1</td>
<td>1 hour</td>
<td>What is the problem?</td>
</tr>
<tr>
<td>Session 2</td>
<td>2 hours</td>
<td>How do we solve problems?</td>
</tr>
<tr>
<td>Session 3</td>
<td>1 hour</td>
<td>What are we trying to accomplish?</td>
</tr>
<tr>
<td>Session 4</td>
<td>1:30 hours</td>
<td>How do we know the change is an improvement?</td>
</tr>
<tr>
<td><strong>Day 2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session 5.1</td>
<td>2 hours</td>
<td>What changes can make an improvement? Part 1 - Process</td>
</tr>
<tr>
<td>Session 5.2</td>
<td>1 hour</td>
<td>What change can make an improvement? Part 2 - Teamwork</td>
</tr>
<tr>
<td>Session 5.3</td>
<td>2:30 hours</td>
<td>What change can make an improvement? Part 3 - Developing changes</td>
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<tr>
<td><strong>Day 3</strong></td>
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<tr>
<td>Session 6</td>
<td>40 minutes</td>
<td>PDSA</td>
</tr>
<tr>
<td>Session 7</td>
<td>1:30 hours</td>
<td>Selected indicators and data collection tools</td>
</tr>
<tr>
<td>Session 8</td>
<td>1:30 hours</td>
<td>Analysis of data</td>
</tr>
<tr>
<td>Session 9</td>
<td>30 minutes</td>
<td>Sharing Experiences/ Collaborative Improvement</td>
</tr>
<tr>
<td>Sessions covered during other Learning Sessions</td>
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<tr>
<td>Sessions covered during other Learning Sessions</td>
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<tr>
<td>Session 10</td>
<td>1 hour</td>
<td>Review of Quality Improvement</td>
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<tr>
<td>Additional/separate session for coaches</td>
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<tr>
<td>Session 11</td>
<td>3:20 hours</td>
<td>QI Review for coaches</td>
</tr>
<tr>
<td>Session 12</td>
<td>1 hour</td>
<td>Measurement</td>
</tr>
<tr>
<td>Session 13</td>
<td>1:30 hours</td>
<td>What is coaching?</td>
</tr>
<tr>
<td>Session 14</td>
<td>2 hours</td>
<td>Facilitation skills</td>
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Appendix 2. Learning Session 1 Agenda – Amhara Region

I. Objectives
Following the Learning Sessions, participants will be able to:

- Articulate the key concepts of quality improvement
- Develop a plan for the first PDSA together with the QI team
- Understand how to collect and analyze data and begin ongoing measurement

II. Agenda

Day 1

<table>
<thead>
<tr>
<th>Time (Approx)</th>
<th>Topic</th>
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<tbody>
<tr>
<td>8:30 – 9:00</td>
<td>Registration</td>
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<tr>
<td>9:00 – 9:05</td>
<td>Welcome</td>
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<tr>
<td>9:05 – 9:15</td>
<td>Opening remarks</td>
</tr>
<tr>
<td>9:15 – 9:30</td>
<td>Introductions (trainers and VIPs)</td>
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<tr>
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<td>Review Agenda</td>
</tr>
<tr>
<td>9:30 – 10:10</td>
<td>Section 1 – Overview of MaNHEP</td>
</tr>
<tr>
<td>10:10 – 10:40</td>
<td>Tea Break</td>
</tr>
<tr>
<td>10:40 – 11:25</td>
<td>Section 2 – What is the problem?</td>
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<td>Interview from one Kebele</td>
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<tr>
<td>11:25 – 12:45</td>
<td>Section 3 – How do we problem solve?</td>
</tr>
<tr>
<td>12:45 – 2:15</td>
<td>Lunch</td>
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<tr>
<td>2:15 – 3:00</td>
<td>Section 3 – How do we problem solve? Continued</td>
</tr>
<tr>
<td>3:00 – 3:45</td>
<td>Section 4 – What are we trying to accomplish?</td>
</tr>
<tr>
<td>3:45 – 4:15</td>
<td>Tea break</td>
</tr>
<tr>
<td>4:15 – 5:15</td>
<td>Section 5 – How will we know that change is an improvement?</td>
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<tr>
<td>5:15 – 5:30</td>
<td>Wrap – up and Evaluation</td>
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### Day 2

