Guide for Applying Improvement Methods to Implement the National Standards for Improving the Quality of Life of Vulnerable Children in Nigeria

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1. Introduction

1.1 Purpose of the Guide

This Guide for Applying Improvement Methods to Implement the National Standards for Improving the Quality of Life for Vulnerable Children is intended as a companion document to the National Standards for Improving the Quality of Life for Vulnerable Children in Nigeria. It is intended to provide brief instructions for applying improvement methods to ensure that the standards are implemented consistently and appropriately for every child.

1.2 Intended Audience

The intended audience for this guide includes government institutions, non-governmental organizations (NGOs) and community-based organizations (CBOs) involved in providing direct support to programs for vulnerable children. The authors intend that the guide will be used to assist communities to form teams and implement the standards using improvement methods. The Guide will serve as a reference document to direct them in the steps towards improving care for vulnerable children (VC) at the point of service delivery.

2. Background on Improvement Methodology

2.1 Content and Process of Care

To improve care in a sustainable way, both the content and process of care must be considered. The content of care is comprised of the most up-to-date information and evidence on practices that lead to improved outcomes. In this case, the content of care is summarized in the National Standards for Improving the Quality of Life for Vulnerable Children in Nigeria and the accompanying Community Booklet for the National Standards for Improving the Quality of Life of Vulnerable Children in Nigeria. The process of care consists of all of the steps needed to implement the content of care in a consistent, effective way that ensures that every child receives the appropriate care when s/he needs it.

Improvement should be done by teams of people representing those who are involved in or who have a stake in the process of care.

For example, Education and Training Essential Action 2 states, “work with the households, communities and local education authority to address the identified barriers to education.” Guideline 5 for this essential action suggests, “create linkages, partnerships and referrals with other CBOs, service providers, and relevant education authorities for additional education or economic strengthening support.” The content of care informs us that these linkages are important; the process of care is how these linkages are developed in a sustainable way. In a given community, there may be many ways of developing these linkages, such as using an extension agent approach with one person responsible for following up with a certain number of families or using community groups to reach different segments of the population. Improvement methodology can assist communities in determining the most effective way of achieving this standard through small tests of change.
2.2 Improvement Methodology

The fundamental concept underlying all of improvement is “Every system is perfectly designed to achieve exactly the results it achieves.” Therefore, if a community wants a different result, the community must make changes to the system of delivering services. Improvement science applies a systems-oriented (understanding work as inputs, processes and outcomes) and evidence-based approach to make changes which reach the desired results. When making these changes, there are several principles which should be kept in mind:

◆ Care should be client-centered.
◆ Improvement should be done by teams of people representing those who are involved in or who have a stake in the process of care.
◆ Teams should test changes in their service delivery process on a small scale to determine effectiveness before implementing widely.
◆ Continuous measurement and review of progress is critical to knowing whether you have improved care.
◆ Whenever possible, teams should share their experiences and learning, both positive and negative, with others working on similar service areas.

The improvement methodology involves four steps:

◆ **Step 1: Identify the problem** – Teams determine where their priority problem lies based on data and available information and develop an aim for improvement. Teams ask themselves, “What are we trying to accomplish?”

◆ **Step 2: Analyze the problem** – Teams analyze their chosen problem to understand the root causes of the problem. They also determine the measures which they will use to monitor their progress in improving processes or outcomes on a regular (often weekly or monthly) basis. Teams ask themselves, “How will we know that we have made an improvement?”

◆ **Step 3: Develop changes for testing** – Teams brainstorm possible solutions, or changes, that they can test which they believe will improve care. These changes should address the root problems that they uncovered during their analysis. Teams ask themselves, “What changes can we make that will lead to improvement?”

◆ **Step 4: Test and implement changes** – Teams use a Plan-Do-Study-Act (PDSA) cycle to test their changes on a small scale at first, building up to a larger scale. Teams prioritize one change to test and make a plan. They carry out or do the planned test, collecting data regularly. Teams then study or review the data to determine whether their change led to improvement. Finally, they act on their test by deciding to implement a successful idea on a larger scale, to revise their change idea and test it again or to drop the change if it was unsuccessful.

2.3 Measurement

We can measure the effectiveness of improvement and standards-based interventions by collecting and analyzing data. Efforts to improve systems or processes must be driven by reliable data. Data not only enables us to accurately identify problems, it also assists in prioritizing areas for improvement and enables objective assessment of whether change and improvement have occurred. Collecting and analyzing data are therefore central to the function of improvement in the provision of services to vulnerable children.

The crux of improvement is answering the question, how will we know that a change yields improvement? Without data, or the skills to graph and interpret them, we do not know. One key to answering this question is the time-series chart that displays a key indicator over a regular unit of time. Time series charts are a simple, yet effective tool that is used in tracking performance over time and in documenting the story of improvement. Time-series charts help us know (see Section 4.5 for an example):

◆ A baseline measure of how well our current process is leading to our desired result
◆ Whether the changes have resulted in an improvement in the indicator used to measure performance
◆ Whether the change is sustained over time

While most graphs are like a photo that captures a point in time, a time-series chart is like video rolling over time and is particularly valuable in quality improvement as it allows us to track when specific changes were introduced, see their impact on an indicator, and tell whether a change is sustained over time. The time-series chart is a simple and effective tool that can be completed easily using paper and pencil or with a computer.


3. Getting Started on Improving the Quality of Life for Vulnerable Children

3.1 Review the National Standards

The National Standards for Improving the Quality of Life for Vulnerable Children is a document developed to guide VC service providers to ensure that a unified approach is used in providing effective care and support to vulnerable children and efficiently uses available resources.

As mentioned earlier, the National Standards serve as the “content” for improvement, so it is critical that VC program implementers read through and understand the care they are trying to provide. While a program implementer may focus on one area, they should be familiar with all standards in order to understand the components that may be overlapping or related to their primary service area(s).

3.2 Form Improvement Teams

An improvement team is a group of critical stakeholders who come together to change their work processes in order to achieve improved outcomes, in this case for vulnerable children. A community level team works to improve VC activities at the point of service delivery in their respective community. Community level teams generally include government staff, NGO and CBO staff, community members and leaders, multidisciplinary service providers like teachers, police, social workers, and nurses, and youth and parents. The improvement team is not necessarily a permanent fixture, but rather a team whose purpose is to improve a specific process. In this case, the improvement team may work on improving several different service areas over time. Wherever possible, the improvement activities should be integrated into an existing structure at the community level, such as a child protection committee. The existing structure or committee may need to invite some additional members to ensure representation from all stakeholders for the specific improvement activities.

Wherever possible, the improvement activities should be integrated into an existing structure at the community level, such as a child protection committee.

Members of the improvement team should consist of people who bring different perspectives to the activities of the team. For example, if improving a health service area, the team may consist of representatives of vulnerable children and their caregivers, community health workers, community members, and leaders. The team may also include representatives from other service areas such as education, health, and social services. The team may work on improving several different service areas over time. Wherever possible, the improvement activities should be integrated into an existing structure at the community level, such as a child protection committee.

Bauchi Community Improvement Team Members

Service area/focus: Legal protection

1. Community members
2. CBO representatives
3. Local government HIV/AIDS Desk Officer/Welfare Officer
4. Two representatives of the vulnerable children (one boy, one girl around 12 years of age)
5. Representatives of the judicial system for the legal protection component
local CBOs providing health services, health center staff, community leaders and elders, and other groups that may have influence over health or health-seeking behaviors such as women’s groups, teachers, etc. Members must be team players who are ready and willing to learn from other team members. Each member of the team should be able to assume responsibility that contributes to the team’s success.