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<tr>
<th>Time (Approx)</th>
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<tr>
<td>8:30 – 9:00</td>
<td>Review of Day 1</td>
</tr>
<tr>
<td>9:00 – 10:00</td>
<td><strong>Section 6 – What changes can we make that will lead to an improvement?</strong>&lt;br&gt;Systems and processes (flowchart) Plenary</td>
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<tr>
<td>10:00 – 10:30</td>
<td>Tea break</td>
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<tr>
<td>10:30 – 11:30</td>
<td><strong>Section 6 – What changes can we make that will lead to an improvement? Cont.</strong>&lt;br&gt;Practice making flowchart</td>
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<td>11:30 – 12:30</td>
<td><strong>Section 6 – What changes can we make that will lead to an improvement? Cont.</strong>&lt;br&gt;Teamwork</td>
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<tr>
<td>12:30 – 2:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>2:00 – 3:30</td>
<td><strong>Section 6 – What changes can we make that will lead to an improvement? Cont.</strong>&lt;br&gt;Developing changes&lt;br&gt;Prioritizing changes</td>
</tr>
<tr>
<td>3:30 – 4:00</td>
<td>Tea break</td>
</tr>
<tr>
<td>4:00 – 4:30</td>
<td><strong>Section 6 – What changes can we make that will lead to an improvement? Cont.</strong>&lt;br&gt;Report out of changes</td>
</tr>
<tr>
<td>4:30 – 5:30</td>
<td><strong>Section 7 – Review PDSA cycle</strong>&lt;br&gt;QI Presentation from Oromia team</td>
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<tr>
<td>5:30 – 5:40</td>
<td>Wrap – up and evaluation</td>
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### Day 3

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<tr>
<th>Time (Approx)</th>
<th>Topic</th>
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</thead>
<tbody>
<tr>
<td>8:30 – 9:30</td>
<td>Review of Day 2 (review changes, PDSA)</td>
</tr>
<tr>
<td>9:30 – 10:00</td>
<td>Sharing experiences at the next learning sessions (including documentation of what they are doing for sharing)</td>
</tr>
<tr>
<td>10:00 – 10:30</td>
<td>Tea Break</td>
</tr>
<tr>
<td>10:30 – 12:00</td>
<td>Indicators, data collection tools, - focus on first indicators</td>
</tr>
<tr>
<td>12:00 – 12:30</td>
<td>Introduction to Action Plan</td>
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<tr>
<td>12:30 – 2:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>2:00 – 2:45</td>
<td>Plan for Action Period 1 (including plan proposed idea for PDSA 1)&lt;br&gt;Instructions for teams</td>
</tr>
<tr>
<td>2:45 – 3:00</td>
<td>Wrap-up and Closing</td>
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Appendix 3. Scope of Work for QI team

A quality improvement (QI) team will be established in each rural kebeles, one per health post catchment area.

**Purpose**

- Ensure that all pregnant mother in their third trimester, family members and birth attendants (Birth team) are enrolled in the CMNH program
- Ensure that labor and births are notified and mothers and newborns received care in the first 48 hours after delivery
- Ensure that all MNH packages are delivered/practiced in all household with mothers and newborns during the time of birth to 48 hours after delivery
- Ensure that all supplies and materials required to deliver MNH care packages are available at a community/household level
- Ensure that mothers and newborns with complications are referred to next level of care

**Responsibilities**

- Regularly review implementation of improved CMNH care for mothers and babies at kebele level
- Conduct regular meetings (recommended no less than twice per month), prepare meeting schedule for at least six month and share it with supervisors/coaches and MNH specialists. Make sure that the schedule is posted at the health center and health post level.
- Lead continuous quality improvement activity at kebele level:
  - Review what is happening in their kebele; determine the areas in which care for mothers and babies around birth can be improved.
  - Identify and prioritize issues/problems in process of delivering/receiving CMNH care
  - Liaise with the community to understand what their views are on problems and potential solutions to getting CMNH care to mothers and babies reliably
- Develop and test solutions to the problems; create work plans for implementing specific solutions to getting CMNH care to mothers and babies reliably
- Follow-up with community on what care being provided at the time of birth; provide guidance and instruction as necessary on CMNH practices
- Collect data, monitor and review/analyze whether the solutions have improved getting CMNH care to mothers and babies; based on review, determine next steps or new solutions
- Send representatives to “Learning Sessions” for training on quality improvement methodology and continuing CMNH, sharing the work of your kebele (especially results and data) and learning solutions from other kebeles

**Members**

- Seven to ten members for each QI team
- Members should be those:
  - Committed to improve MNH care services
  - Familiar with process of care, experienced/involved in decision making about and receiving/providing care for mothers and babies around the time of birth
  - With critical thinking in looking for problems and proposing solutions
  - Selected by the community
- Members of QI team should include a variety of people, such as:
  - Representative of women groups, mother in laws, pregnant women and husbands of pregnant women
  - Representatives of religious and influential leaders and elders
  - Representatives from health committees or health section of kebele council
  - Representative of MNH guide team, volunteer community health workers (vCHW) and traditional birth attendants (TBAs)
  - Health extension worker
Appendix 4. Scope of Work for Coaches

Expectations, Tasks and Profiles for Coaches

- Visit kebele QI teams once per month; average visit to kebele QI teams may be 3 to 4 hours (including courtesy calls, etc.)
- Participate in and/or assist in the preparation of and conducting regional learning sessions
- Regular (monthly or quarterly?) meeting with all Woreda-level coaches and MaNHEP staff member to review progress of the woreda
- Actively engage and follow up in the review of promising practices and data/results

Coaching Visits

Tasks before the site visit

- Arrange any visits including coordinating schedule of coaches, preparation of letters, informing appropriate authorities as necessary
- Prepare any copies, tools, training materials/aids needed
- Meet with other coaches to:
  i. Review the teams’ progress to date
  ii. Set priorities for focus on for the visit based on the kebele QI team’s needs
  iii. Determine roles and responsibilities of each coach for the visit

Tasks during site visit

(Varies depending on stage of implementation; not every task needed at every visit)

- Courtesy calls as necessary
- Assist in team development, including determining team members, creating roles and responsibilities for teams, and team building throughout the process
- Guide/facilitate team in analyzing data and their current care practices and flow
- Guide/facilitate teams in developing priority problems for improvement and setting improvement aims
- Guide/facilitate teams in developing possible changes/interventions
- Guide/facilitate teams in creating plans for PDSA cycles (testing the changes/interventions)
- Teach or review QI concepts and tools as needed during visits
- Review progress in community level training of HBLSS (how many households reached? Where are they?)
- Observe performance of HEWs
- Review progress of CHBLSS training:
  i. Attend CHBLSS training/community meeting to observe, reinforce some of the important actions and provide comments and feedback to trainers/facilitators
  ii. Talk to at least one birth team to see how the knowledge and skill is transferred and reinforce some of the important actions
- Visit mothers and newborns after birth to observe what has happened, check completed checklist
- Provide training/review/refresher training on clinical care package
- If possible, talk to those involved with one or two births during the past period to see how things were done and provide feedback as necessary to FLW team and/or QI team
- Review progress, successes and challenges for implementing changes
- Review and provide feedback on implementation of BCC activities
- Review data, assist in plotting on runcharts (or other graphic display) and analysis of the data (what does it mean? What should we do?)
- Collect and compile information from all interaction/activities at kebele level; Take notes using coaching tool on progress of teams including information on changes being tested, results of tests and data
• Score sites on the maturity scale
• Observe how the surveillance system is working

Tasks following site visit

_Woreda/Health Center Level_
• Properly document and report coaching visit by site
• Pass on all notes on team progress, PDSA cycles, etc. and score of site to MaNHEP staff
• Pass on any data collected during the site to MaNHEP staff
• Retain copy of pertinent information from site visits, including data collected for woreda-level analysis of indicators
• Follow-up on any woreda-level issues that arose including problem solving, resource (materials, TA, or financial) allocation, connections/networking to other programs, etc.

_MaNHEP Staff_
• Properly document and report coaching visit by site
• Enter all information on changes tested and data collected into the data base
• Work with the regional team to analyze and synthesize data on the regional level
• Work with Woreda-level coaches to follow-up on issues arising during the site visit
• Write-up (once per quarter) review of coaching skills for woreda-level coaches
• Write-up any success stories or human interest stories heard during visits
• Follow-up on progress, challenges, successes with Regional Team Manager, QI Advisor, Sr. QI Advisor, Deputy Director and PI

_Requirements/Profile for coaches_
• Identified/assigned as coach for project kebeles by woreda and health center management [HEWs supervisor; HEP program coordinator, Nurse/midwife, other?]
• Interest in learning more about improving health care
• Staff committed to conduct regular visit, at least once per month, to assigned kebeles (3 to 6 days per month)
• Some authority/connection to authority to be able to provide assistance to kebeles or directly liaise with zonal, woreda and regional authorities
• (Some) Staff with knowledge of MNH and clinical skills, trained on CHBLSS and community based program orientation
• Staff who are able and willing to travel to rural kebeles
• Staff exposed to health extension program and working relationship with HEWs
• Trainers of HBLSS (at least some)
• Some supervisory/oversight role of kebeles and/or HEWs and FLW
• Possibly one person responsible for data at the woreda level
• Committed staff in supporting others and making changes
• Committed to stay in public facility, where they took assignment, for project life
• Good communication skills and interpersonal relationship
Appendix 5. Measurement Presentation