Team formation usually takes place by calling a community meeting, explaining the goals of the improvement activity, providing guidance on how to form a team, and asking the community to nominate people to be on the team. Ideally, the team should not be more than 12 people. However, it is also critical to ensure representation of all stakeholders, therefore when necessary members can be added as needed. For more information on improvement teams, see Appendix 1 Scope of Work for Community Improvement Teams.

There are additionally teams at the Local Government, State and National levels. These teams provide support and supervision to community level teams and work to improve issues under their jurisdiction. This Guide is intended for use by community level teams, but the underlying concepts and approaches are the same for all improvement teams.

* It is recommended that teams also include vulnerable children and caregiver representatives.

The guide will follow the case example of this community going forward.
4. Steps to Improving Care for Vulnerable Children

4.1 Step 1: Identify the Problem

The overall improvement goal of the National Standards is to improve the wellbeing of the vulnerable children in Nigeria. The National Standards clearly define the key service areas and essential actions which will lead to that outcome. The following steps help improvement teams to narrow down their priority service area to focus on:

- Identify the needs of the vulnerable children in this service area. This could be done through conducting a household vulnerability assessment using the household vulnerability assessment form and a household vulnerability index or identify the different needs of the vulnerable children using the Child Status Index (CSI).
- Review the National Standards as a team and decide the service area(s) that the team will begin to improve. In making this decision, teams should review existing data from the assessments or other available information on where the biggest needs and problems are.
- Prioritize needs of the vulnerable children using preference ranking. This involves identifying the most pressing needs of vulnerable children that need to be addressed first. When working with vulnerable children teams need to consider the preference of the community in regards to importance and urgency of their needs.

Preference Ranking is a method that can be used to prioritize needs. This method helps to quickly get a good idea of what the community thinks are the priority needs. First, the team decides what the most important needs the vulnerable children in their community face. Afterwards, the team ranks these needs/preferences in regards to their importance. The result of this method provides the starting base for discussions on possible solutions to the priority problems. See Annex 4 for more on preference ranking.

- Teams should begin by focusing on one service area at a time. Taking on too many areas for improvement at once can be discouraging for teams and hinder results for all areas.
- Once teams have determined the service area that they will begin with, they should also determine which essential action they want to implement.
- Based on that essential action, they will set an improvement aim. The improvement aim should clarify what the team is trying to achieve based on the problems identified in that community. The aim should be clearly stated, with a target and timeframe.

Ikwuator Idembia Community, Ebonyi State Example Part 2

Improvement Aim

Service area chosen: Health

Priority problem: Low immunization rate of children in the community

Improvement aim: To increase immunization rate in the community within 6 months

Essential actions focus:
- Essential action 2 – Promote healthy living and prevention of child and adolescent illnesses
- Essential action 3 – Provide health education at community and household level
4.2
Step 2: Analyze the Problem

Once the team has set their first improvement aim, they should take time to analyze the specific problems around each service area they have prioritized and chosen to improve.

◆ Teams should identify the root cause and barriers to the prioritized needs using tools such as Why–Why–Why Analysis (Appendix 2) or creating a process flowchart (Appendix 3). A process flowchart allows teams to discuss every step in the current process to understand where there are barriers, duplication of work, unnecessary work, or other problems.

◆ In addition, teams should identify existing structures and resources which can be used in solving the problem. For instance, what are the structures in the community that can help in the services of vulnerable child, such as schools, hospitals, market saving and loan groups, etc.?

4.3
Step 3: Develop changes for testing

◆ Based on the previous work, teams should already have decided upon the service area and the specific essential actions to work on and have conducted an analysis. The next step is to brainstorm solutions, called change ideas, to the problems.

◆ The essential actions and guidelines in the National Standards provide the general concept of what needs to be done. The team now needs to determine how this will be specifically implemented in their community.

◆ For all cases, the team should brainstorm ideas on how the process can be designed or improved. In brainstorming, everyone’s ideas should be listened to and considered. If only a few people are talking, it is sometimes helpful to go around and ask for an idea from every member of the team. After all the ideas are out, then the team can hold a discussion to decide which ideas to begin testing.