Slide 1

Types of Indicators

- **Input Indicators**
  - # of Guide team trained in CMNH

- **Process Indicators**
  - % mothers who take all elements of MNH package

- **Output Indicators**
  - Maternal and neonatal complication Rate

- **Outcome Indicators**
  - Reduction in Maternal and neonatal Deaths

Slide 3

Presenting data

Number of Newly Identified Pregnant Women per month

- Median 35.5
- 32.0

Slide 2

What Are They?

- % Timely Reperfusion

Slide 4

Number of Newly Identified Pregnant Women identified

- Change Made

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5 Adapted from materials from the USAID Health Care Improvement project managed by University Research Co., LLC.
Appendix 6. What is coaching

Slide 1

Coaching for QI

Slide 2

Why Coach

- To enable the teams and the team leaders to become self-sufficient in their ability to make quantifiable and sustainable quality improvements in health service delivery.
- To enable the team and the team leader to become self-sufficient in the appropriate use and application of quality improvement tools and procedures.

Slide 3

Responsibilities of a Coach

- Promote and model QI principles
- Provide guidance and feedback
- Provide training (QI and clinical)
- Remain objective
- Support the team leader
- Allow team to make decisions

Slide 4

Coaching Activities

- Coach and mentor site teams on a regular basis about:
  - Application of QI methods and tools
  - Team functionality
  - Team leadership
  - Performance indicator monitoring
  - Data management
  - Serve as a facilitator and trainer
  - Advocacy to higher levels of administration
  - Prepare teams for sharing their experiences

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6 Taken from materials developed by the USAID Quality Assurance Project II managed by University Research Co., LLC.
Facilitation Skills

- Observe and support group process
- Intervene appropriately
  - Conflict identification, management, and resolution
  - Change management
  - Creativity
  - Communication with the organization

Communication skills

- Active listener
- Effective questioning
- Positive
- Respectful

Coach as a Trainer

- Provide “just in time” training in quality improvement
  - Team building
  - Process analysis
  - Use of QI tools
  - Measurement
  - Testing changes
  - PDSA
  - Clinical topics, as appropriate

Bench-marking

- Shares experiences gathered from other sites to improve in a particular site
- Best practices that have worked in another collaborative or facility
### Appendix 7. Facilitation Skills Presentation

**Objectives**

- Define facilitation
- Demonstrate a four step approach to group process intervention
- Discuss six facilitation guidelines
- Assess your self-knowledge regarding the role as coach

## What is Facilitation?

A process in which a person intervenes to help a team improve the way it works.

### Coach as a Facilitator

- As a facilitator, a coach will:
  - Assist with team building
  - Observe group processes
  - Intervene to address issues of group communication
  - Give and receive feedback, both supportive and corrective

### Coach as a Facilitator 2

- As a facilitator, a coach will assist the team with:
  - Decision making
  - Conflict management
  - Conducting effective meetings
  - Managing change
  - Enhancing creativity
  - Communicating with the organization

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7 Taken from materials developed by the USAID Quality Assurance Project II managed by University Research Co., LLC.
Making Process Observations

By observing a team's activities and helping them reflect on what is happening, facilitators help the team gain self-awareness of their behavior and become more productive.

How to Give Feedback

- Set ground rules that address how to give feedback - speaking directly to the team or through the team leader
- Be supportive of the team leader
- Be supportive of the team members
- Focus on the goals of the team

Effective Questioning - Purpose

- Stimulates thinking
- Initiates and promotes discussion
- Provides feedback to the coach about team's knowledge and skills

Four-Step Approach to Group Process Intervention

- Step One: Give the team feedback on observed behavior
- Step Two: Describe the potential or actual effect of the behavior
- Step Three: Ask the team for input
- Step Four: Decide on action

Effective Questioning - Strategies

- Ask open–ended questions (not yes/no)
- For definitive answer, specific questions
- Ask same thing in several ways using different forms and wording
- Use follow-up questions to achieve clarity and enhance understanding.
- Begin with “tell me more about …” or “please explain more about ….”

Facilitation Guidelines

- Stay neutral in the team
- Encourage participation by all
- Help team reach consensus
- Reflect feelings and ideas back to the team
- Help team keep itself on track
- Expect a great deal of pain