◆ There are three ways of approaching the improvements:
  a. If no current process or system exists, the teams will need to design a new process which will be introduced to address the specific service area. They should take into consideration the key stakeholders, communication channels, community networks, available resources, and client needs. The team can draw a flowchart that reflects their ideal system and then go to step 4 to implement it and revise it as necessary.
  b. If there is a process in place, but it needs to be changed significantly in order to introduce the new standards of care, then the team could “redesign” the process. To do this, they would follow the same steps as above to redesign the process and then test that process.
  c. If there is a process in place that needs to be adjusted and improved to fit the new content of care, then teams should brainstorm change ideas for the steps that need to be improved.

◆ Once the team has brainstormed changes, they need to prioritize what they will test first. A few factors to consider in prioritizing changes include:
  a. Which change ideas do we think will best address the problems uncovered during the Why? Why? Why? analysis?
  b. Which change ideas do we think will reach the largest group of vulnerable children and caregivers in need?
  c. Which change ideas do we think will be easy to implement (low cost, low resistance, feasible)?
d. Which change ideas do we think will ensure that the new standard is implemented for every vulnerable child/caregiver, every time?

There is no right answer on which of these to prioritize, but teams should consider all of their options. For brand new teams, implementing something simple at first is recommended so that they can learn to use the Plan-Do-Study-Act cycle and get a quick result. The team then moves on to more difficult problems.

4.4
Step 4: Test and Implement Changes

The team has now identified a problem service area, the specific essential actions and guidelines they are trying to implement, a list of proposed change ideas on how to implement the guidelines in their community and have prioritized one change idea to begin with. Teams should now conduct a Plan-Do-Study-Act cycle (PDSA).

Whether implementing a new process, a redesigned process or a change in one step, the team should do a test of the change ideas before implementing them widely. The reason for this is to know whether or not that change idea leads to the result that the team is looking for. If the team implements the change widely without testing it, they may waste time and resources on an ineffectual change. A small test of change may mean testing it for a short period of time, with only a few vulnerable children/caregivers, or in a limited area. Once the team is confident that this change works, they can gradually implement on a bigger scale to see whether it is effective in different conditions.

◆ Plan – The team develops a plan for testing the change idea. The plan should include: timeframe for the test, roles and responsibilities of team members, measurement plan including the indicator and data collection process, and date for when they will review the change.

◆ Do – The team carries out their plan, including any data collection.

◆ Study – The team reviews the test of the change. This review should include a discussion of what worked as planned and what did not and why (if they know), a review of the data collected and any other information that they may have (vulnerable children/caregiver or community feedback). [See section 4.5 below for more information on data review.]

◆ Act – The team decides whether the change led to improvement or not and acts accordingly. Specifically, the team may:
  • Adopt – The change idea led to improvement so they want to test on a larger scale and eventually implement in their community.
  • Adapt – The change idea led to some improvement but either needs to be modified or combined with a second change idea to give them the level of improvement they are targeting. The team will test again with the modifications. This is the most common action.

Ikwuator Idemjia Example Part 4
Changes tested

Improvement aim: To increase immunization rate in the community within 6 months

Change idea tested:
  – Sensitization of caregivers on importance of routine and supplementary immunization of their children
  – Advocacy visit to traditional ruler (Ezeogo) and his cabinet to discuss ways of improving immunization in the community
Ikwuator Idembia Community
Example Part 5

Results

Improvement aim: To increase immunization rate in the community within 6 months

Change idea tested:
- Before the change, uptake for immunization was 5 children per month.
- After the change, the uptake for immunization was 42 children per month.
- A total 542 children immunized within 12 months.

• Abandon – The change idea did not lead to improvement. The team decides to stop using this change idea and tries something different.

_teams should record their changes and results to document what they have done. This both allows them to remember what they have done and why and also provides the basis for sharing with other teams to enhance learning across the country.

_teams should meet on a regular basis, not less than monthly, to review tests of change ideas, determine the progress of improvement, and plan for new tests. Community level teams can meet as often as every two weeks particularly when there is underperformance in any area. The agenda for these meetings should focus on the results of changes tested and areas that are underperforming. Once an improvement team has reached their improvement aims, regular monitoring of the standards should be referred to a permanent structure in the community for sustainability.

4.5
Create and Plot a Time-Series Chart

Teams should seek guidance from improvement coaches or monitoring and evaluation experts on how to develop their process indicator based on problem identified in their community. The process indicators should relate to the outcome indicators in the National Standards or the new PEPFAR indicators3 which the Implementing Partners will be reporting on. Teams should be recording data for their process indicators on a regular basis. Indicators for improvement may be recorded daily, weekly, or monthly depending on the way the indicator is measured. Less frequent measurements, such as quarterly, are less effective at helping an improvement team know whether they are making improvement and hinders their ability to respond immediately. Data should be plotted on a time series chart per the instructions below:

• To create a time series chart, teams should set up a graph with the horizontal axis labeled with units of time and the vertical axis labeled with the number or percentage and appropriate units.

• At each regular measurement interval, the team should place a dot at the intersection of the time and number or percentage unit. Once there are multiple data points, the team should connect them with a line.

• When possible, the team should include baseline information for up to 6 months prior to the start of improvements. This helps the team guage their level of improvement. If no data is available prior to the improvement activities, then the team should begin recording information as soon as they begin meeting.

• Basic analysis of time series charts involves visually looking at the line to see whether it is moving up or down, as appropriate for the indicator. A line that goes up and down month to month usually reflects natural variation and not improvement. (See Guidance for Analyzing Quality Improvement Data Using Time Series Charts referenced on p. 3.)

• Teams should note (annotate) their time series charts with changes that they tested in the month they tested them.

5. Sharing Results

Sharing results has to do with exchange of information between different improvement teams. It is a useful way of allowing organizations and individuals alike to have access to information that might help them improve their implementation by learning what others did to improve.

Sharing results has to do not only with the results that lead to improvement but also sharing the change ideas that were tested. Note that not all changes will lead to an improvement, and it is important to let others know which changes did not result in improvement so they can be avoided.

Sharing results has to do not only with the results that lead to improvement but also sharing the change ideas that were tested.

State, LGA and Community teams should look for any possible opportunities to share experiences between teams. Teams may be given the opportunity to share their experiences and improvements at existing regular meetings at the LGA or state level. In addition, government and non-governmental organizations are encouraged to hold workshops, called learning sessions, which provide a forum for teams working on implementing the standards to share their experiences, successes and failures. These meetings can also serve as a time to combine, or synthesize, what has been learned across teams and/or determine common problems that need to be addressed by the LGA, State or National level improvement teams.
Appendix 1
Scope of Work for Community Improvement Teams

An improvement team is a group of critical stakeholder in a given process. Community improvement teams for vulnerable children’s programs generally include government staff, NGO and CBO staff, community members and leaders, multidisciplinary service providers like teachers, police, social workers, and nurses, and youth and parents. The improvement team is not necessarily a permanent fixture, but rather a team whose purpose is to improve a specific process. In this case, the improvement team may work on improving several different service areas over time. Where possible, existing committees or structures overseeing vulnerable children’s programs at a community level can take on the roles of an improvement team. Community improvement teams are directly coached by Local Government Authorities with support from the State governments.

Purpose of the team

- To ensure that the National Standards for Improving the Quality of Life of Vulnerable Children in Nigeria are being implemented by all organizations serving vulnerable children in the community.
- To actively improve service areas that are underperforming using the National Standards.

Community improvement team composition

Community improvement teams should include representatives of all the people and groups that are involved in or have influence over services for vulnerable children. The recommended team composition includes representatives from the following groups:

- Vulnerable children (male and female; recommend older children who can actively contribute)
- Caregivers
- CBOs that provide services
- Community leaders
- Community stakeholders e.g., woman leader, youth leader
- Religious leaders in the community
- Local Education Authority
- Primary Health Care Officer
- Teacher/School Head
- Policeman/Law enforcement Officer in the community
- Traditional birth attendants
- Town criers

This list provides guidance but is not exhaustive. The community may determine that there are other relevant representatives from community who should be included in the team. Teams should be a maximum of 12 people. To the extent possible, communities should draw on existing community structures working with the CBO/CSO on vulnerable children’s programming rather than establish new and several teams/committees. For example, if there is an existing committee dealing with Vulnerable Children, they may invite some additional members to join them specifically for the improvement activities.

In addition, there may be some ad hoc members of the team who attend to work with the team on solving specific issues of referral or other problems that need to be addressed above the community level. These members may not be expected to or available to attend all community improvement meetings, but would step in as necessary. Some examples would be:

- LGA Social Welfare Officer
- LGA Nutritionist
- LGA Economic development officer
- LGA Agricultural officer
- Agricultural Development program women in agriculture extension
Key responsibilities of community improvement teams

- Conduct regular improvement meetings (recommended no less than twice per month)
- Familiarize themselves with the National Standards and community booklet.
- Conduct and/or review baseline assessment of vulnerable children in their community using tools such as Child Status Index (CSI) and Household Vulnerability Index (HVI).
- Determine the service area and related standards most in need of immediate improvement based on the assessment using a preference ranking. (Note: All services should continue during improvement activities. The service most in need will be addressed first for improvement.)
- Set an improvement aim for the service they have chosen.
- Conduct root cause analysis of the problem.
- Brainstorm solutions, called change ideas, to the problems uncovered in the analysis.
- Prioritize change ideas to test.
- Create plans to test change ideas.
- Conduct tests of change ideas based on their plans.
- Collect data, monitor and review/analyze whether the solutions have improved care for vulnerable children in the given service area; based on review, determine next steps or new solutions (e.g., test more ideas, implement on a larger scale, etc.).
- Communicate regularly with community members they represent to further understand problems, keep them informed on improvement activities and request feedback on tested change ideas.
- Participate in review/supervisory meetings with LGA and/or State improvement teams.
Appendix 2

Why? Why? Why?

What is Why? Why? Why?

The Why? Why? Why? Analysis is a simple technique for involving a team in getting to the root causes of a problem, issue or opportunity. The technique can be used at any time a team or individual is trying to get below the surface of symptoms that appear to have lots of causes all interacting at the same time. The technique uses the ‘Tree Diagram’ as its main presentation tool and utilizes other techniques such as brainstorming to bring out ideas from the team. Simple to use and easy to set up, the technique can be really valuable when starting out on root cause identification. This technique is a powerful one for engaging a team and beginning the thought processes on solving a problem or seizing an opportunity. It is about asking “why” to get to the root of issues.

Process

The basic process is to keep asking “why” for all possible causes until you can find the root cause for each effect and, therefore, find a countermeasure for each root cause. When you have identified a prioritized problem facing vulnerable children in a community, there is a need to analyze what we think about the causes of the problem. If you only fix the symptoms—what you see on the surface—the problem will almost certainly happen again and again.

There is usually more than one root cause as it involves:

◆ investigating the patterns of what is not working well;
◆ finding hidden flaws in the system; and
◆ discovering specific actions that contributed to the problem.

The steps for completing a Why? Why? Why? Analysis include:

◆ A leader or coach guides the community improvement teams to identify all the root causes of the problem by asking continuously Why? Why? Why? until all possible causes have been exhausted.
◆ Responses to the question ‘why’ should be written out as shown in diagram above.

If you only fix the symptoms—what you see on the surface—the problem will almost certainly happen again and again.

◆ Collate all the root causes at the tail ends of the diagram for each problem.
◆ List out the final root causes of the problem.
◆ The team should changes to address each root cause. Community improvement teams should discuss possible actions and corresponding changes as shown in the examples below by:
  • Aligning the prioritized problem with the root causes.
  • Listing out possible actions or changes that will address each root cause.
  • Discuss and identify possible results from each change.

See Table 1.
Table 1. Example of the Why? Why? Why? Process

<table>
<thead>
<tr>
<th>Problem</th>
<th>Causes</th>
<th>Possible Actions</th>
<th>Possible Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient food</td>
<td>Low income level of caregiver</td>
<td>– Hold meeting with caregivers on how to improve their income level</td>
<td>– Increased income level of caregivers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>– Train caregivers on income generating activities and micro-entrepreneurship</td>
<td>– Increased ability of caregivers to provide food for households</td>
</tr>
<tr>
<td></td>
<td></td>
<td>– Form village savings and loans group</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No farm land to cultivate food</td>
<td>– Advocacy to the community leader</td>
<td>– Small plot of land granted to caregiver</td>
</tr>
</tbody>
</table>

Appendix 3
Creating Flow Charts

A flowchart is an illustration of the actual sequence of steps that make up work. It is a powerful improvement tool as it helps people to:
- Understand the sequence of activities and processes that make up a task
- Look at relationships between activities and decisions
- Identify opportunities to fix bottlenecks, add missing steps, and eliminate unnecessary work

Creating a Flowchart
The following symbols are often used in the creation of a flowchart.

- **Box**: Activity or step
- **Diamond**: Decision to be made (yes or no)
- **Arrow**: Direction of flow between steps
- **Oval**: Start and end points in the process
- **Cloudy Step**: A step that is currently uncertain

A Sample High Level Flowchart: Process of Getting to School

1. **Community Entrance** → **Meeting with stakeholders** → **Identification of community improvement team** → **Training the community improvement team**
2. **Inauguration of community improvement team** → **Identification of vulnerable Household using HVI** → **Identification of VC needs**
The following basic steps can be followed when creating a flowchart.

**Step 1:** Assemble the people that are involved in the process. If you are not able to assemble the people and enlist their help in describing the process, then list them (by role).

**Step 2:** Decide where the work begins and ends.

**Step 3:** List the main steps and decisions involved in the process.

**Step 4:** Arrange the steps and decisions in their proper order.

**Step 5:** Draw the flowchart using the correct symbols.

After a team develops a flowchart, they should discuss the following questions:

- Are there steps that are unclear or that the team disagrees on?
- Are there steps that have extra, unnecessary or duplicate work?
- What steps would need to change in order for the standards to be implemented?

The answers to these questions can help teams recognize the problem areas of a process and develop change ideas to address the problems.
Appendix 4

How to Prioritize Needs Using “Preference Ranking”

When using improvement methodology there is a need to identify the most pressing needs of vulnerable children first. Prioritization is a way of to identify the most pressing need in line with the principle of ‘first things first’. Prioritization is a method of evaluating a group of items and ranking them in their order of importance or urgency. When working with vulnerable children, we need to consider the preference of the community in regards to importance and urgency of their needs.

Preference Ranking is a method that can be used to prioritize needs Preference Ranking is a participatory technique that allows analyses and identification of the needs of vulnerable children in a way that incorporates the choices of the community. Preference ranking method helps to quickly get a good idea of what the community thinks are the priority needs.

First, the community decides the most important needs of the vulnerable children in their community. Afterwards, the community has to rank their preference needs on the basis of importance and urgency. The result of this method provides the starting base for discussions on possible solutions to the priority needs.

Follow these steps to prioritization needs using ‘Preference Ranking’.

Step 1: List out all the needs of the child and household in any order

Step 2: Draw the matrix and fill out the needs in the first column in any order and in the same order fill the needs on the top row as showed in the picture below: