



## **Guide to Optimizing Performance and Quality: Stages, Steps, and Tools**

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## ACRONYMS

ANC	antenatal care
CSO	civil society organization
HICD	Human and Institutional Capacity Development
M&E	monitoring and evaluation
NGO	non-governmental organization
OPQ	Optimizing Performance and Quality
PIA	performance improvement approach
PI: SST	Performance Improvement: Stages, Steps, and Tools
SMART	Specific, Measureable, Attainable, Relevant, Time-bound
USAID	US Agency for International Development
WHO	World Health Organization

## CHAPTER ONE: OVERVIEW OF OPTIMIZING PERFORMANCE AND QUALITY

Optimizing Performance and Quality (OPQ) is IntraHealth’s signature approach for problem-solving and capacity building, based on experience applying and building capacity in performance and quality improvement approaches and techniques since 1997. OPQ is not a totally new approach. It is an update of IntraHealth’s Performance Improvement Approach (PIA) and the website, [Performance Improvement: Stages, Steps, and Tools](#) (PI: SST). With PIA, IntraHealth adapted other performance improvement approaches to the health development sector. USAID recently developed the [Human and Institutional Capacity Development](#) (HICD) approach to identify and ameliorate the root causes of performance gaps in host country partner institutions. The HICD Handbook specifically cites IntraHealth’s PI: SST website and states that performance improvement is at the core of HICD performance assessments.

### Background for Optimizing Performance and Quality

OPQ is a stakeholder-driven, cyclical process for analyzing human and organizational performance, and setting up interventions to improve performance and quality or to build on strengths and successes. It is a systematic and ongoing process in which stakeholders consider the context of performance (e.g., clients/customers, community, organization, employees/health workers, external environment), identify performance or quality gaps and strengths, and identify their root causes using tools to explore the categories of factors that influence performance.

Based on the root causes, stakeholders then identify corresponding solutions or interventions to address the deficit or build on the strengths, with the aim of continually improving the quality of organizational services and ultimately improving outcomes. Throughout the process, stakeholders monitor and evaluate workplace performance in order to measure any changes in the performance gaps or expansion of the high-performing areas. Monitoring is done at every stage of the process so that changes can be made as needed during the implementation. Evaluation is conducted to learn about what works and changes to be applied at the next cyclic phase. The process is a sustainable effort that builds capacity within the organization to recognize and address problems, and strengthen its own systems.

The overall goal of improving institutional or individual performance in the health care sector is the provision of high quality, sustainable health services for clients (USAID Performance Improvement Consultative Group, n.d.). According to the World Health Organization (WHO), a health system consists of all organizations, people, and actions whose primary intent is to promote, restore, or maintain health. Improving the performance of these elements of the health system then contributes to improving health outcomes (WHO, 2007).

### Introduction to OPQ

The OPQ process suggests that “performance” and “quality” are interrelated concepts. “**Performance**” refers to the tasks or activities that individuals, teams, or organizations do and the accomplishments or results of those tasks (Gilbert, 1996; Harless, 1992; Dean, 1994). It is often measured in one or more of the following terms: quality, quantity, timeliness, and cost.

**“Quality”** refers to the extent to which a product, process, or service conforms to specified requirements, standards, expectations, or its intended purpose or outcomes.

Various approaches and tools for **performance and quality improvement**, including OPQ, have been developed and refined in numerous disciplines over the years. Each approach varies in how it is applied and in what setting, but all follow the basic process of analyzing current levels of performance against quality standards and expected outcomes, implementing plans to improve performance, monitoring achievements, and feeding back this information into a continuing cycle of reflection learning and improving performance and quality.

### **What can OPQ do for you?**

OPQ offers a methodology and tools that can be used independently or together with other improvement techniques and tools. You can use the OPQ process to improve the performance of individuals and teams, organizations, and systems.

You can use OPQ to assess the **quality of health care**, defined by the World Health Organization (WHO) as the proper performance of interventions that meet standards, that are known to be safe, that are affordable by the society in question, and that have the ability **to improve health outcomes** (adapted from Roemer and Montoya-Aguilar, 1988). The WHO (2006) describes six dimensions of quality of care (effective, efficient, accessible, acceptable/patient-centered, equitable, and safe). These standards have been further defined and expanded by WHO (2009) for quality adolescent-friendly services and by The International Planned Parenthood Federation (IPPF, 2000) for quality gender-sensitive services. Standards can be defined for each of these dimensions, and current performance can be assessed against the identified standards.

You can use OPQ to address the **performance and quality of other elements of the health system** such as the training and education system, human resources management, information systems, logistics systems, supervision systems. For example, to assess the performance and quality of the pre-service education and in-service training system, the WHO Regional Office for Africa (2007) identified nine areas of standards for basic nursing and midwifery education. The indicators for these nine standards can be used to measure actual performance.

The USAID Global Health Initiative’s first principle to **“focus on women, girls and gender equality”** applies not only to women and girls as end users of health services but also as key deliverers of health services. Delivering quality services is compromised when gender inequalities and discrimination affect health care providers, health policy-makers, educators, and managers by impeding entry into health occupations or contributing to attrition, absences from work, lower productivity, poor health, and low morale (Newman, 2014). You can use the OPQ process to examine and address how gender affects services and outcomes.

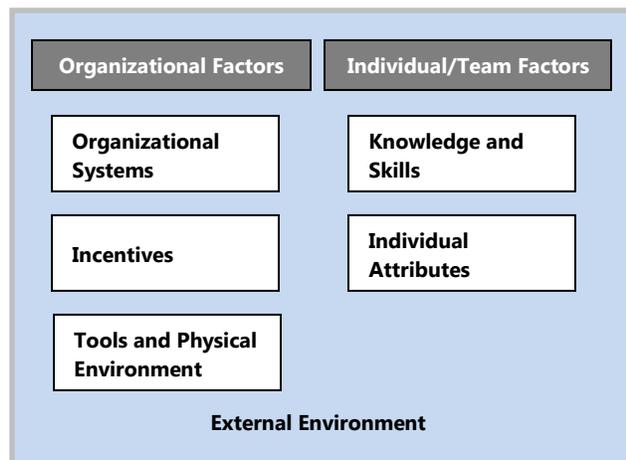
OPQ was developed for use in the health sector, but it can also work in other sectors that involve the interaction of employees, organizations, businesses, and systems working toward the goal of producing high-quality products or services.

## CHAPTER TWO: FACTORS INFLUENCING PERFORMANCE

There are six main categories of factors that are known to affect the performance of individual employees, teams, organizations and systems, and therefore the quality of health services. Five categories are divided among organizational and individual/team factors: *organizational systems, incentives, tools and physical environment, skills and knowledge, individual attributes*. The sixth category includes factors in the *external environment surrounding the organization or facility*. These factors help OPQ teams analyze performance and root causes of gaps and strengths.

These performance factors, described below and summarized in Appendix 1, Factors Influencing Performance Job Aid (adapted from Wile, 1996 and Gilmore, 2008), are often interrelated or complementary in their impact, and they reflect the fact that effective OPQ requires a **systems approach to solving performance or quality problems or creating effective new performance that results in quality health services or systems**. Gender cuts across each of these categories of performance factors, highlighting the need for a gender analysis.

**Figure 1: Factors Influencing Performance**



Employee performance is influenced greatly by the systems that support them. Effective leaders and managers help their organizations and health facilities pay attention to the six categories of performance factors, and are constantly looking for ways to use them to sustain the systems that will enable individuals and teams to perform as well as possible and ultimately achieve organizational goals and provide high quality services for their clients.

### 1. Organizational Systems

Organizations—ministries, regulatory bodies, health training institutions, health facilities, non-governmental organizations (NGOs), and civil society organizations (CSOs)—have unique cultures, policies, and practices that have profound effects on how work gets done and by whom. Organizational leaders and managers, therefore, need to continuously ask, “*How well do the organizational systems support the desired performance?*” Key components to consider include the following:

- Clear organizational goals, strategic plan, structure
- Effective leadership
- Clear job expectations and authority
- Supportive supervision system
- Clear operational policies and efficient processes

- Realistic workloads
- Effective management systems (finance, human resources, logistics, information)
- Fair and transparent human resources hiring, management, and appraisal systems, including termination/exit processes
- Clear communication and information channels and access
- Adequate financial resources.

## **2. Incentives**

Employees need to be able to answer the question “what’s in it for me” to perform up to quality standards, especially when working conditions are difficult, salaries are low, and there is a shortage of health workers/employees. Incentives can encourage employees to work better through connecting clear expectations, feedback, and rewards to improved performance.

Successful organizations provide incentives to motivate employees to positively contribute to the organization’s goals and results. The overall question this factor addresses is “*Do employees and teams have a reason to perform as they are asked to perform?*” Elements to consider include:

- Clear expectations regarding responsibility, accountability, autonomy
- Constructive performance feedback
- Fair compensation and rewards systems
- Recognition for good performance; consequences for poor performance
- Engaging, meaningful work
- Professional development and career opportunities.

## **3. Tools and Physical Environment**

This factor focuses on whether employees have the necessary and adequate tools, supplies, and supportive physical environment to do their work well. It also examines whether the organization has the maintenance systems in place to support a well-functioning workplace. The overall question this factor addresses is, “*Do employees have the physical resources they need to accomplish the job they have to do?*” Key components to consider include:

- Equipment, instruments, consumable supplies, drugs, and other commodities
- Protocols/procedures manuals, job aids, recordkeeping tools
- Physical work environment (furniture, workspace, power, water, light, and ventilation)
- Workplace safety measures
- Information technology and communication systems, equipment, and connectivity.

## **4. Knowledge and Skills**

This factor—generally the most easily understood—involves a determination of whether or not employees have the necessary knowledge and skills to do the job. It addresses the fundamental question: *Do employees and teams know how to do their jobs correctly?* For example, whether they have:

- Basic education for literacy and math
- Clinical, technical, professional knowledge and skills
- Social and communication skills
- Problem-solving, critical thinking, teamwork, and leadership skills
- Relevant work experience.

### **5. Individual Attributes**

When considering employees, you can be sure of one thing: no two are exactly alike. Each individual brings different attributes that affect the individual's and team's overall performance. The central question is: *Do personal attributes of individuals affect their ability to work together and perform their jobs?* Personal attributes include:

- Internal motivation
- Gender/ethnic/class identity
- Religious, ethical, and moral values
- Emotional, intellectual, physical, and creative abilities
- Previous life and work experience.

### **6. External Environment**

There are many variables external to organizations that affect the ability of the organization, teams, and individuals to perform. Some of these variables are outside the organization's span of control and can be considered "givens" or parameters within which an organization operates. Others can change over time or be influenced or improved by actions of advocacy groups, professional associations or community organizations. All should be considered when analyzing root causes of identified performance gaps or strengths. The central question is: *Do factors in the external environment impede or support the ability of the organization and employees to perform and achieve their goals?* Examples of such factors include:

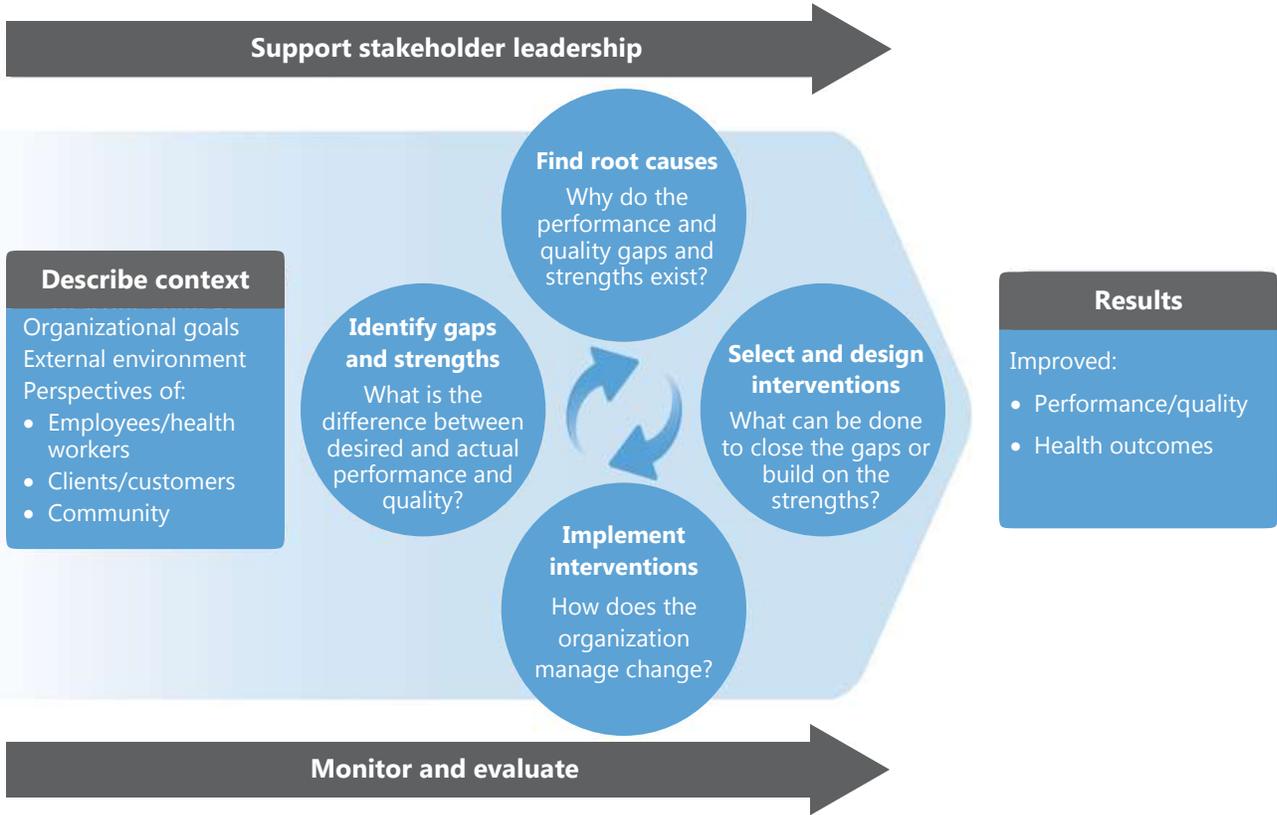
- National policies, regulations, standards, professional scopes of work
- Licensing or accreditation requirements and processes
- Societal norms regarding gender, culture, class, religion and ethnicity
- Socioeconomic conditions, education levels, and standards of living
- Market conditions and customer needs and preferences
- National and local infrastructure: transportation, energy, telecom, water and sanitation
- Political changes in national and local government.

# CHAPTER THREE: STAGES OF THE OPQ PROCESS

The OPQ process consists of seven stages and a set of tools that can be used independently or in conjunction with other approaches or tools to improve performance, build on successes, and ultimately improve the quality of health services and health outcomes. The OPQ framework (see Figure 2) illustrates this cyclical process.

The OPQ process can be implemented by an internal team or guided by an external facilitator. When using an external facilitator, the process should be transitioned to an internal team’s leadership to promote its sustainability.

**Figure 2: Optimizing Performance and Quality Framework**

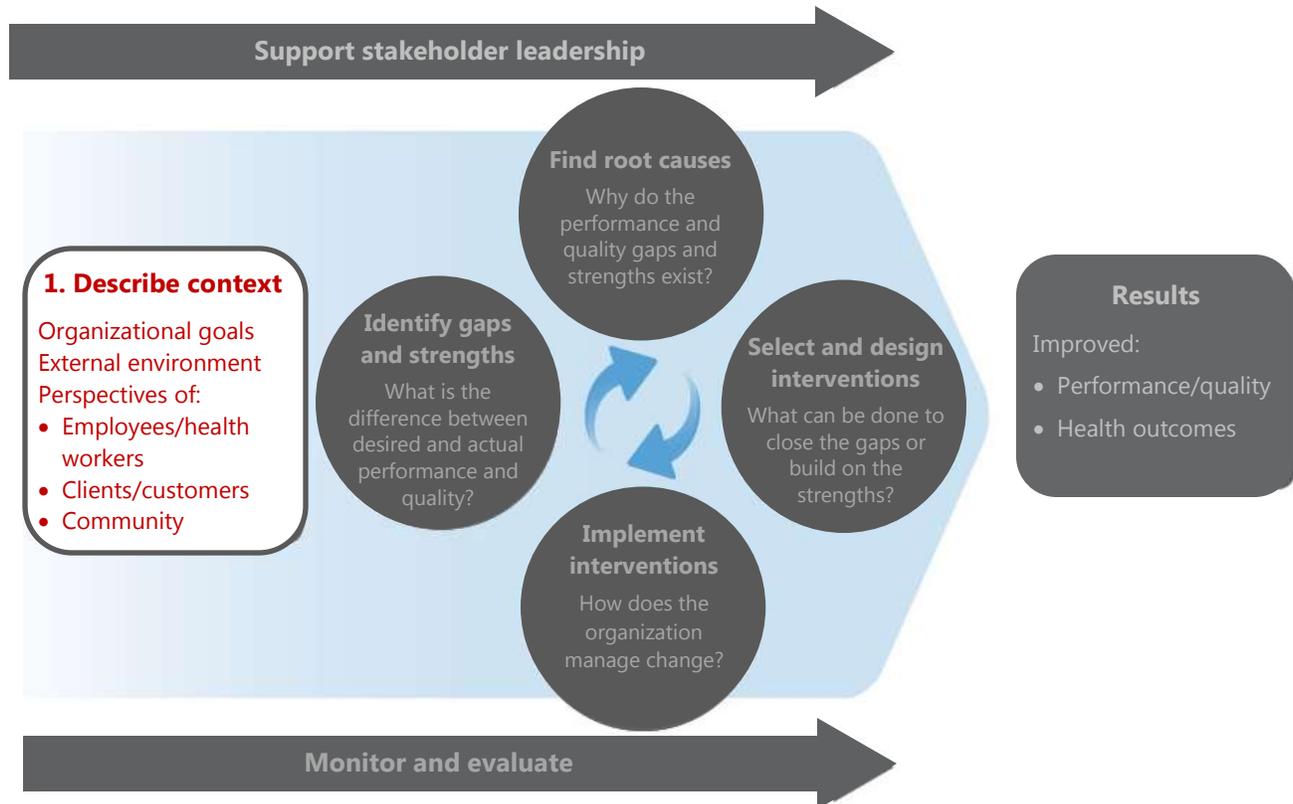


Following is a description of each of the OPQ stages, steps, and accompanying tools which can be found in the appendices.

## Stage 1: Describe Context

The goal of this stage is for the OPQ team to understand the overall context within which the OPQ process will take place. This includes the organization's mission, strategic goals and priorities, structure and culture; the external environment surrounding the organization (or facility); and the perspectives of employees/health workers and the clients and community served by the organization.

**Figure 3: Optimizing Performance and Quality Framework, Stage 1**



The OPQ team should gather background information from existing reference documents and talk to stakeholder groups to answer questions such as:

- **What are the mission and strategic goals of the organization** the OPQ team is working with?
- What is the organization's structure? Who will need to approve the use of OPQ and its activities to solve problems? What are the organization's existing systems, services, and resources that may support the OPQ process?
- Who is/are the person(s) who want to use the OPQ process to improve performance and quality?
- What is the organization's readiness for change? What are potential barriers to organizational change?

- How are decisions made at various levels of the organization?
- How does the cultural context of the organization and the clients/communities it serves affect employees/teams and the organizational ability to perform up to standard?
- What are the national health goals, policies, standards, regulations, scopes of work?
- What is the connection between the organization's mission/goals and the national health goals, policies, standards, regulations, scopes of work?
- What are the societal norms and culture that may affect the work of the organization?
- What other agencies (e.g., competitors) are active in the area? What are they doing? What have been the outcomes of their work?
- What are potential infrastructural or logistical constraints?
- What are the health worker/employee mix, skills, and perspectives?
- What are client and community status (socioeconomic, educational), needs and perspectives?
- What are the demographics of the population served? Rural or urban? Men, women or both? Young or elderly?

Familiarity with these contextual characteristics helps with other stages, such as:

- identifying appropriate stakeholders for the process
- defining desired performance
- identifying acceptable interventions/solutions that will contribute to the sustainability of the process results
- managing change within the organization when solutions to performance problems are introduced

### **Steps**

There are no specific steps for this stage. Rather, use the above list as a guide for your information gathering. If your OPQ team is large, you may want to summarize your findings and share with stakeholders in a meeting and/or written communication.

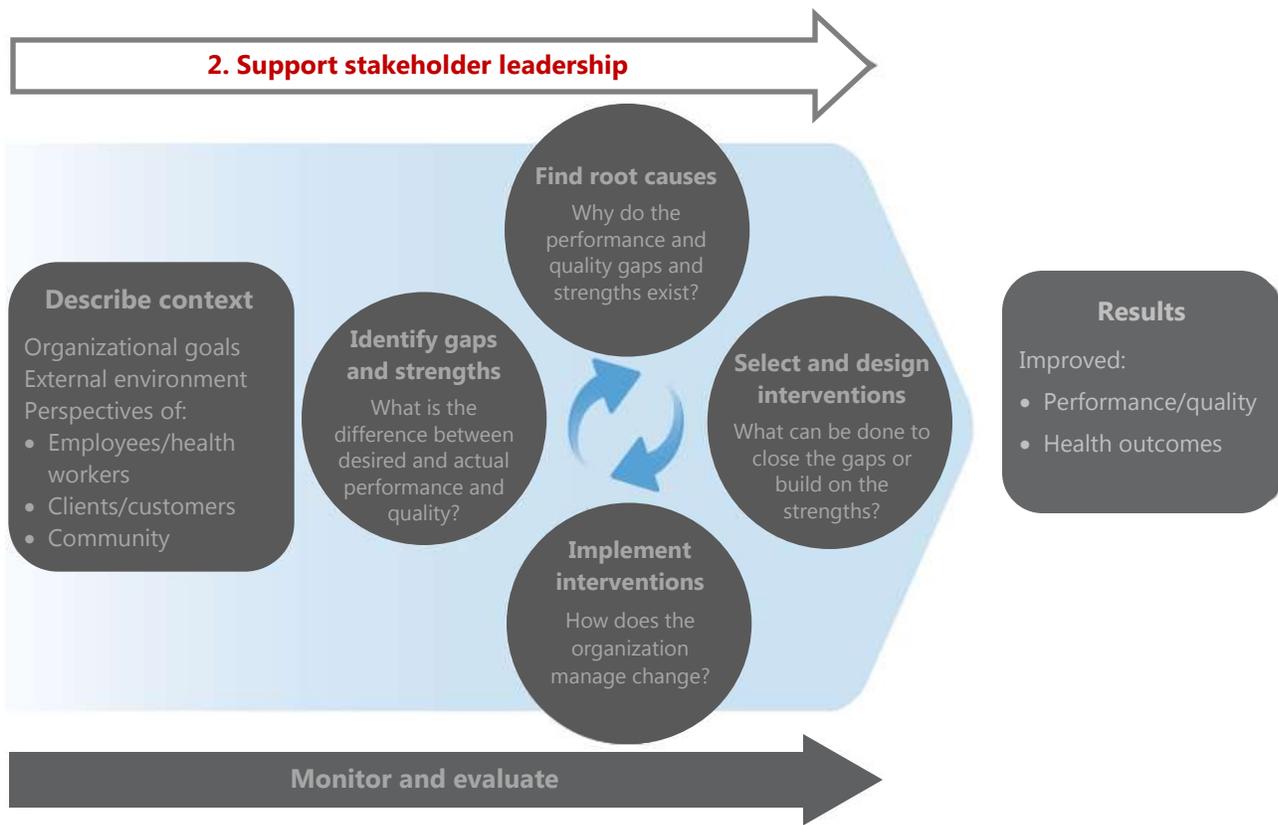
Stages 1 and 2 may actually occur at the same time or in reverse order (see Stage 2 on next page).

**Clarification of the organizational goal(s)** that the OPQ process will help achieve is an important outcome of Stage 1 and Stage 2 combined.

## Stage 2: Support Stakeholder Engagement, Ownership, and Leadership

An important early stage in the OPQ process is to determine the key stakeholders and decision-makers who must be involved throughout the process, including those whose performance is hindered or facilitated by the system in question.

**Figure 4: Optimizing Performance and Quality Framework, Stage 2**



### Definitions:

- **Stakeholders:** Those groups who influence and/or could be affected by an organization's activities, products, or services and associated performance.

Depending on the location of the issue (service delivery point, organization, system), the stakeholders can include health facility staff, clients, community representatives, managers, policy-makers, regulatory body representatives, training institution representatives, religious and community leaders, and others. Meaningful participation of women is particularly important as women make up the majority of health service end users as well as providers of both formal and informal health care.

Think of stakeholders as **strategic partners**. They may be key decision makers, key implementers, or key customers of your services and activities. They include those who have a stake in the issue you are tackling, or who could be important contributors to solutions and

facilitators of change management, or who could potentially block action in certain areas. In selecting and assembling stakeholders, it is important to be inclusive, but there is also a need to balance the principle of inclusion with the practicality of having a group size that is manageable and effective.

In order for the activity to be successful, it is essential that the stakeholder group is *engaged* and participating actively, feels *ownership* over the process and outcomes, and is *leading* the team—in agreement with the decisions made and actions taken. As their leadership capacity grows, stakeholders can continue to sustain the cyclical OPQ process.

- *Engagement*: the extent to which people are involved in a particular activity
- *Ownership*: the state of having complete commitment to a cause
- *Leadership*: influencing and organizing a group to achieve a common goal

### **Importance of Stage 2:**

- Stakeholders' *engagement* builds their ownership of the process
- Stakeholders' *ownership* fosters realistic and appropriate solutions
- Stakeholders' *leadership* helps remove obstacles to organizational change; helps identify essential information and resources; increases the likelihood of achieving goals and continuous improvement; and builds capacity and sustainability.

### **Goals of Stage 2:**

Stage 2 begins early in the OPQ process and continues throughout the other stages. In the beginning of Stage 2, the goal is to involve key decision-makers in a transparent, participatory process that should result in written agreements, such as an email, letter of agreement, or memorandum of understanding (MOU), about the following:

- The general issue to be addressed
- The organizational goal to be reached
- The stakeholder group members that will be involved
- Expected outcomes of the OPQ process
- Roles and responsibilities
- Timing and next steps in the process.

Appendix 2 contains sample questions that can be discussed in individual interviews with stakeholders or as a group to result in these agreements; and Appendix 3 contains a sample letter of agreement that can be used to share these written agreements with stakeholders.

### **Steps**

Describing the context (Stage 1) and forming the stakeholder group often occur simultaneously, with stakeholders providing important contextual information and names of other key stakeholders who should be involved.

Follow the steps for getting started with and sustaining stakeholder groups, described in [Guidelines for Forming and Sustaining Human Resources for Health Stakeholder Leadership Groups](#). These Guidelines can be adapted for different types of stakeholder groups and their purposes. They offer useful suggestions for:

- forming a stakeholder group
- planning and conducting meetings
- developing and agreeing on key operating procedures
- ensuring the necessary support
- using effective communication practices
- sustaining clear goals through planning and monitoring progress.

The Guidelines also suggest key leadership competencies and helpful initiatives to build the capacity of stakeholder group members.

Appendices 4 and 5 contain information about introducing and monitoring organizational change, including assessing organizational readiness for change. These Appendices and the stakeholder leadership Guidelines described above are useful references when transitioning leadership of the OPQ process to an internal team or stakeholder group.

## Stage 3: Identify Gaps and Strengths

This stage in the OPQ process—determining the difference between desired and actual performance—involves three critical steps, and each step has several sub-steps. The OPQ team and other stakeholders:

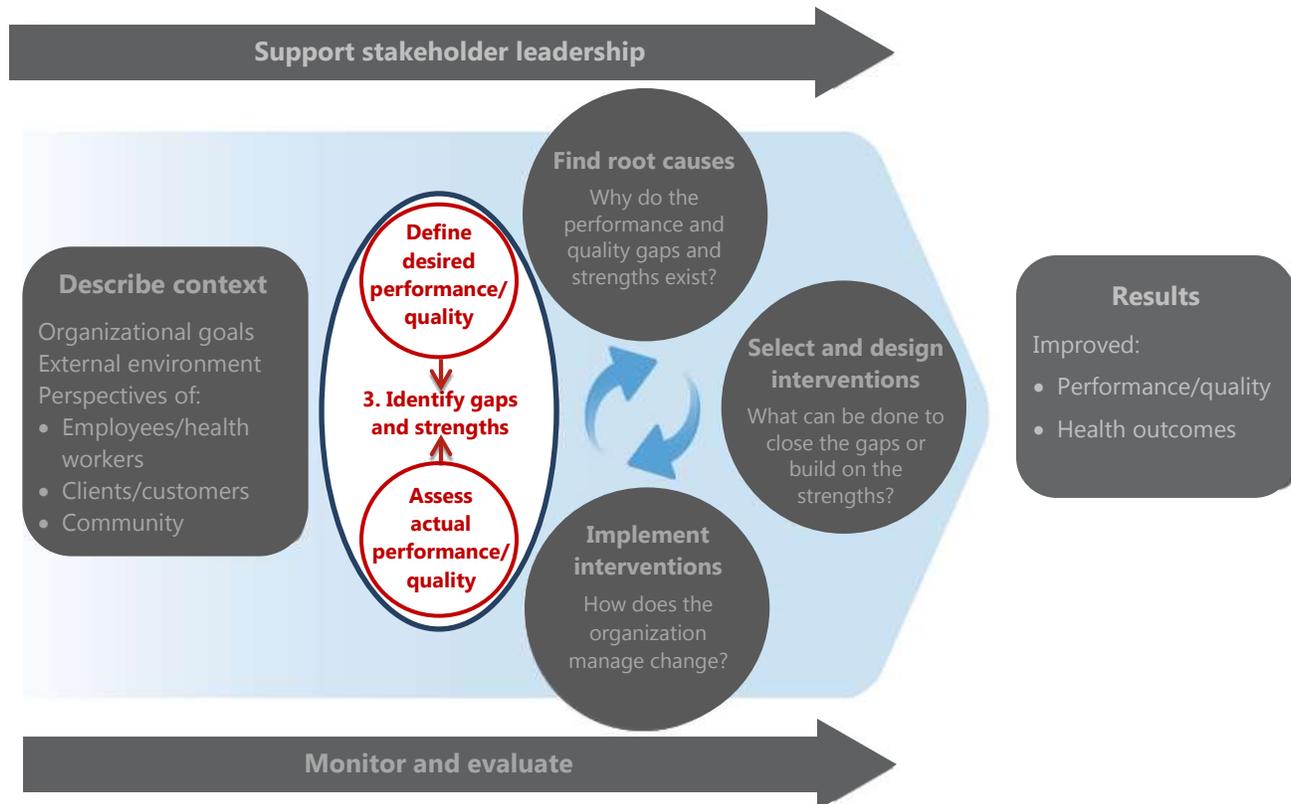
3.1: define the desired performance or expected quality standards

3.2: assess actual performance and quality

3.3: compare the two levels to identify gaps and strengths in performance and quality

Statements of desired performance, actual performance, and gaps and strengths are all described according to the same specific, observable, and measurable outcomes that support organizational goals.

**Figure 5: Optimizing Performance and Quality Framework, Stage 3**



### Step 3.1: Define desired performance or expected quality standards

In order to gain consensus on *exactly* what is desired in terms of performance, stakeholders will work together to state desired performance in results-based, measurable outcomes that support organizational goals. This focus will help every other step of the OPQ process become more precise, clear and targeted. Indeed, without a careful definition of desired performance, it will be difficult to measure progress toward desired outcomes of the process.

This cooperative work to define desired performance is vital for building consensus among the stakeholders and achieving the desired outcome. It is the basis of the evaluation plan that lays out what will be measured before and after the interventions, to demonstrate to what extent the interventions contributed to closing of the gaps or expanding the high performing areas.

The hierarchy of performance in Figure 6 illustrates the importance of aligning the desired performance outcomes with overall organizational goals. Ask the following questions:

- What is the organization trying to accomplish (**organizational goal**)?
- What groups (ministries, departments, district offices, facilities, private, non-profit, implementing partners, donors, etc.) can help achieve the goal (**leader/responsible**)?
- What outcomes does each group have to achieve in order to help the organization accomplish the goal? (desired performance and quality **outcomes** and standards)
- What **key work processes** are necessary to result in these outcomes?
- What activities, **tasks**, steps comprise the key work processes?

**Figure 6: Hierarchy of performance**



Adapted from: American Society for Training and Development, 2009

See a blank Hierarchy of performance chart and examples in Appendices 6 and 7.

Note that desired performance outcomes and ideal performance outcomes are not necessarily the same. Desired performance reflects the expectations of the stakeholder group and may change over time. At the beginning of what must be viewed as an ongoing process, undue emphasis on ideal performance might set seemingly unreachable standards that could tend to discourage, rather than encourage, improvement.

**Step 3.1.1: Determine priority areas** for which you want to develop desired performance outcome statements, for example:

- Where desired performance outcomes are unclear or not specified
- Where you have received some complaints
- Where you suspect that there are gaps
- Where you suspect there are high performing areas that could be scaled up
- Where you are initiating new services, processes, jobs, responsibilities, departments

**Step 3.1.2: Identify the available resources** to help you write desired performance outcome statements. Stakeholders usually use organizational, national or international guidelines and standards as resources for setting the desired performance. There may also be existing strategic plans, job descriptions or performance management/supportive supervision checklists that set forth expected performance or quality.

**Step 3.1.3: Write desired performance outcome statements** according to the criteria and performance indicators below.

Desired performance outcome statements should adhere to the following criteria:

- State the activity and accomplishments/results of the “performer” (e.g., individual, team, department, organization, health facility)
- Under the control or authority of the performer
- Are SMART: specific, measurable, attainable, relevant, and time-bound
- Are clear and unambiguous: Can be agreed upon by independent observers
- Can be measured in terms of quality, quantity, timeliness, and/or cost

Desired performance outcome statements may contain one or more of the following measures/indicators:

- *Quality*: Does the performance match the standard? Does it meet client expectations?
- *Quantity*: Does the performance happen as much or often as it should? (volume)
- *Time*: Does the performance happen on time or as soon as it should?
- *Cost*: Does the performance maximize resource use and avoid waste?

This step will help the stakeholders decide what really matters about the performance in question: Is it how well it is done, how often it happens, on how timely a basis, how much it costs, or all four?

**Step 3.1.4: Set targets for each indicator.** Once stakeholders have decided on the measurable indicators for the desired performance, they should set targets for each indicator. For example, should the performance meet the standard all of the time, or is 90% acceptable to start with? The targets you set now may be revised in future.

As with “ideal” performance, setting targets that are unrealistic can be a detractor for performance. Revising targets is a good technique when performance levels are initially very low and you need to set interim goals for performance.

### **Step 3.2: Assess actual performance**

The OPQ team assesses actual performance outcomes using the same specific, observable, and measurable indicators for defining desired performance outcomes. Possible sources of performance data include institutional information systems and records, clinic records, and

previous projects and studies completed in the same area. **Always start with existing data.** Many times, however, existing data on current performance outcomes will be insufficient, and only then should the team collect additional data. Data collection may be a simple exercise but can also become a complex activity. If a monitoring and evaluation expert is not already on your team, now is the time to solicit help and advice.

The data assembled for this stage will serve as the **baseline** for determining the effectiveness of any interventions that are implemented. After the interventions have been implemented for a designated time period, you will compare performance data to this baseline data to determine whether or how much performance has changed.

Now is the time to start your **monitoring and evaluation (M&E) plan (see Stage 7)**, using the inputs described in Step 3.1. The M&E plan lays out what will be measured before and after the interventions related to desired and actual performance, to demonstrate whether—and to what extent—those interventions contributed to the reduction or closing of the gaps or expansion of the strengths. The M&E plan can be further refined once the actual interventions are selected and designed.

During baseline performance data collection, the OPQ team also gathers information about the **presence or absence of performance factors** that will be used during root cause analysis—Stage 4. These performance factors are described in Chapter Two. Questions related to the performance factors can be found in Appendix 8, Diagnosing performance problems: what to look at first.

**Step 3.2.1: Decide on data collection methods.** The team must decide which methods to use to collect current performance data linked to the desired performance outcome statements that were written earlier. For each statement of desired performance, determine the best method or combination of methods for gathering reliable, valid data. The methods should be selected based on the type of performance you are measuring **and the availability of existing data.** For example, if you are conducting a clinical audit to monitor quality practices in a healthcare setting, you will want to review patient files, perhaps supplemented by self-assessments, interviews and questionnaires of supervisors, and patient satisfaction surveys. Typical data gathering methods include (see also Appendix 9):

- Review of human resources data
- Review of strategic plans or action plans and progress on implementation
- Review of service data, registers, logs
- Review of individual patient records
- Self-assessment with standards-based checklists
- Observation (by expert observers, trained peers, supervisors)
- Testing (written or computer-based tests, simulation with standardized patients)

- Interviews with health workers, supervisors, managers, directors, executives, board members
- Facility/institutional audit
- Process mapping (see Appendices 10, 11, 12, and 13 for examples of cross-functional process maps and related tools.)
- Patient exit interviews or mystery clients/customers
- Patient satisfaction surveys
- Community meetings/focus groups
- Community surveys

As part of data-collection methodology, you will decide on the most adequate sample size and strategy for your project. Whatever the sample size, it should be representative (i.e., avoids selecting the most convenient; includes a wide range of users/respondents, uses random selection as best as possible). A large sample size is not always needed. For example, if one expects a huge change from very low baselines, the sample size could be as low as a few dozen individuals.

If existing data is insufficient, you may need to carry out steps 3.2.2-3.2.4.

**Step 3.2.2: Design data collection instruments.** With the team or a subset of the team, design data collection instruments. The forms should simplify data compilation and be easy to use. Data collection instruments often include interview guides, observation checklists, focus group discussion guides, questionnaires, and survey forms.

**Step 3.2.3: Identify and equip data collectors.** Identify the data collectors and prepare them for the data collection activity. At times, the data collectors will come from your immediate team or organization. Other times, you will need to hire data collectors. Once the team is identified, they must be equipped with everything they need to collect baseline data. Readyng them includes thorough training as a team and arranging logistics for travel.

**Step 3.2.4: Conduct the data collection.** During the data collection phase all logistics should be arranged to avoid delays, including transportation and the availability of forms, batteries and charging stations (if using electronic equipment). There should always be a supervisory team carrying out checks in a sample of collectors, to review data extraction and entry for consistency.

**Step 3.2.5: Compile and analyze data.** Compile the data that you have assembled from various sources. For smaller projects, this compilation may be done by hand on tables and check sheets. For larger efforts, statistical analysis software may be used. In either case, the data should be compiled in a way that communicates the current level of performance to the team and to others outside the immediate team. For example, if the desired level of performance is that 90%

of health workers are counseling antenatal (ANC) clients on exclusive breastfeeding, what is the actual performance? 40%? 50%? Keep the stakeholder audience in mind when choosing presentation formats.

**Step 3.2.6: Make statements about actual performance.** Take each statement of desired performance and make a corresponding statement that shows the actual (current) performance. Be able to back up the statements with appropriate data presentations (charts, graphs, etc.).

**Step 3.3: Describe performance gaps and strengths**

Once the desired and actual levels of performance outcomes are defined, identifying the performance gaps and high-functioning areas becomes a simple matter of comparing the two levels. The gap/strengths description shows, in objective terms, the difference between current performance and the performance/level of achievement that is desired. It is best to quantify the gap between desired and actual performance because it is then easier to determine progress in closing the gap by measuring actual performance outcomes again after implementing interventions.

**Step 3.3.1: Describe the performance gaps and strengths.** Using the same measures as were used to describe desired and actual performance outcomes, describe the performance gaps and strengths, and communicate this information to stakeholders. See examples below.

**Table 1: Examples of describing performance gaps and strengths**

Desired Performance Statements	Actual Performance Statements	Performance Gap or Strength
100% of health workers' performance evaluations are conducted annually and include written expectations	55% of health workers' performance evaluations are conducted annually and include written expectations	<b>Gap:</b> 45% of health workers' performance evaluations including written expectations are <u>NOT</u> conducted annually
100% of clinical preceptors have successfully completed Basic Life Support training in the past 3 years.	40% of clinical preceptors have successfully completed Basic Life Support training in the past 3 years.	<b>Gap:</b> 60% of clinical preceptors have <u>NOT</u> successfully completed Basic Life Support training in the past 3 years.
Training institutions have established operational linkages with 80% of clinical practice sites to ensure students have adequate patient contact and supervised clinical practice	Training institutions have established operational linkages with 90% of clinical practice sites to ensure students have adequate patient contact and supervised clinical practice	<b>Strength:</b> Training institutions have established operational linkages with <u>10% more</u> than the desired % of clinical practice sites to ensure students have adequate patient contact and supervised clinical practice

**Step 3.3.2: Decide whether to work on each gap/strength.** It is important for stakeholders to pause and decide as a group whether each gap or strength is worth the effort that will be required to close it or to scale it up. This stage also involves prioritizing which performance gaps and strengths to address or in what sequence to address them, as more than one will likely be identified. Criteria for prioritizing or sequencing could be the following:

- *Seriousness/urgency* (e.g., involves safety or priority health indicators) - Contemplate how the gap/strength affects client outcomes.
- *Scope or frequency* - Consider whether the gap is wide or narrow, frequent or infrequent.
- *Alignment with organizational goals* - Take into account whether the gap/strength seriously affects the potential of the organization to reach its goals.
- *Gender equality* - Consider whether the gap or strength affects conditions for women and men to equally realize their full rights and potential, participate in the workforce, be healthy, contribute to health development, and benefit from the results.
- *Time to solve* and *Resources required* - Weigh the amount of time and resources necessary to overcome potential obstacles and close the gap or scale up the strength.

Often it helps to prioritize gaps or strengths by using a 5-point scale to rate each gap or strength according to the criteria. For example:

Criteria	1	2	3	4	5
Seriousness	Low				High
Frequency	Low				High
Alignment with organizational goals	Low				High
Effect on gender equality	Low				High
Time to solve	Long time				Short time
Cost	High				Low

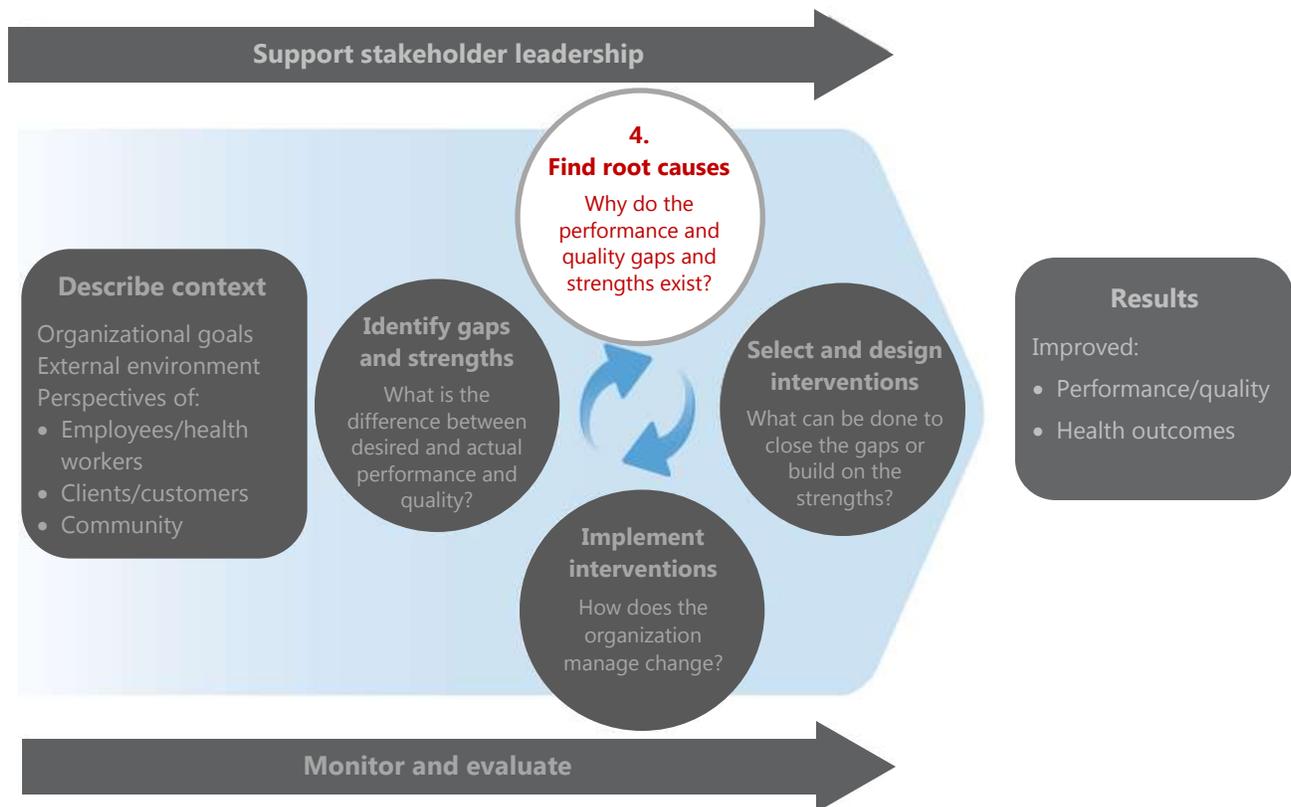
Some gaps may not deserve further attention. Efforts to close some gaps may need to be postponed while you work on more serious or urgent gaps.

During Stage 3, you may begin to use the Performance specification form in Appendix 14 by filling in the first three columns (desired performance, actual performance, performance gaps/strengths. See also Performance specification form examples in Appendix 15.

## Stage 4: Find Root Causes

Perhaps the most critical and the most difficult step in the OPQ process is to find the underlying reasons for the gaps and/or strengths so that interventions can target these root causes and will therefore be more effective in improving performance. Root cause analysis should take place immediately following the review of performance gaps and strengths with stakeholders who have first-hand knowledge of the context within which the performance takes place.

**Figure 7: Optimizing Performance and Quality Framework, Stage 4**



Using the performance factors explained in Chapter Two and Appendix 8, Diagnosing performance problems: what to look at first as starting points, the stakeholder group participates in a root cause analysis to uncover the factors that are impeding good performance or contributing to high-level performance. There are a number of good root-cause analysis tools available. Some are informal and are useful for simpler problems where there are straightforward, obvious causes that can be arrived at by asking oneself, colleagues, or experts, "What could be the cause of the gap or strength?"

Slightly more structured techniques are recommended for more complex problems where the gaps or strengths may have several causes and where you want to involve the perspective of more stakeholders. These include the Five Whys technique and the Fishbone diagram (both described below), relationship mapping, and many others. Select the tool that you are most comfortable with and that you think will work best with your stakeholder group. The five whys or why-tree process is easy for groups to understand and a practical way to facilitate tool selection.

Whatever technique is used, it is important to uncover in specific terms the lowest level cause(s) that stakeholders can do something about. Elements of workplace or organizational performance that are operating at or above the desired level can be analyzed to discern what makes them successful. This success can be recognized and rewarded, strengthened, and possibly replicated to other areas of the facility or elsewhere in the organizational system.

Be prepared to uncover numerous root causes—probably more than you can address initially. The process for identifying the root causes should not be curtailed, however, even though you may not be able to address all of them with specific interventions. Causes that initially seem obvious may not be the only root causes, and it is common to discover other related causes that may be easier to address than you suspect. For this reason, it is important to pursue all lines of investigation to the fullest extent and then use predefined criteria for eliminating causes not to be addressed before selecting the appropriate interventions.

As stated in the Chapter One Overview and described in more detail in Chapter Two: Factors Influencing Performance, root causes can generally be mapped directly to one or more of the six key categories of performance factors:

1. Organizational systems
2. Incentives
3. Tools and physical environment
4. Knowledge and skills
5. Individual attributes
6. External environment

There are two advantages in anchoring root causes to performance factors:

- interventions become clear and more focused
- the root causes closest to the performers or group of performers and their work environment are identified

For interventions to be sustainable, the performers or their managers/supervisors must be able to address these root causes. Depending on the level of the OPQ exercise, the root cause can be at individual level, or unit/facility level, or at the institutional/organizational level. Some root causes are beyond the individual/unit/facility or institutional control and may require support from higher levels.

#### **Step 4.1: Conduct root cause analysis**

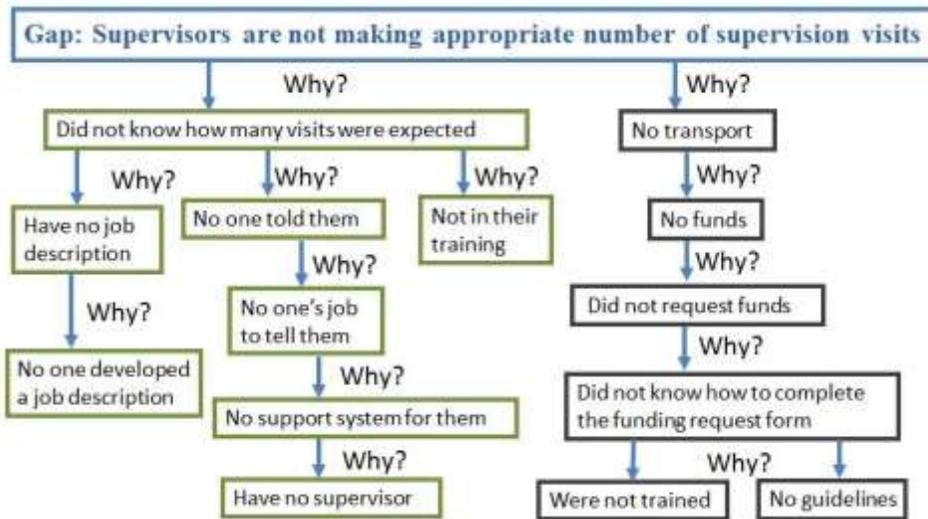
Find the root cause(s) for each performance gap or strength using the method that best suits the needs of the group. Below is a description of the Five Whys process and Fishbone diagram.

The **Five Whys** exercise is a questioning technique for going beyond symptoms of problems to identify the underlying or root causes of a problem. To facilitate the Five Whys or Why-Tree process, follow these steps:

- State the problem/gap/strength as accurately and succinctly as possible.
- Below it, list the possible causes of the problem/gap/strength by asking the question “Why?” or “Why is that true?” or “Why is that happening?”
- For each of the causes, again ask the question “Why?”, and list the responses below.

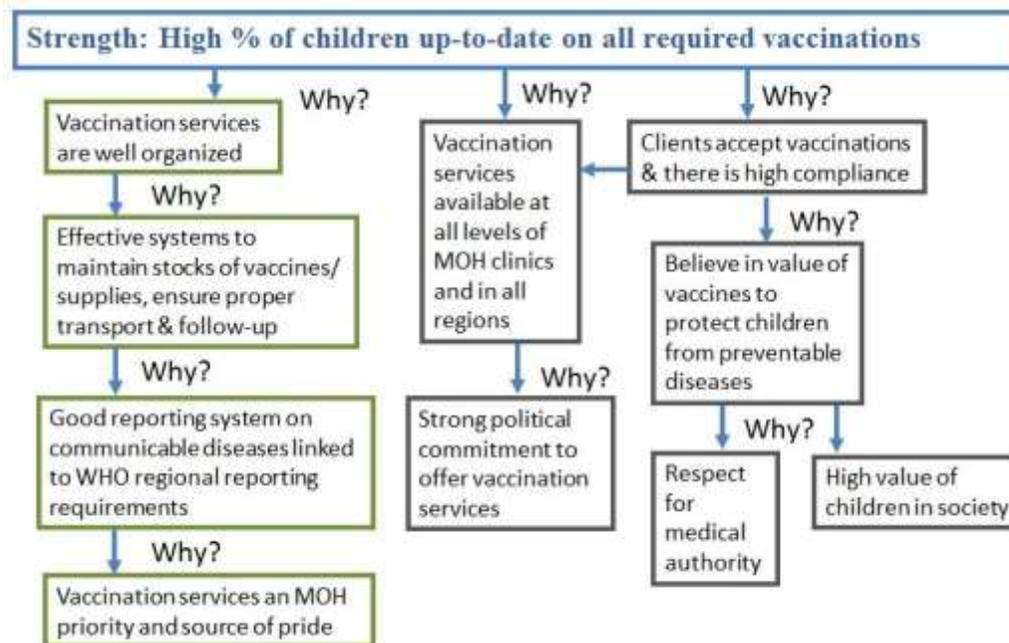
- Continue this process at least 5 times or until you have reached the source of the problem, the lowest level cause stakeholders can do something about, or the response "That is just the way it is, or that is just what happened."

**Figure 8: Using the Why-tree process to uncover the underlying reasons for a gap in a supervisory system**



Below is an example of using the Why-tree process on a strength, rather than a gap, to uncover why it is a high performing area. In examining strengths, you can use these lessons to scale-up this successful activity to other facilities or apply lessons to other activities in their facility.

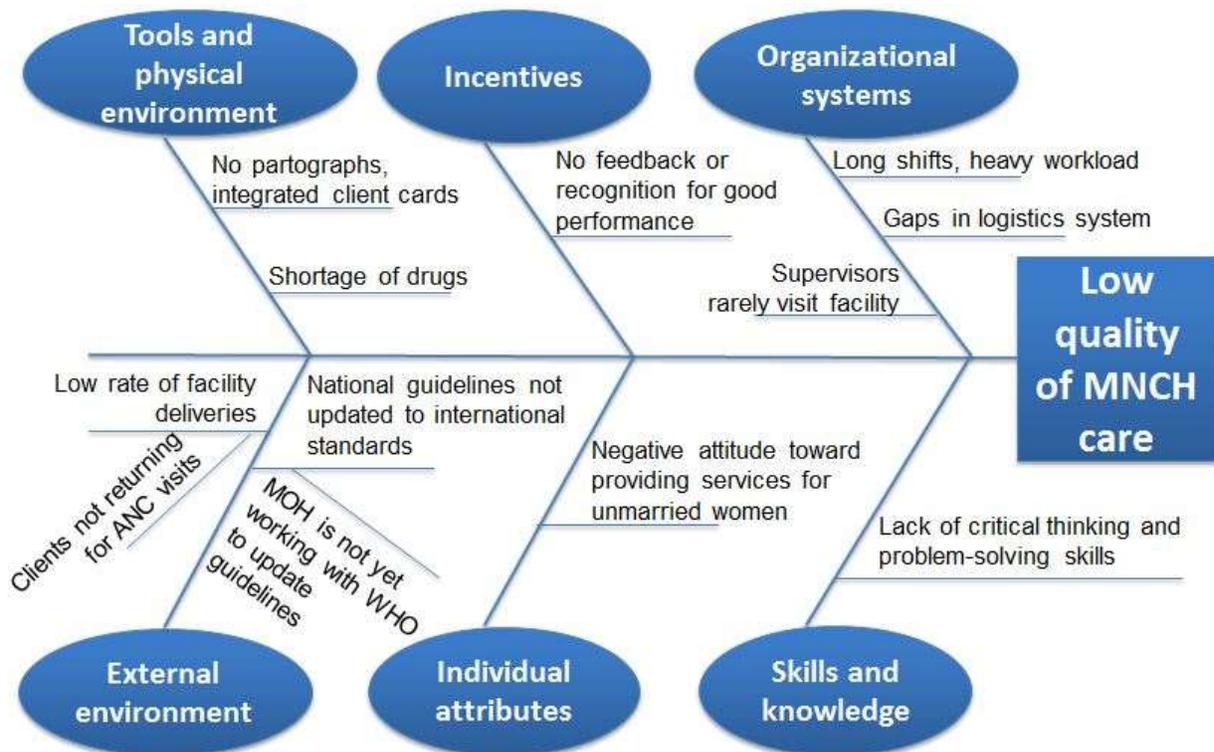
**Figure 9: Using the Why-tree Process to Uncover the Underlying Reasons for a High-performing Activity Area**



The **fishbone diagram** is sometimes called a cause-and-effect diagram. To facilitate the process, follow these steps:

- Agree on a problem or strength statement (effect).
- Write it at the center right of the flipchart. Draw a box around it and draw a horizontal arrow running to it.
- Brainstorm the major categories of causes of the problem/strength. Or use the six factors that influence performance:
  - Organizational systems
  - Incentives
  - Tools and physical environment
  - Skills and knowledge
  - Individual attributes
  - External environment
- Write the categories of causes as branches from the main arrow.
- Brainstorm all the possible causes of the problem/strength. Ask: “Why does this happen?” As each idea is given, the facilitator writes it as a branch from the appropriate category. Causes can be written in several places if they relate to several categories.
- Again ask “why does this happen?” about each cause. Write sub-causes branching off the causes. Continue to ask “Why?” and generate deeper levels of causes. Layers of branches indicate causal relationships.

**Figure 10: Using a Fishbone Diagram to Examine the Causes of Low Quality MNCH Care**



**Step 4.2: Decide whether to work on each root cause**

There may be some underlying reasons for a gap or strength that you cannot do anything about, or has already been rectified, or does not apply to other situations you may want to scale up. For example, a root cause that is related to a political, financial, or infrastructural constraint that you identified during Stage 1, Describe Context, may be difficult to do anything about—or it may need to be addressed at a higher level.

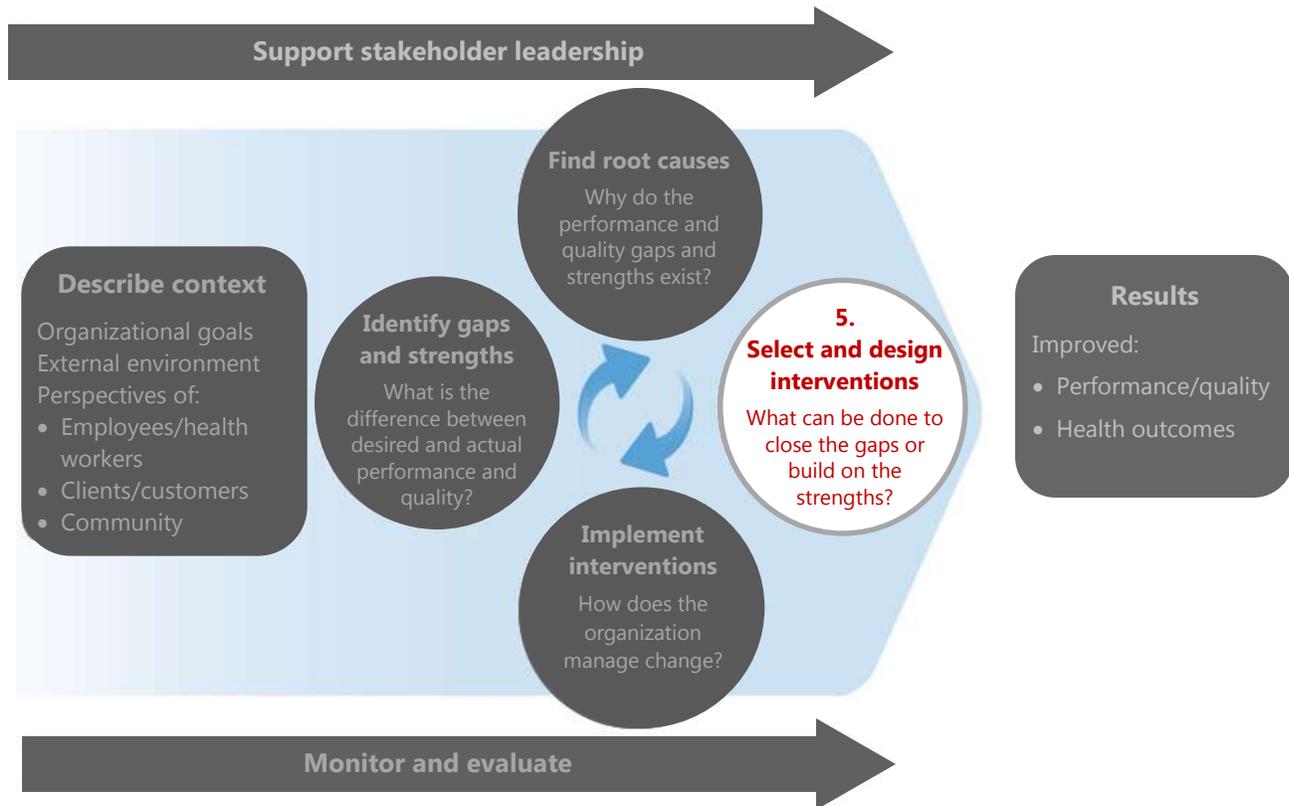
Sometimes you may uncover so many root causes of gaps that you will need to prioritize which ones to address or in what sequence. In this case you can use the same criteria that you used to prioritize the gaps and strengths, such as seriousness/urgency, frequency, alignment with organizational goals, effect on gender equality, time to solve, and cost. See Stage 3, step 3.3.2.

You may continue to use the Performance specification form in Appendix 14 by filling in the fourth column. See also Performance specification form examples in Appendix 15.

## Stage 5: Select and Design Interventions

The stakeholders next select and design interventions that will address the root causes of priority gaps or build upon the successful performance elements discovered during the previous stage. See tips for meeting to select and design interventions in Appendix 16.

**Figure 11: Optimizing Performance and Quality Framework, Stage 5**



In Stage 4, when root causes are identified in terms of performance factors, potential solutions become clear. For example in the Why-tree process above, if supervisors do not know the expectation for how many supervisory visits they are supposed to make because they don't have a job description communicating this expectation (organizational systems and incentives – clear performance expectations), the solution may be development of a clear job description and communicating these job expectations to the supervisors.

### Step 5.1: Propose and select interventions

The aim of this step is to agree on the general interventions, not to design each intervention (which may require additional expertise). The stakeholders need to agree upon selection criteria first, then brainstorm possible interventions, and finally use the criteria to select the priority interventions. Possible intervention selection criteria include:

- *Response to root cause(s):* Above all, the intervention(s) selected must respond to the root cause(s) of the problem.

- *Affordability*: Do the necessary resources exist to follow through with this intervention and maintain it? Are there other ways to act on this intervention that might cost less? Can someone advocate for more resources to be allocated to this area?
- *Feasibility*: Are systems in place to support this intervention? Is it realistic and within the control of the organization/health facility?
- *Time available*: How long will the intervention take to implement and demonstrate results? Do you have enough time? Are there constraints on the timeframe?
- *Appropriateness/acceptability*: Will the health facility staff (or clients) agree with and support the intervention? Did they suggest the intervention? Are they aware of what is being proposed?
- *Benefit*: Are the benefits of the intervention worth the resources needed to implement it?

**Table 2: Possible Interventions to Address Missing Performance Factors**

Missing performance factor	Intervention examples
<p><b>Organizational systems</b> <i>Do organizational systems support or hinder desired performance?</i></p>	<ul style="list-style-type: none"> <li>• Communicate organizational mission, goals, and strategic plan</li> <li>• Develop clear job descriptions</li> <li>• Strengthen supportive supervision system</li> <li>• Update and disseminate operational procedures to support policies</li> </ul>
<p><b>Incentives</b> <i>Do employees and teams have a reason to perform as they are asked to perform? Does anyone notice?</i></p>	<ul style="list-style-type: none"> <li>• Recognize/reward good performance</li> <li>• Provide constructive performance feedback</li> <li>• Solicit employee input into work improvements and incentives</li> </ul>
<p><b>Tools and physical environment</b> <i>Do employees have the physical resources and work environment they need to accomplish their jobs?</i></p>	<ul style="list-style-type: none"> <li>• Ensure logistical and maintenance system for facility, equipment, and supplies</li> <li>• Design workspace to suit activities, e.g., private counseling space, efficient client flow process from check-in to exit</li> <li>• Develop and disseminate workplace safety protocols</li> </ul>
<p><b>Skills and knowledge</b> <i>Do employees and teams know how to do their jobs?</i></p>	<ul style="list-style-type: none"> <li>• Ensure job candidates have prerequisite skills</li> <li>• Offer appropriate learning opportunities such as on-the-job training, mentoring</li> </ul>
<p><b>Individual attributes</b> <i>Do the personal attributes of an individual or team members affect their ability to perform their jobs?</i></p>	<ul style="list-style-type: none"> <li>• Provide gender sensitivity or youth friendly training</li> <li>• Identify and analyze individual/team strengths</li> <li>• Provide team building activities</li> </ul>
<p><b>External environment</b> <i>Do factors in the external environment impede or support the organization and employees' ability to perform and achieve their goals?</i></p>	<ul style="list-style-type: none"> <li>• Participate in national technical and policy working groups</li> <li>• Seek client and community input into service quality</li> <li>• Ensure employees have required licenses; facility has required accreditation</li> </ul>

After determining selection criteria and brainstorming possible interventions, the team will prioritize and select the interventions, by comparing each intervention to the criteria and

deleting those that do not match criteria. Each intervention or set of interventions must address at least one root cause of a gap or an achievement.

As with prioritizing gaps, it often helps to prioritize and select interventions by using a 5-point scale to rate each intervention according to your selection criteria. For example:

Criteria	1	2	3	4	5
Response to root cause(s)	Low				High
Affordability	Low				High
Feasibility	Low				High
Time to implement	Long time				Short time
Acceptability	Low				High
Benefit	Low				High

### Step 5.2: Develop an intervention design plan

During this step, the team reaches agreement on a design plan for each intervention, including the process or steps to be used to design the interventions, who is responsible for each step, and the timeframe. An intervention design plan format is included in Appendix 17.

It will be important to ensure equality of opportunity and nondiscrimination in the development of the interventions and assignment of roles and responsibilities between women and men.

Some interventions are low-cost and easy to implement, such as fixing the water tap or leaking roof, or disseminating existing guidelines or job descriptions, or adjusting the facility's hours of operation. In these cases, the solutions are quick and can produce rapid results without needing an intervention design plan.

### Step 5.3: Develop, field test, and produce the final version of the interventions

The nature and extent of testing will depend on the scope involved, the type of intervention, and the time and resources available. For example, you would not pre-test a strategic planning intervention, but if an intervention requires a major production or management effort, or significant costs, then the development team should produce and test a prototype version of the intervention and/or materials before moving to final production and implementation.

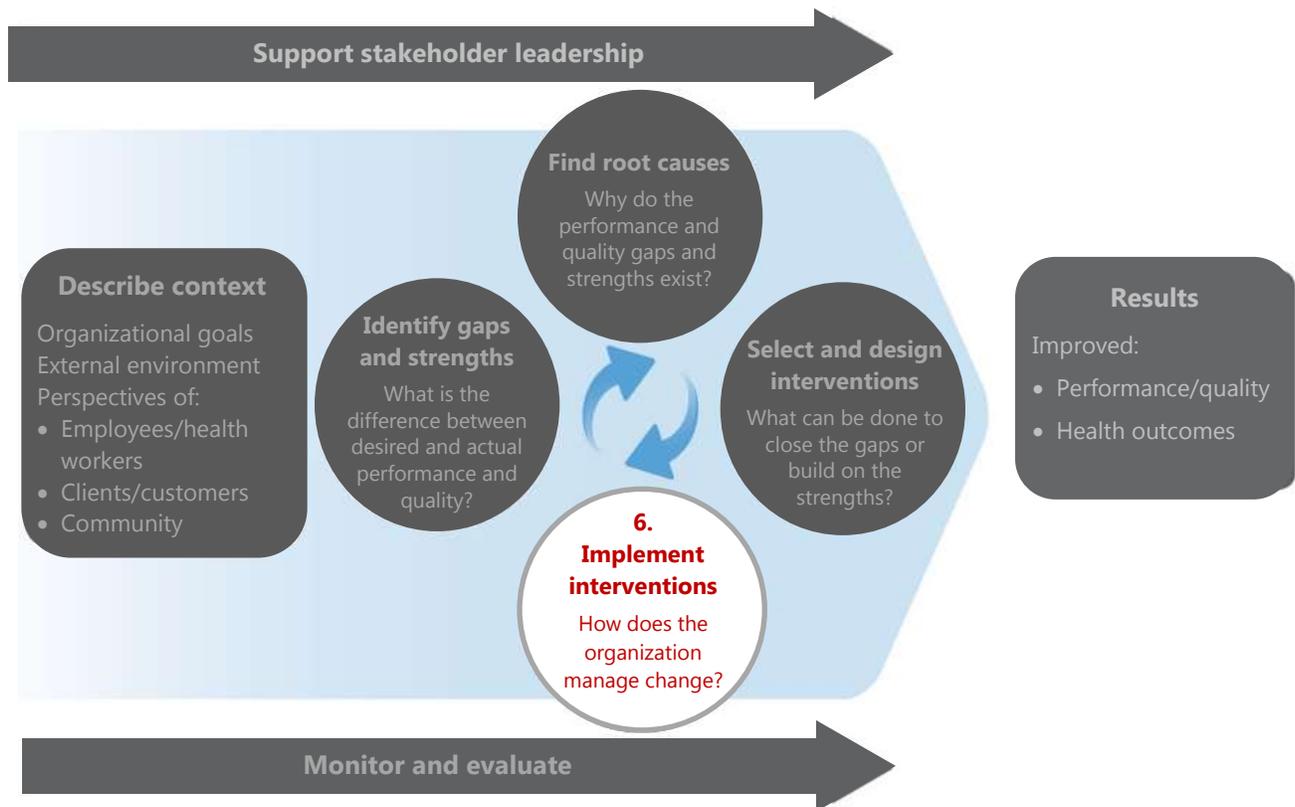
Testing includes reviews with users, clients/customers and subject-matter experts, or actual trials with members of the target audience in the environment in which the intervention will take place. Testing may reveal major weaknesses in the intervention design or materials and provide the necessary feedback to make revisions before final production. Based on the test data and feedback, revise the workplan as necessary.

The last part of this step is to package the final version of the intervention and/or materials and prepare for implementation. Interventions may be ready for implementation at different times. For example, you may implement one intervention while another is still in the planning stages. You may continue to use the Performance specification form in Appendix 14 by filling in the last column. See also Performance specification form examples in Appendix 15.

## Stage 6: Implement Interventions

The goal of this stage is to execute the intervention package selected and designed in the previous stage. During the implementation stage, the OPQ team assures organizational readiness, applies the interventions, and helps enable and monitor organizational change. In accordance with the implementation plan, each aspect of each intervention is carried out by the person or team with assigned responsibility for it, and all actions are continually monitored and documented to determine how the process is moving forward and to modify the process as needed. Documenting progress, challenges, and achievements is crucial to the implementation process and feeds into the next stage.

**Figure 12: Optimizing Performance and Quality Framework, Stage 6**



### Step 6.1: Build the implementation team

The first step is to confirm who is on the implementation team and ensure they understand their individual and shared roles. OPQ team roles for implementing interventions include:

- Develop an implementation/action plan
- Identify persons/organizations with appropriate expertise/experience to implement the interventions
- Assure team members know roles and responsibilities, expectations for interventions
- Identify and mobilize resources
- Carry out and manage interventions

- Monitor and document change using an M&E plan (see Stage 7)

### **Step 6.2: Develop a detailed implementation action plan.**

The OPQ team should construct an overall plan detailing the entire implementation structure and the role of each individual. Because OPQ focuses on results, it is also important to maintain clarity about the performance expectations of each intervention.

An implementation action plan (see Appendix 18 for a sample format) is a simple tool to use when planning, carrying out, and monitoring an intervention. It includes:

- Planned activities
- Person responsible for each activity
- Required resources
- Date by which each activity will be accomplished
- Expected result and how it will be measured

### **Step 6.3: Conduct and monitor activities**

Once the implementation is under way, the role of the OPQ team switches to monitoring and the performance of interim evaluations. At the milestone points in the implementation plan, the team should assess milestone goals, provide feedback, and use monitoring data to make decisions. If deadlines slip, the team will recalculate the project timeline and inform other implementation team members of any necessary changes in their deadlines.

Implementation problems and slippage of deadlines often have cost implications. The OPQ team should therefore monitor actual costs or expenses against amounts budgeted. Cost monitoring should be integrated with other monitoring activities.

When monitoring OPQ interventions, it is important to pay close attention to the organizational change process and the degree to which it is affecting interventions. This may include monitoring and documenting the changes that are occurring when planning for and transitioning leadership of the OPQ process to an internal team or stakeholder group. During implementation, the key stakeholders should make several checks to ensure that the organization is successfully integrating the changes that are occurring as part of the implementation process. Even the best-designed interventions will not succeed unless you have ensured that management support remains strong.

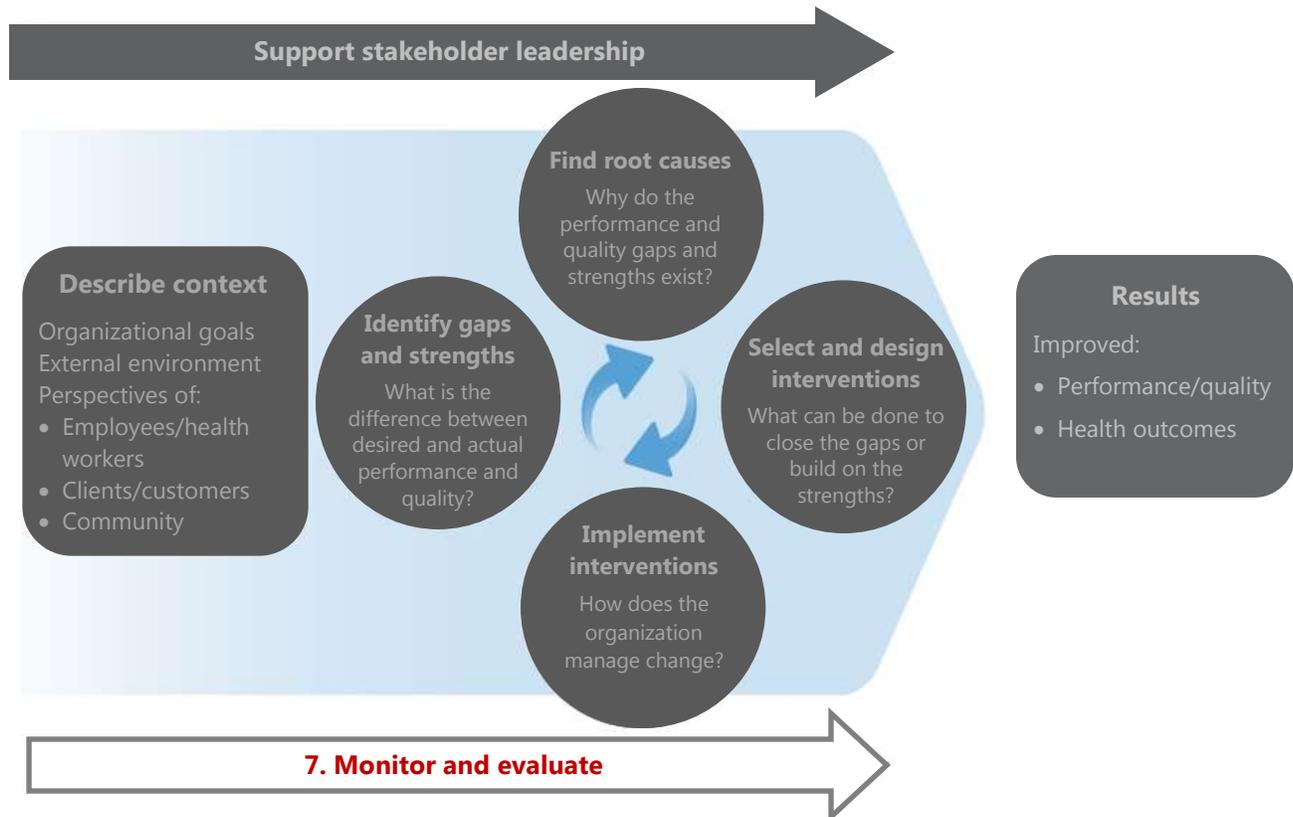
As mentioned in Stage 2, Appendices 4 and 5 contain information about introducing and monitoring organizational change, including assessing organizational readiness for change.

Informed and supportive stakeholders can help conquer obstacles that arise during implementation and assist in resolving problems stemming from changes in the external environment that are impeding the progress of interventions. Their strategically coordinated involvement also helps the dissemination of results at this stage and increases the potential for applying OPQ in additional settings.

## Stage 7: Monitor and Evaluate

Throughout the OPQ process, workplace performance should be monitored, documented, and evaluated in order to measure any changes in the performance gaps or expansion of the high performing areas as a result of the process.

**Figure 13: Optimizing Performance and Quality Framework, Stage 7**



**Monitoring:** the routine tracking of data that measure progress toward achieving objectives of a program or intervention. The purpose of monitoring:

- To ensure activities are implemented according to plan and timeline
- To identify activities or resource allocation in need of adjustment or improvement in order to achieve desired results
- To provide information for decision-making and program evaluation
- For reporting requirements
- To facilitate advocacy

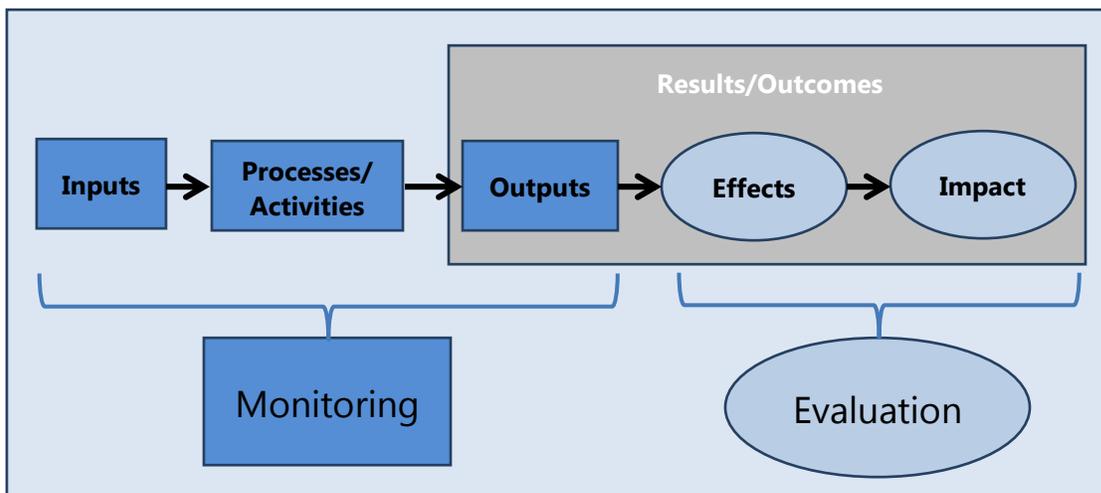
**Evaluation:** the process of collecting and analyzing data in order to measure how well a program or intervention has met expected objectives and/or the extent to which changes in outcomes can be attributed to the program or intervention, or to other factors. The purpose of evaluation is to confirm that adopted strategies and funding available produced the desired results, and to

assist stakeholders in decision-making about future program improvement and implementation by:

- Providing an objective and reliable assessment of the activities
- Providing feedback to local organizers and other stakeholders about:
  - the outcomes of the activities
  - strengths and weaknesses
  - other influencing factors
  - suggested measures for improvement.

In order to guide any monitoring and evaluation (M&E) activity, a framework is needed to illustrate the steps and levels at which measurements will be carried out. Figure 14 provides an illustration of such framework.

**Figure 14: Framework for monitoring and evaluation**



A typical M&E framework contains the levels illustrated in this figure. Monitoring activities generally measure indicators related to inputs, processes or activities, and outputs. Evaluation activities usually measure indicators related to the effects or results of the inputs/processes/outputs, and sometime measure the long-term impact of these results. (See Appendix 19 for sample questions to ask for each of these levels of M&E.)

### **Step 7.1: Develop the M&E plan**

(see M&E plan format and sample M&E plan in Appendices 20 and 21)

The OPQ team develops an evaluation plan that can be integrated into workplace processes to serve as an ongoing feedback device for workers and managers to measure changes in performance and quality.

Note that the M&E plan should be developed during Stage 3, after defining desired performance. The M&E plan will:

- Identify the purpose, users, resources and timelines of monitoring and evaluation
- Select the key monitoring and evaluation questions and indicators and the best design to measure intended results
- Sequence monitoring and evaluation activities (such as completing baseline documentation, tracking progress toward milestones, conducting materials pre-tests, participant follow-ups, project reviews and special studies)
- Prepare data collection and data analysis plans, including cost as well as results or program data
- Plan for communication, dissemination and use of evaluation results
- Identify the technical competencies needed on the monitoring and evaluation team(s).

### **Step 7.2: Monitor routinely and make adjustments**

Monitoring is done on an ongoing basis, at every stage of the process, so that progress can be tracked and documented, and changes can be made as needed during the implementation or at the next cyclic phase. Monitoring during implementation of activities is discussed in Stage 6.

### **Step 7.3: Repeat the baseline data collection using the same indicators and instruments**

An evaluation should again measure the performance levels of the workers or organization, and assess the extent to which gaps, including gaps in gender equality, have been closed and strengths have been expanded as a result of the interventions, as well as delineate any broader impact such as improved health outcomes and/or increased productivity.

For the evaluation of effects, the evaluation team will typically conduct a data-gathering exercise similar to the collection of baseline data to describe actual performance. The consistency of sampling tools and indicators will help contrast the levels of performance before and after the interventions and determine whether there have been demonstrable changes.

If the evaluation design uses a control group, the team will compare changes in the intervention group with changes (if any) in the control group to arrive at net effects (i.e., changes in the intervention group minus changes in the control group over a similar period of time). Ideally the control group selected should be very similar to that of the intervention, so that any net effects can be more easily attributed to it, with "other things being equal".

### **Step 7.4: Compare results with baseline**

Where goals were met, celebrate and recognize team members' contributions! Where goals were not met, analyze reasons and cycle through the OPQ process again.

### **Step 7.5: Report and communicate evaluation results**

In many cases, a written report of evaluation results is required. This step includes:

- Writing a report describing the methodology, findings and conclusions
- Selecting appropriate graphics to communicate summary findings
- Formulating recommendations based on conclusions and consultations with the client.

The report should present findings so an audience can clearly see:

- Changes in performance
- How these changes can be attributed to the interventions
- Cost of the interventions.

If the evaluation design warrants, the report should also present the effects (if any) of alternative interventions or the absence of interventions in control areas and discuss differences between those areas and the intervention area.

The ultimate goal of evaluation is the use of results to:

- Demonstrate the validity of a new approach (i.e., “what works”)
- Identify areas to be strengthened in future project designs (i.e., “what didn’t work and what to do differently next time”).

## The OPQ Cycle: Getting to Results

As stated in Chapter One, OPQ is a *cyclical* process of

- analyzing current levels of performance against quality standards, expected outcomes, and organizational goals;
- implementing plans to improve performance;
- monitoring progress;
- feeding back this information into a continuing cycle of reflection learning, improving performance and quality, and building on strengths and successes.

When you complete your first OPQ cycle, you aren't finished. The stakeholders who participated will have learned the process of comparing current performance with expectations, and can repeat it to determine if gaps still exist. OPQ is not meant to be a one-off intervention; it's a process that allows stakeholders to collect and use data to continually improve, adapt to changing environments, and identify and address emerging problems.

When you finish the first cycle, stakeholders and the implementation team can identify the changes that resulted in intended improvements and scale them up. If an intervention wasn't as successful, stakeholders will now have the tools to analyze the root causes of why and test additional interventions. Sometimes there is gradual improvement toward desired performance, and stakeholders can analyze the data collected during monitoring and evaluation to measure, track, and learn what is improving and to what extent.

Stakeholders may need continued support to build their capacity for improvement. We recommend forming performance and quality teams to lead and continue the improvement process, exchange best practices, and audit and mentor each other's progress.

Successful strategies for strengthening capacity and scaling up performance and quality improvement will depend on the existing systems and context, commitment of stakeholder leadership, and feasibility of improvement goals.

Remember, the overall goal of improving institutional or individual performance in the health care sector is to provide high quality, sustainable health services for clients. Improving the performance of various elements of the health system, such as the health workforce, leadership and governance, service delivery, and medical products and technologies, contributes to improving health outcomes.

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## KEY RESOURCES FOR PERFORMANCE AND QUALITY IMPROVEMENT

The following are key resources that complement and supplement the Optimizing Performance and Quality approach.

[Association for Talent Development \(ATD\)](#), formerly the American Society for Training and Development (ASTD) – The world’s largest professional association dedicated to the training and development field.

[CapacityPlus](#) – Provides several tools for strengthening the health workforce, including tools for [scaling up and transforming health worker education and training](#) such as the [Bottlenecks and Best Buys](#) approach and the School Management Package; tools for improving health workforce effectiveness, such as the [Rapid Retention Survey Toolkit](#) and the Health Worker Productivity Analysis and Improvement Toolkit.

[EngenderHealth](#) – Offers resources on quality improvement such as the [COPE® Self Assessment Process](#) and the [SEED™ Assessment Guide for Family Planning Programming](#).

[Finding Common Ground](#): Harmonizing the application of different quality improvement models in maternal, newborn, and child health programs – A technical report that reviews and compares quality improvement models that have been applied in maternal, newborn, and child health. Includes links to the models reviewed.

[Human and Institutional Capacity Development \(HICD\)](#) – Provides guidance to USAID Missions on how to implement HICD in development programs, including the HICD Handbook.

[Institute for Healthcare Improvement \(IHI\)](#) – Offers a wide range of resources and teaching tools to help health care professionals lead effective improvement efforts.

[Institute of Medicine \(IoM\)](#) – Provides a wide range of resources and publications on quality of care and patient safety.

[International Society for Performance Improvement \(ISPI\)](#) – The world’s leading professional association dedicated to improving productivity and performance in the workplace.

[IntraHealth](#) – Provides tools for improving health worker training and performance, workforce and systems strengthening, gender equality, and eHealth, including reports of performance needs assessments and situational analyses. The [Gender Equality](#) section offers gender assessment tools and gender assessment reports with the data collection tools.

[Introduction to Organizational Capacity Development: Pact’s Organizational Development Toolkit](#). – Provides an introduction to Pact’s approach to organizational capacity development

and toolkit, through modules that focus on topics such as strategic planning, project planning, monitoring and evaluation, financial management.

[Organizational Capacity Assessment Tool](#) – A free online tool that helps organizations assess their operational capacity and identify strengths and areas for improvement. Users of the OCAT range from foundations and non-profits, to governments, to for-profits.

[Standards-Based Management and Recognition: A Field Guide](#) – Describes Jhpiego's approach for improving the performance and quality of health services.

[USAID ASSIST Project](#) – Offers resources on improving the quality of health care, social services, and health education worldwide.

[WHO Management of quality of care](#) – Provides frameworks, reports, articles and other resources on quality management, including quality assurance, standards, accreditation, user satisfaction, patient safety, waste management, and monitoring and evaluation.

**APPENDICES – SAMPLE TOOLS AND JOB AIDS FOR OPQ**

## Appendix 1: Factors Influencing Performance

- 1. Organizational systems:** *Do the organizational systems support the desired performance?*  
Examples:
  - Clear organizational mission, goals, strategies, and structure
  - Effective leadership
  - Clear job expectations and authority
  - Supportive supervision system
  - Clear policies and efficient processes
  - Realistic workloads
  - Effective management systems (finance, human resources, logistics/supply chain, information)
  - Fair and transparent human resource hiring, management, and appraisal systems, including termination/exit processes
  - Clear and accessible communication and information channels
  - Adequate financial resources
- 2. Incentives:** *Do employees and teams have a reason to perform as they are asked to perform?*  
Examples:
  - Clear expectations regarding responsibility, accountability, autonomy
  - Constructive performance feedback
  - Fair compensation and rewards systems
  - Recognition for good performance; consequences for poor performance
  - Engaging, meaningful work
  - Professional development and career opportunities
- 3. Tools and physical environment:** *Do employees and teams have the necessary tools and physical resources they need to do their jobs?*  
Examples:
  - Equipment, instruments, and supplies
  - Physical work environment (furniture, workspace, power, water, ventilation)
  - Protocols, job aids, and recordkeeping tools
  - Workplace safety measures
  - IT and communication systems, equipment, and connectivity
- 4. Knowledge and skills:** *Do employees and teams know how to do the job?*  
Examples:
  - Basic education for literacy and math
  - Technical/clinical/professional skills
  - Social and communication skills
  - Problem-solving, critical thinking, teamwork, and leadership skills
  - Relevant work experience
- 5. Individual attributes:** *Do personal attributes of individuals affect their ability to work together and perform their jobs?*  
Examples:
  - Internal motivation
  - Gender, ethnic, class identities
  - Religious, ethical, moral values
  - Emotional, intellectual, physical, creative abilities
  - Previous life and work experience
- 6. External environment:** *Do factors in the external environment impede or support the ability of the organization and employees to perform and achieve their goals?*  
Examples:
  - National policies, regulations, standards, scopes of work
  - Licensing or accreditation requirements and processes
  - Societal norms—gender, culture, class, religion, ethnicity
  - Socioeconomic conditions, education levels, and standards of living
  - Market conditions and customer needs and preferences
  - National and local infrastructure—transportation, energy, telecom, water, and sanitation
  - Political changes in government

## **Appendix 2: Sample Questions for Stakeholders**

The following questions may help stakeholders in their initial meetings and later interviews to reach agreements about:

- The general issue to be addressed
- The organizational goal to be reached
- Expected job outcomes needed to reach the organizational goal
- Expected outcomes of the OPQ process
- The stakeholder group members that will be involved
- Roles and responsibilities of stakeholders
- Timing and next steps in the process

### **Business need/goal and perceived problem**

- What is the organizational business need/goal? What is the organization trying to accomplish?
- What types and how many levels of goals are we dealing with?
- What is the timeline for achieving the organizational goal?
- What is the performance issue or problem that needs to be addressed? Or, what performance problem is most important to fix in order to reach this organizational goal?
- What would be the results if this problem were addressed? What would the situation look like if there was no problem? (The answer to this question should re-confirm what the organization is trying to accomplish and/or expected outcomes of the process.)

(Note: stakeholders often have a general sense about what might be causing the problem(s) and ideas for solutions. However, care should be taken not to accept any of these causes or solutions as “truth” without further investigation.)

- What are the possible causes?
- What are possible solutions?
- What are potential constraints (political, financial, etc.)?
- Is the problem worth solving? Discuss and make comparisons if possible with similar organizations and best practices.

### **Stakeholders and partners**

- Who are the key stakeholders? What individuals need to be involved as key stakeholders in addition to the ones already identified?
- Do the stakeholders all see the problem and the goal in the same way? If not, what are the differences in perspective? How will the stakeholder group come to an agreement on the general issue and organizational goal to be addressed?

- How will stakeholders work together to achieve the goal? What will be the various roles and responsibilities of the stakeholders?
- Who are the organization's partners and competitors?

### **Performers and performance**

- What components/performers (staff/departments/facilities/organizations) are most involved in achieving the business goals specified above? Which components affect the problem area identified above?
- How would improved staff or organizational performance help us reach these goals?
- What are the desired outcomes from the performers (staff/departments/facilities/organizations) that are most involved in achieving the organizational goals? (i.e., what is the end result of the things that the performers do that is valuable toward achieving the organizational goals?)
- What are the processes and tasks that performers carry out to produce the desired outcomes?
- How do these components and processes relate? Where do they interact or intersect?
- What standards or indicators are currently used to measure performance of these processes and tasks?
- How well are employees/departments performing in this area now?
- How do we [or this organization/department/unit of the Ministry] currently gather this kind of performance data?

### **Factors affecting desired performance**

Stakeholders may have an even more specific sense about what might be causing the problem(s). As stakeholders continue to explore the performance issues, the following questions may be helpful in getting a more detailed picture and in preparing a plan and instruments for more detailed data collection.

- Let us look at the positive side for a moment. What helps employees/departments do their work well?
- What hinders them from doing their job well?

Depending on the answers to the above questions, there may be several follow-up questions.

**Organizational systems:** How well do organizational systems support the kind of performance you want to see?

- Do employees have clear job expectations and authority, communicated orally and in writing?
- Are job descriptions in alignment with the organization's strategic direction and supported by clear policies and processes, and realistic workloads?

- Is there a sustainable system of supportive supervision that promotes joint problem-solving, mentoring, and two-way communication?
- How effective are the management systems (finance, human resources, logistics/supply chain, information)?

**Incentives:** Does the organization provide enough of the right incentives to make the work worth doing?

- Do employees receive fair compensation, including salary, benefits, allowances, and other non-monetary forms of compensation?
- How is good performance rewarded or recognized? What consequences are present for poor performance? How well do employees understand what kinds of performance will result in rewards, recognition or negative consequences?
- How well do employees know the performance standards? How do they find out about them?
- What are the opportunities in the organization for career advancement or engaging, meaningful work?

**Tools and physical environment:** Do employees have the necessary tools and physical resources they need to work effectively?

- Do employees have the equipment, supplies, job aids, service standards and protocols, and recordkeeping instruments they need?
- Are adequate supplies of drugs and other commodities on hand?
- What measures are in place so that the workplace is safe from infection transmission, accidents, and workplace violence for its employees and clients?
- How reliable and up to date are the information technology/communication systems?

**Skills and knowledge:** Do employees have the necessary knowledge and skills to do their jobs?

- Basic literacy and math skills?
- Clinical, technical, vocational, or professional knowledge and skills?
- Critical thinking, problem-solving, and leadership skills?

**Individual attributes:** Do personal attributes of individuals affect their ability to work together and achieve their goals?

- Do the mission of the organization and various aspects of the job motivate the employee to perform well?
- Does the job allow the employee to use his/her strengths?
- How does the employee's understanding of the roles and rights of women/men in the world contribute positively or negatively to his/her performance?

- How do the employee's religious, ethical, and moral values support or prohibit the employee from performing her/his job as expected?
- How does the employee's own identity related to gender, ethnicity, caste, or class affect her/his ability to perform as expected?

**External environment:** Is employee or institutional performance affected by factors in the external environment (outside of your organization or institution)?

- What are the national policies, regulations, standards, and professional scopes of work that organizations and employees must adhere to?
- What societal norms regarding culture, class, religion, ethnicity, and gender may affect the performance of the organization and employees?
- What is the condition of the national and local infrastructure networks—e.g., roads, water supply, waste management, power supply, telecommunications/internet, public transportation, buildings?
- Have there been political changes in the government that affect the ability of the organization and employees to perform?

As the meetings and conversations progress, the following question may become important:

- [Stakeholder] has mentioned that they see [issue] as important in terms of performance. How do you see that issue? Is this something you agree with? Think would be important?

## Tips

**Be persistent yet diplomatic in helping people to be descriptive, specific or clear** when they respond to questions about performance. Mid- or top-level employees often have an intuitive sense that change needs to occur, but sometimes they have trouble defining what they want. In many instances, they have not been asked questions about performance in quite the same way as proposed here. They may respond with words like “things” or “medical necessities” or “good work”. The art of these meetings is to know when, how, and how much to press for specifics.

**It is critical to use results-oriented questions and to be prepared to follow up** as appropriate. Many customers/clients are more comfortable discussing inputs and “what is needed to do better” (e.g., supplies or training or better facilities) than results. People can identify results when questioned in the right way, but it takes some degree of patience and a clear understanding on the part of the interviewer as to what is a result and what is an input.

**Note-taking will be helpful during these initial meetings.** The OPQ leader must have good questions, ask them at the right time, ask follow-up questions appropriately to get more depth and assure understanding, and take notes. Notes need to be thorough and clear enough so that the meaning can be understood days later when you have time to go through them to look for important patterns and themes.

**Agree on next steps in the process,** taking into consideration the information gathered regarding timeline, resources, agreements, roles and responsibilities of the various stakeholders. Put this information and agreements into a letter or notes and share with all stakeholders.

### Appendix 3: Example of Stakeholder Engagement and Agreements

(A letter, memorandum of understanding (MOU), or meeting minutes may be appropriate. In some countries, public officials are reluctant to sign letters or MOUs; therefore this format does not require signatures. If signatures are customary, space can be added for them.)

**To:** [Key Stakeholders]

**From:** [OPQ/Quality facilitator/team members]

**Subject:** Summary of Initial Understanding and Next Steps

**Purpose:** The purpose of this memo or meeting minutes is to summarize our collective agreements about the key performance issues identified by key stakeholders and OPQ team, and to describe what we jointly decided would be useful next steps to further assess the situation. This assessment data and analysis can then be used to help us fully understand the performance issues and their impact so that we can target interventions that will be most likely to improve performance or expand identified strengths. These steps will help move our organization (or district) toward the overall organizational goal of reduced transmission of HIV from mother to child by providing high quality MNCH/PMTCT health services.

**Process:** For a few weeks we have conducted general discussions about possible solutions related to two issues: the apparent decline of ANC client return rates to clinics in our district and the low percentage of HIV positive pregnant women who are receiving ARV prophylaxis despite the new clinical guidelines.

We have met individually with key managers, several other staff from [the organization], and key stakeholders involved with programs at all levels. At the last meeting with key stakeholders, we summarized what we had learned in the various meetings held, and then had substantive discussions about desired results, possible performance gaps and strengths, and next steps we might take to begin to understand how best to address the problems or replicate the successes.

**Results—agreements and next steps:** During our meeting, we established consensus on the following points:

1. There is a problem with client satisfaction. These problems may be related to the quality of client-staff interaction. We agreed that, ideally by the end of the year, expected ANC client return rates should be 80% and HIV positive pregnant women receiving ARV prophylaxis should be 70%.
2. Even with current data limitations, we recognize that performance problems extend beyond issues that can be addressed by training alone. Meeting participants expressed different opinions about the causes of performance problems. Many of these opinions were based largely on anecdotal evidence.
3. In order to understand these problems more fully, we need more concrete data, especially from staff and customer/client perspective. This data will guide us in choosing the most effective interventions to help move toward desired acceptance rates.

**We agreed on the following steps to conduct an assessment:**

1. A team of at least four people from our organization will collect and analyze the data during this phase of the initiative. The team will use concepts and tools associated with OPQ methodology. We estimate it will take one to two weeks of this team's time to complete the assessment.
2. The assessment team will develop a list of performance needs assessment (PNA) questions, many of which were raised in our meeting, and submit them for stakeholder review and approval.
3. The assessment team will collect data using the following methods and sources:
  - We will interview a representative sample of 12–15 managers and staff at all levels.
  - We will interview a representative sample of supervisors.
  - We will observe a sample of staff providing ANC and PMTCT services to clients.
  - We will review clinic processes and workspace set-up.
  - We will conduct focus groups with customers/clients who received services. We will work with you to finalize the schedule. We will conduct interviews upon personal consent.
  - We will also review and analyze existing data and previous evaluation reports.
4. After data collection, will analyze all the data and share results with all the participants who attended our last meeting. We tentatively agreed that the same group of participants would be able to attend the results-sharing meeting. Generally, this kind of assessment produces the following results:
  - A summary of findings, including descriptions of the desired improved or new performance, the gaps/strengths between desired and actual performance, and the causes of the performance gaps or problems.
  - Based on this summary of findings, a description of recommended interventions to close performance gaps or expand strengths. Performance gaps may be prioritized, causes may be described, and interventions may be explored. The report may describe a range of interventions, outlining the strengths and weaknesses of each, and estimating which would be the most effective. Each intervention should be linked closely to a specific cause to clarify how each will eliminate a performance problem.
5. We agreed that we all closely work together. We will conduct periodic consultation meetings with all stakeholders to check progress at key points in the effort.
6. Stakeholders agreed that [the organization] would provide logistical support for the assessment team, including meeting space and travel if needed, etc.

Please let us know whether these engagement and agreements are accurate from your perspective. If you have any questions, corrections or suggestions, we would be most happy to make the necessary changes. Once you have approved the memo or meeting minutes, we will send it to the attendees of our last meeting.

## Appendix 4: Introducing and Monitoring Organizational Change

Any problem-solving or improvement process, such as Optimizing Performance and Quality (OPQ), involves change. To make improvements on any level (system/organization/team/individual) requires change. But change doesn't necessarily lead to improvement unless the organization is ready to change.

Early in the OPQ process it is a good idea to assess the organization's readiness to change so that you can address the factors that affect readiness to change and better facilitate organizational change throughout the process, particularly during implementation of any interventions that stakeholders have prioritized. The following are key steps for introducing changes in the workplace. These steps are integrated into the OPQ process.

### 1. Obtain management buy-in and support

Organizational leaders and managers must be committed to taking forward the improvement process and supporting it. Possible sensitivities and potential barriers should be acknowledged up front, and efforts made to work around them or overcome them. Leaders and managers should communicate their vision and commitment to others in the organization.

### 2. Form a stakeholder group

Identify key stakeholders who will be affected by the outcome of the improvement process and those that are affected by the performance of the organization. Bring these key stakeholders together into a leadership group to advise and oversee the process. Ownership is often best created by involving people in the process in meaningful ways.

### 3. Assess readiness for change

Because change can be difficult, organizations need to have a certain degree of readiness to engage in self-assessment of current performance. This table outlines certain factors and their influence on how ready an organization might be to take on the process of performance improvement.

#### **Factors that can affect readiness to change** Adapted from MEASURE Evaluation

<p><b>You MUST have:</b></p> <ul style="list-style-type: none"> <li>• Acceptance of the process by organization's leaders</li> <li>• A champion</li> <li>• Adequate internal resources to do a self-assessment (time/staff)</li> <li>• Compelling reason for conducting assessment and change process</li> </ul>	<p><b>These are MIXED blessings:</b></p> <ul style="list-style-type: none"> <li>• Other simultaneous organizational changes, some you cannot control</li> <li>• Organization with a history of change</li> <li>• Past experience with self-assessment and change processes, positive or negative</li> </ul>
<p><b>It's NICE to have:</b></p> <ul style="list-style-type: none"> <li>• Leaders with credibility</li> <li>• Clear organizational vision of where it wants to go</li> <li>• Additional financial resources for assessment and change process</li> <li>• Effective internal and external communication mechanisms</li> </ul>	<p><b>These can be major BARRIERS:</b></p> <ul style="list-style-type: none"> <li>• Past failures with self-assessment and change processes</li> <li>• Superficial motives</li> <li>• Low levels of skills and capabilities</li> <li>• Negative incentives for conducting self-assessment and change process</li> </ul>

If the organization on the whole is not ready, perhaps the OPQ process can concentrate on one or two specific less controversial aspects of its performance as a place to start. It is essential to connect the OPQ process to the achievement of established organizational goals to help legitimize the process.

*4. Clarify intended outcomes*

When implementing an improvement process, it is critical that everyone understand what the team is trying to achieve. The intended outcomes should be aligned with overall goals and strategy of the organization, and should be easy to understand and inspiring. They should be related to things that employees value and so will work toward achieving.

*5. Identify and monitor barriers and enablers of change*

No initiative involving change goes completely according to plan. People react in unexpected ways, expected resources may not be available, or the external environment may shift. It is useful to anticipate and then monitor possible barriers and enablers so that decisions and adjustments can be made to maintain the momentum of the process.

*6. Communicate about the process and how changes affect employees*

Regularly reinforce core messages about the process, its intended outcomes and alignment with organizational goals, and progress on achievements using multiple channels—meetings, informal conversations, written messages, etc. Solicit and incorporate employee input and feedback so that communication is two-way. Recognize and reward employee contributions toward achieving organizational goals.

## Appendix 5: Monitoring Change Checklist — Job Aid

What follows is a checklist that is for use during implementation to assess a variety of factors that can affect successful implementation and achieving results. Indicators, which will help you decide whether you would answer yes or no to each question, follow the questions.

### 1. Is the leadership currently supportive?

- Leaders holding formal top-level positions (e.g., director, supervisor) provide public verbal support for implementation and continue to allocate appropriate resources (e.g., people, money) to the implementation
- Any necessary steering committees or other such mechanisms have been established and are active
- Informal leaders have been involved in previous stages and/or are influencing key formal leaders to support interventions

### 2. Do the target groups (leaders/employees/health workers) accept and use the interventions?

- The assessment data includes target group data and accurately reflects the situations they face as they try to achieve desired performance
- Target groups have been genuinely involved in analyzing results and designing or fieldtesting the intervention
- The interventions have been pre-tested
- The interventions either do not represent a significant change from the normal organizational culture (the way work gets done), or plans have been made to support organizational change at the target group level

### 3. Are there any external conditions that may affect implementation?

- Plans exist for external conditions that could affect implementation (e.g., an upcoming election, a new policy, decentralization efforts)

### 4. Are the resources needed for implementation in place?

- The intervention activities match resource levels (e.g., human, time, and financial resources are available and realistic)
- Resources are being made available as planned

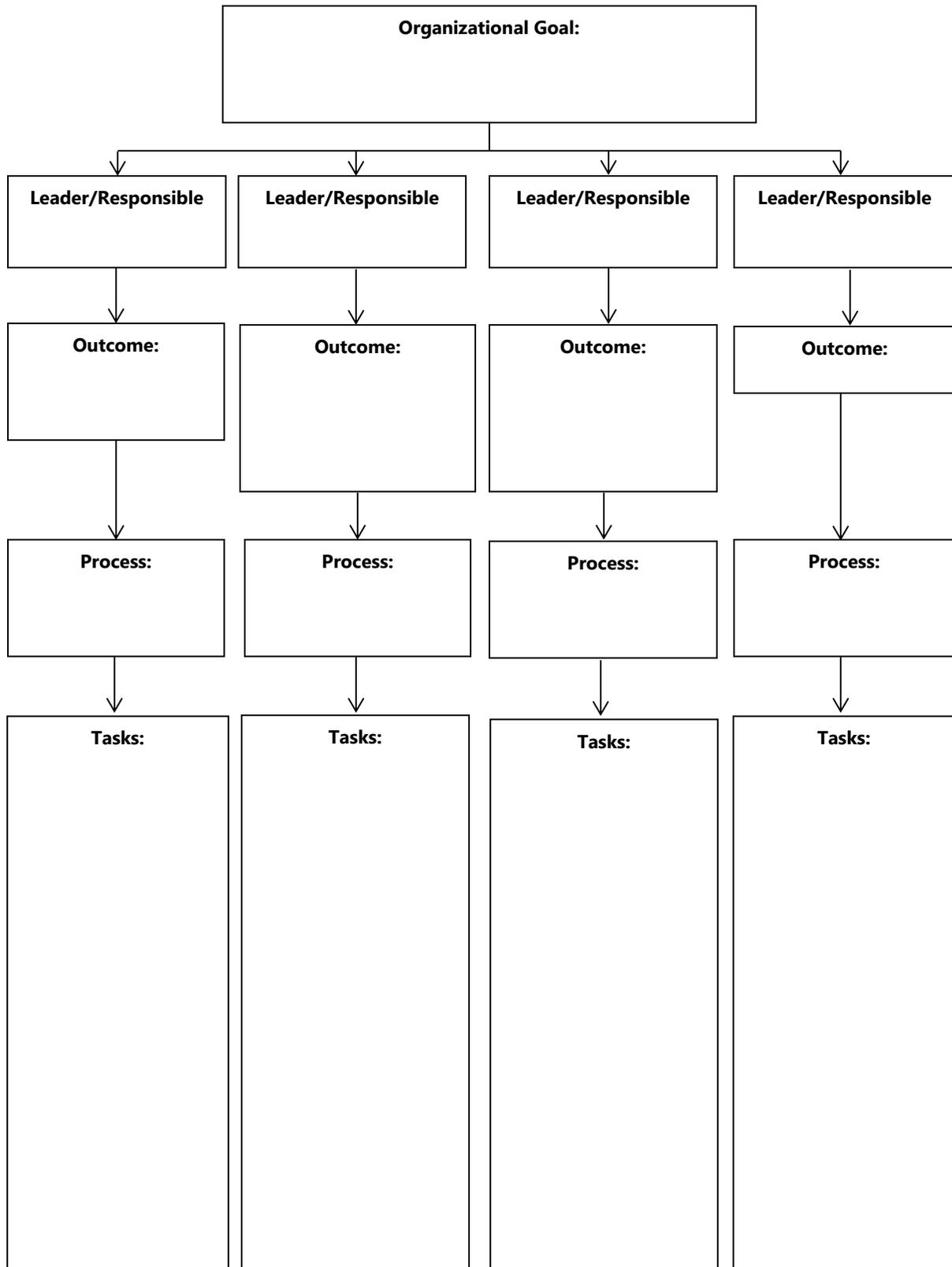
### 5. Does the capacity to implement the interventions exist? If not, is there a strategy in place to develop the capacity; what happens now?

- There is evidence that the capacity to implement the interventions exists: there are adequate numbers of staff with the right skills, resources, systems and procedures in place; materials are prepared, etc.
- The workplan deadlines are being met. Responsibilities are clearly communicated
- The client and/or stakeholder organizations and the OPQ leader/team have implemented a plan for building capacity to implement and sustain the results of interventions

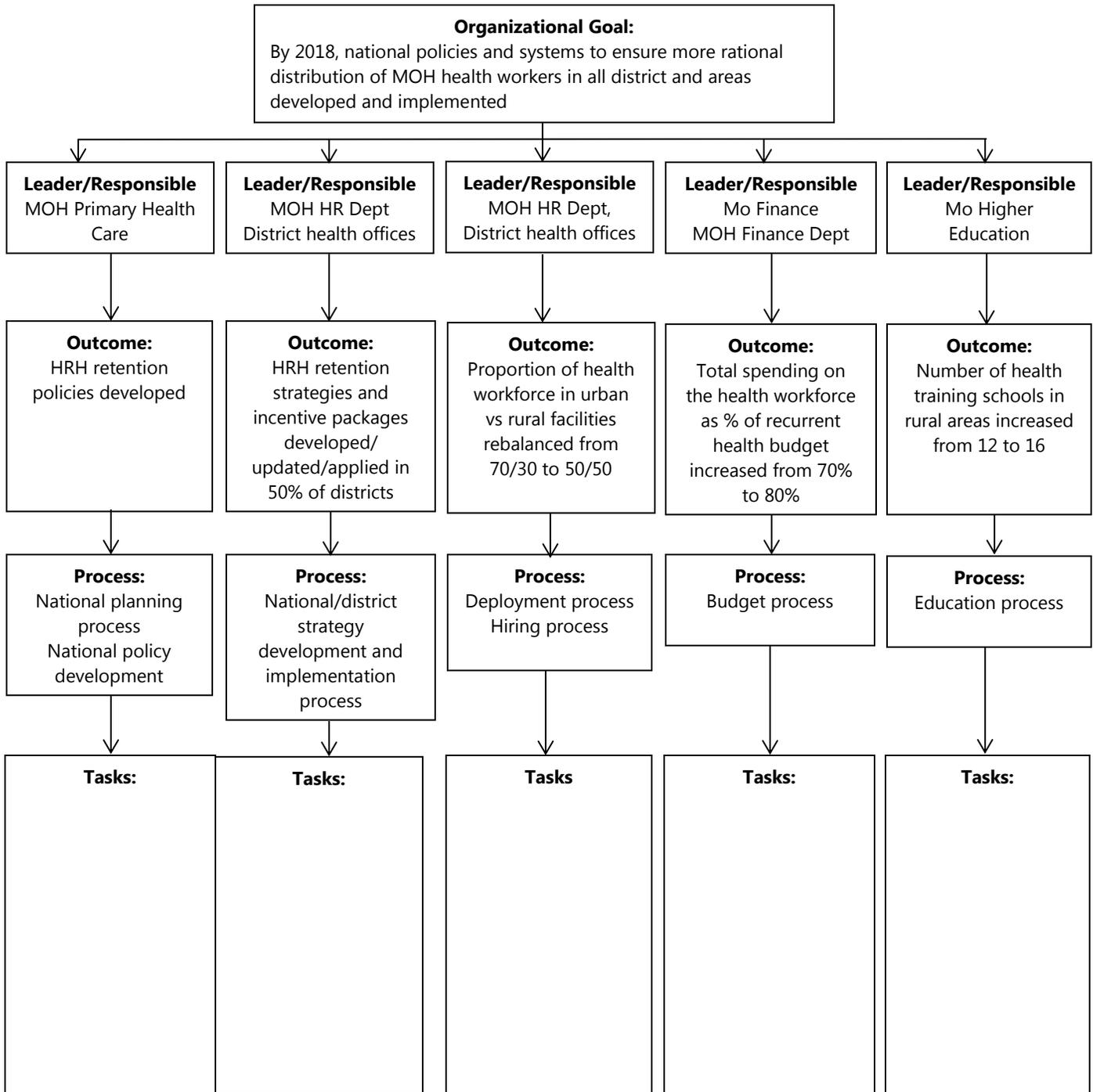
**6. Is there a system for monitoring and evaluating the progress and results of the interventions?**

- The Implementation plan and M&E plan include indicators for tracking progress and results
- There is evidence that the capacity to monitor and evaluation the interventions exists: skilled M&E staff, resources, systems
- Stakeholders use results to make decisions, communicate, and continue the process of improvement (comparing current and desired performance to identify gaps, analyzing root causes, etc.)

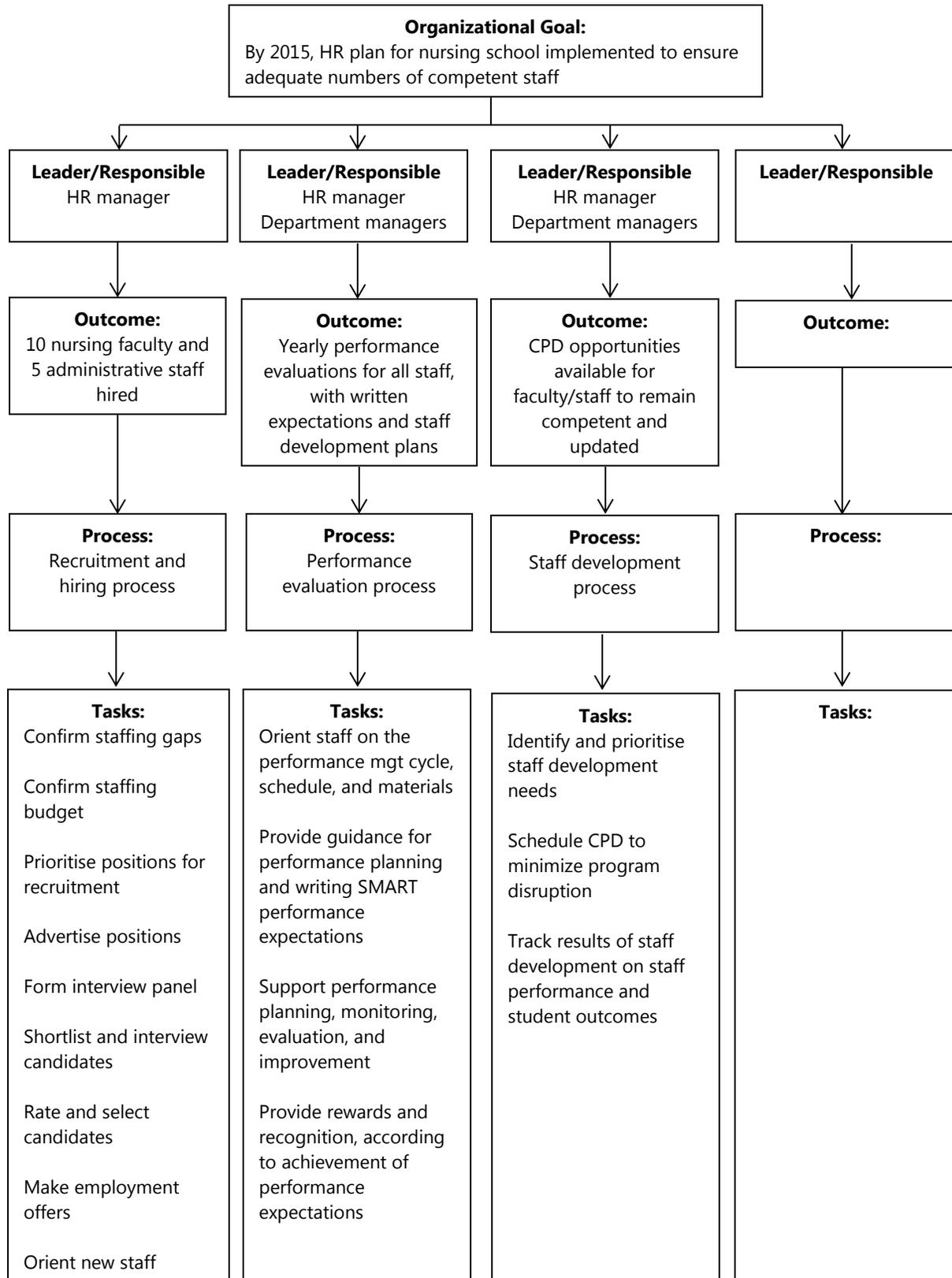
## Appendix 6: Hierarchy of Performance Chart



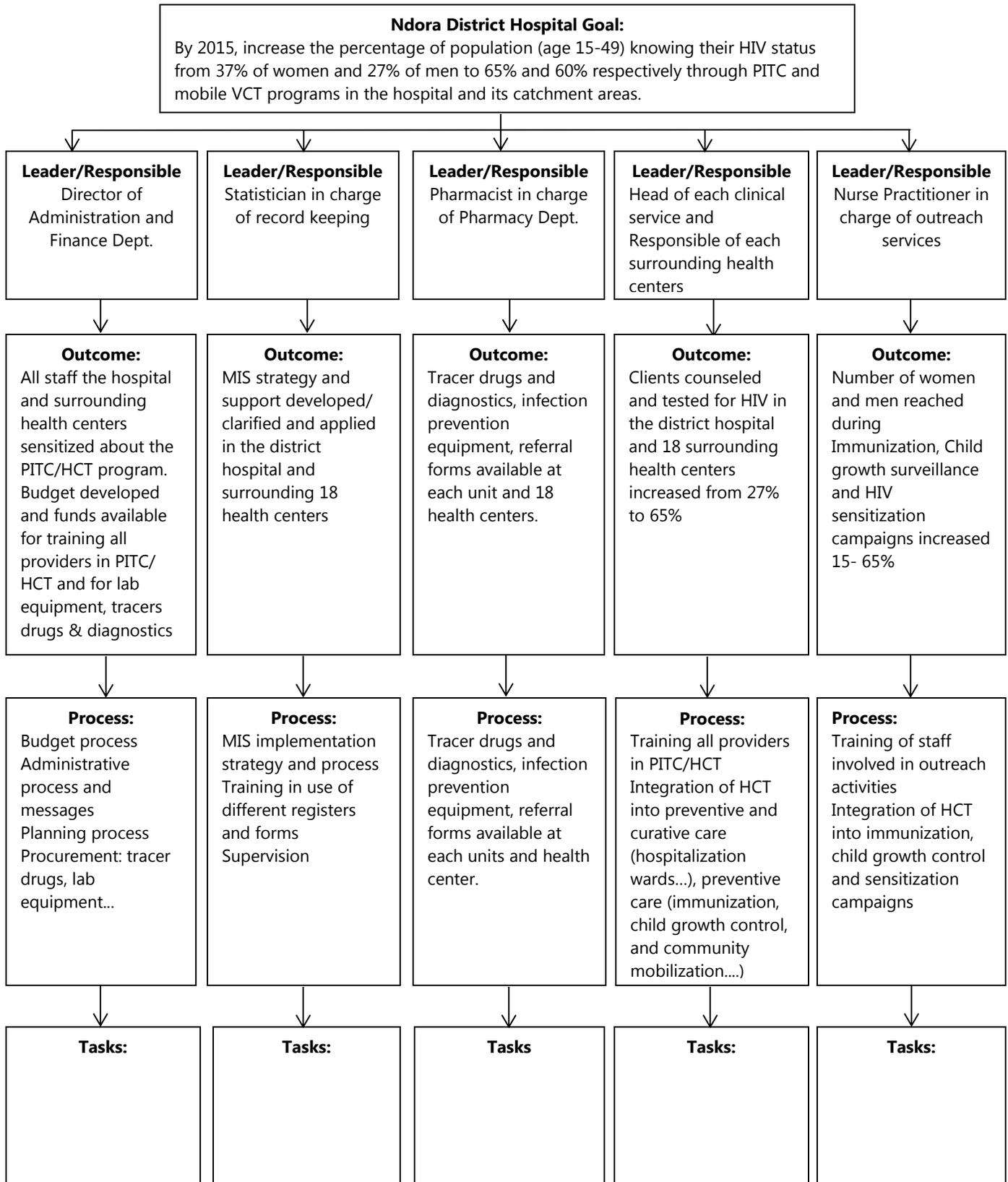
## Appendix 7: Hierarchy of Performance examples – example 1



## Hierarchy of Performance example 2



### Hierarchy of Performance example 3



## Appendix 8: Diagnosing Performance Problems: What to Look at First

Use these questions as a starting point to develop interview guides for key personnel. You can economize by asking questions about both desired and actual performance to the same respondent or group. Or you can ask to observe typical employees as well as exemplars. The areas of inquiry or questions about present performance might be as follows (this interview protocol assumes you are asking questions about desired as well as actual or "typical" performance):

- If you could imagine ideal performance by employees:
  - What would it look like?
  - What would they be doing?
  - What would their work output be (quantity, quality, timeliness, and cost)?
  - What major job outputs would we see?
- Since not everyone can be that perfect employee you just described, what performance do you think is reasonable to expect?
- Now, along those same lines, describe typical employee performance.
- About what percentage of the employees we are discussing perform at the desired level?
- What percentages are at the more "typical" level that you are describing?
- What is the result(s) of unsatisfactory performance? What impact is that having on your organization? [the "so what?" question]

**While the analysis of performance often focuses on employees, the causes of some performance problems may relate to organizational systems.** Consider the factors below, in this order, as you diagnose performance problems or specify new performance, addressing them as you go. This tool is helpful in developing data collection instruments, and it is also useful during root cause analysis.

Factor / Questions to ask	Examples: factor in place	Examples: factor not in place
<b>Organizational systems</b>		
<ul style="list-style-type: none"> <li>• Have leaders communicated to employees a clear strategic direction with organizational vision, mission, goals, values, and reporting structure? Have employees had some input into that direction?</li> <li>• Do employees have clear job expectations and authority, communicated orally and in writing?</li> <li>• Are job descriptions in alignment with the organization's strategic direction?</li> <li>• Are job descriptions supported by clear policies and processes, and realistic workloads?</li> <li>• How effective/efficient are the work processes?</li> </ul>	<p>Mission and goals posted prominently in the office lobby</p> <p>Each employee has a written job description reviewed annually with supervisor</p> <p>Specific procedures are made known to staff</p>	<p>Staff are told to "deliver high-quality service"</p>

Factor / Questions to ask	Examples: factor in place	Examples: factor not in place
<ul style="list-style-type: none"> <li>• Is there a sustainable system of supportive supervision that promotes joint problem-solving, mentoring, and two-way communication?</li> <li>• Are there policies and procedures that guide and promote respectful interactions among managers, employees, and clients?</li> <li>• How effective are the management systems (finance, human resources, logistics, information)?</li> <li>• How effective is the leadership, at all levels of the organization?</li> </ul>		<p>Promotion opportunities are not transparent</p>
<b>Incentives</b>		
<ul style="list-style-type: none"> <li>• Are employees clear about their responsibilities, accountability, autonomy?</li> <li>• Do employees receive fair compensation, including salary, benefits and other non-monetary forms of compensation?</li> <li>• How is good performance rewarded or recognized? What are the consequences for poor performance?</li> <li>• How well do employees understand what kinds of performance will result in rewards, recognition or negative consequences?</li> <li>• What input do employees have in identifying incentives for good performance?</li> <li>• Is performance feedback provided in a clear, timely, descriptive, constructive, and direct manner?</li> <li>• What response do employees receive when they identify support needed for good performance?</li> <li>• Do employees characterize their work as interesting or meaningful? Do they have a chance to be assigned tasks that they consider engaging or meaningful?</li> <li>• What are the opportunities in the organization for career advancement, or for development of new skills?</li> </ul>	<p>When observing the employee perform well, the manager says “thank you—good job.”</p>	<p>When the employee does his/her job well, nobody notices, even though the employee works overtime</p> <p>Employees usually receive feedback only when they make mistakes</p>
<b>Tools and physical environment</b>		
<ul style="list-style-type: none"> <li>• Do employees have the equipment, job aids, service standards and protocols, and recordkeeping tools they need to work effectively?</li> <li>• Are adequate supplies of commodities and other consumable materials on hand?</li> <li>• Does the worksite have sufficient and well-organized space and furniture for working?</li> <li>• Is there reliable power, clean running water, clean toilets, and sufficient ventilation?</li> </ul>	<p>Staff have access to a private space equipped with products and job aids needed for customers/ clients</p>	<p>Products are locked in the storeroom so no one will steal them (inaccessible to the staff and customers/clients)</p>

Factor / Questions to ask	Examples: factor in place	Examples: factor not in place
<ul style="list-style-type: none"> <li>How reliable and up to date are the information technology and communication systems, including connectivity?</li> <li>What measures are in place so that the workplace is safe from accidents and workplace violence for its employees and clients?</li> </ul>	<p>There is an occupational safety and health policy and procedures that are enforced</p>	
<b>Skills and knowledge</b>		
<ul style="list-style-type: none"> <li>Do employees have the basic literacy, math, or computer skills needed for the job?</li> <li>Do employees have the necessary experience, technical and professional knowledge and skills to perform their jobs?</li> <li>Do employees have sufficient critical thinking, problem-solving, teamwork, and leadership skills to perform their tasks?</li> <li>Do employees have the necessary social and communications skills?</li> <li>What is the in-service training policy and does it work as described? How well does it keep staff up to date with the skills and knowledge needed to perform?</li> <li>Could they do it right for \$1million? (If so, they already have the skills and knowledge.)</li> <li>Does an exemplary performer have a “secret trick” that no one else knows?</li> </ul>	<p>The staff know all information that they need to communicate to the clients</p>	<p>The staff know the information needed, but do not know how to communicate to the clients</p>
<b>Personal attributes and motivation</b>		
<ul style="list-style-type: none"> <li>Do the mission of the organization and various aspects of the job motivate employees to perform well?</li> <li>Do the jobs allow employees to use their strengths and abilities (emotional, intellectual, creative, physical)?</li> <li>How do the employees’ understanding of the roles and rights of clients contribute positively or negatively to their performance?</li> <li>Are employees able to get along with other co-workers and clients?</li> <li>How do employees’ religious, ethical, and moral values support or prohibit employees from performing as expected?</li> <li>How do the employees’ own identity (gender, class, ethnicity) affect their ability to perform as expected?</li> </ul>	<p>The nurse receives great satisfaction from caring for women and their children</p> <p>The employee gets along with customers/clients</p>	<p>The employee believes it is immoral for unmarried women to be sexually active and use contraception</p>
<b>External environment</b>		
<ul style="list-style-type: none"> <li>What are the national policies, regulations, standards, and professional scopes of work that organizations and employees must adhere to?</li> </ul>		

Factor / Questions to ask	Examples: factor in place	Examples: factor not in place
<ul style="list-style-type: none"> <li>• What are the licensing or accreditation requirements and processes for the institution, facility, or employee to operate legally?</li> <li>• What societal norms regarding culture, class, religion, ethnicity, and gender may affect the performance of the organization and employees?</li> <li>• How do the socioeconomic conditions, education levels and standards of living affect the ability of the organization to reach its clients and potential customers and the motivation and ability of clients to access the organization's services?</li> <li>• What are the market conditions, such as supply/demand for specific services or types of workers?</li> <li>• Who are the organization's partners and competitors? How are they doing compared to this organization/department?</li> <li>• What is the condition of the national and local infrastructure networks (roads, water supply, waste management, power supply, telecommunications/internet, public transportation, buildings)?</li> <li>• How do changes in national and local government affect the ability of the organization and employees to perform?</li> </ul>	<p>Organization maintains accreditation and communicates its licensing status to employees</p>	<p>Roads and rivers are flooded in rainy season, which limits access to the workplace during that period.</p>

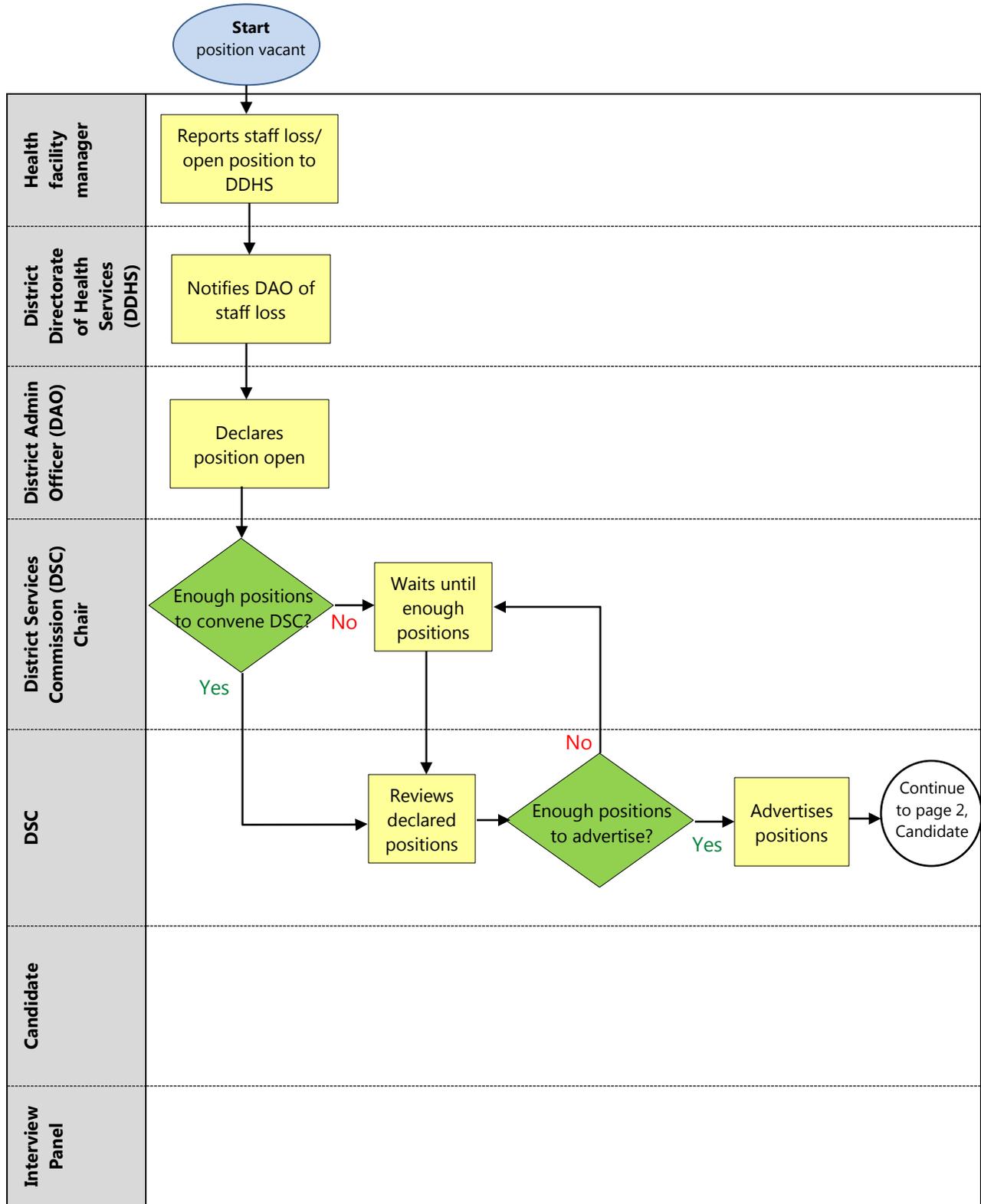
## Appendix 9: Data Gathering Methods

Method	Description	Tips
Interviews with: <ul style="list-style-type: none"> <li>• Management</li> <li>• Exemplars</li> <li>• Workers</li> <li>• Clients</li> </ul>	Interviews are conducted one-on-one or with a small and homogeneous group (the smaller the better so that everyone has a chance to contribute fully, e.g., 6-10 people maximum). Interviews can be used throughout the data gathering process, but they are perhaps most useful during the performance analysis stage, when you are trying to determine what the real performance deficiency is. Although the process is time-consuming, it is useful because you can gather specific information and ask follow-up questions to get more detail on items of particular interest.	<ol style="list-style-type: none"> <li>1. Write down your questions before the interview and give them to the person(s) being interviewed, if possible</li> <li>2. Decide beforehand how you want to document the information you gather</li> <li>3. Consider audiotaping the interview so that you have a record to refer to later</li> <li>4. Put the persons being interviewed at ease by telling them the purpose of the interview and how you will use what they tell you; assure them that there is no right or wrong opinion, and that <u>each</u> one will be valued</li> <li>5. Assure them that what they say will be kept confidential, that they are free to refuse to respond to any question and can stop the interview at any time</li> </ol>
Panels of Experts	Panels of experts are used to get the collective observations and opinions of the “best of the breed.” They are particularly useful when there is not one correct solution or procedure (e.g., conducting a goal analysis).	<ol style="list-style-type: none"> <li>1. Make sure that each participant is truly an expert</li> <li>2. Let participants know well in advance what you expect of them and give them time to prepare</li> <li>3. Focus the discussion on the topic at hand and keep participants on track</li> <li>4. Document your panel just as well as you documented interviews</li> </ol>
Observations	Direct observation of work performance is an excellent means of gathering data. Observations are usually done in conjunction with another data gathering method that is used to fill in the gaps and answer questions.	<ol style="list-style-type: none"> <li>1. Make sure to arrange your observations well in advance and get permission from management</li> <li>2. Let workers know why you are observing them; assure of confidentiality and informed consent</li> <li>3. Have an expert conduct the observation, and use checklists to guide what to look for</li> <li>4. Videotaping observation sessions works well if it is permitted</li> </ol>
Surveys <ul style="list-style-type: none"> <li>• Formal</li> <li>• Informal</li> </ul>	Surveys are used when you want to gather data from a large number of people and when it is impractical to meet them all face to face. Surveys can be both formal (where the results are subject to statistical reliability and validity) and informal (where results are anecdotal).	<ol style="list-style-type: none"> <li>1. Decide up-front if you need to base your conclusions on statistically valid and reliable data. If so, consult an expert to help determine your sample group, method of data collection and how you will compute your results</li> <li>2. Use commercially designed instruments, if they are available. They save development time, and they have been tested to ensure they work</li> <li>3. If you must design your own survey, make sure you try it out on a sample group from the target population</li> </ol>
Reviews of Performance Data	Almost all organizations maintain records. They may include data about time and attendance, rates of production, and cost of goods sold. A review of some of these records can provide valuable information	<ol style="list-style-type: none"> <li>1. Make sure you understand how the data were collected and what the data mean</li> <li>2. Make sure that the data you have are current. Outdated or incomplete data can be more harmful than no data at all</li> <li>3. It is important that you comply with any</li> </ol>

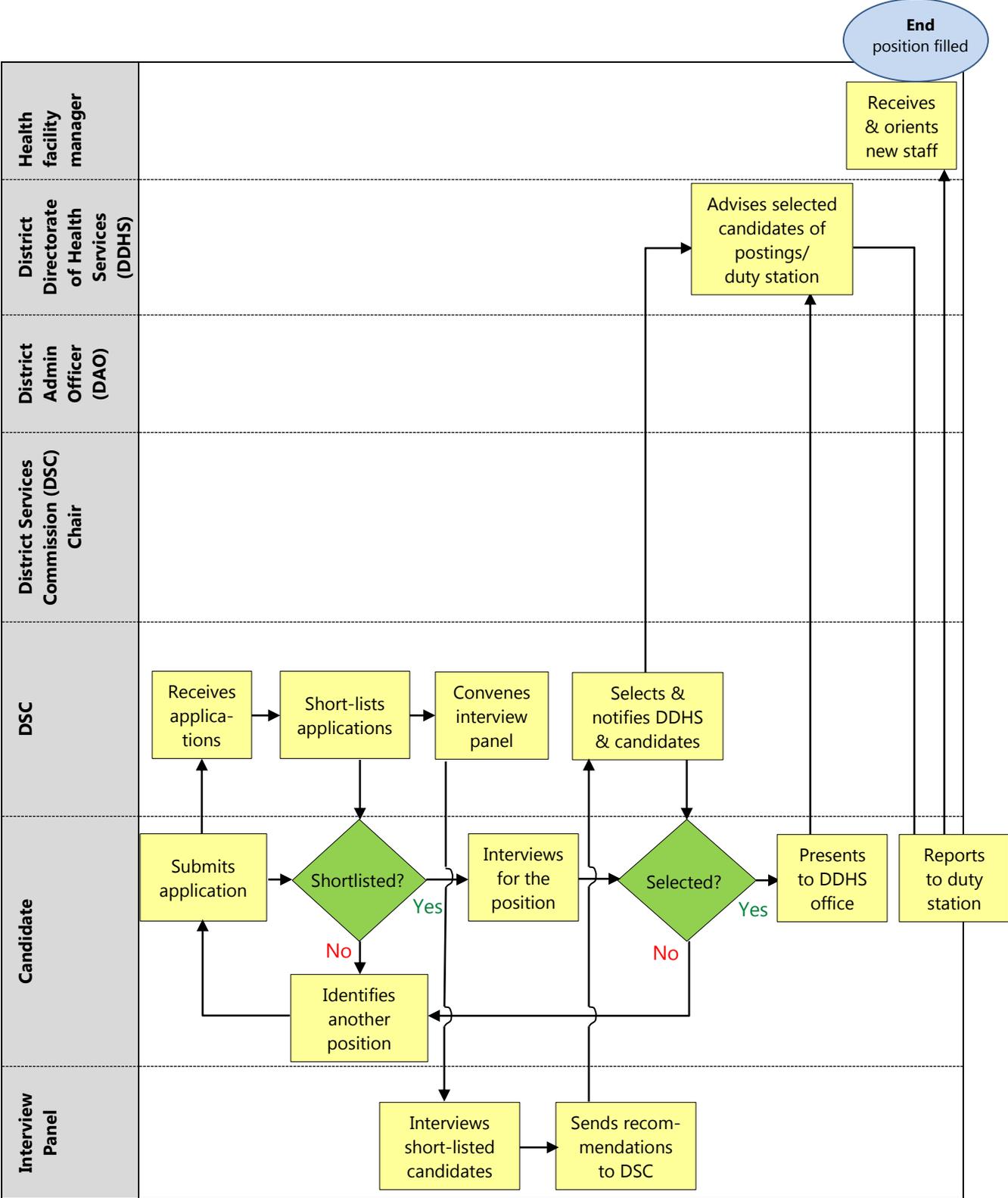
Method	Description	Tips
	to substantiate the performance deficiencies under consideration and lead to potential causes. It may be a challenge to determine which data are relevant and whether the quality of the data is adequate.	restrictions your client puts on your use of their data. Unauthorized use of confidential data can be illegal and harmful to the organization
Focus groups	<p>A focus group is a structured conversation used to obtain in-depth information from a group of people about a particular topic. The purpose of a focus group is to collect qualitative information about people's feelings, preferences, experiences, values, and ideas, regarding performance of development activities, services, and products, or other issues, not to come to consensus or make a decision.</p> <p>A facilitator guides 7 to 11 people in a discussion by raising issues identified in a discussion guide and using probing techniques to solicit views, ideas, and other information.</p> <p>Sessions typically last one to two hours.</p>	<ol style="list-style-type: none"> <li>1. Provide advance notice of day and time.</li> <li>2. Use a variety of methods for recruitment: letter or e-mail, and then follow up with phone calls or other personalized contact to confirm attendance.</li> <li>3. Find a comfortable and suitable space. Have participants face each other by sitting in a circle, to promote ease of interaction.</li> <li>4. Provide drinks and snacks, if appropriate.</li> <li>5. Identify a good facilitator to guide the conversation by asking questions, probing respondents to clarify answers, keeping the group on topic, and making sure that everyone is heard.</li> <li>6. Identify a good note taker to capture as much accurate detail from the discussion as possible, noting participant comments, group dynamics, and interesting shifts in conversation. A tape recording can also be used to provide a complete record.</li> <li>7. Set group ground rules at the beginning of the discussion to help build trust among participants and give the facilitator rules to use if someone is dominating the discussion or not respecting others' opinions.</li> <li>8. Develop a focus group discussion (FGD) guide in advance to outline the flow of the questions and topics to be covered during the focus group.</li> <li>9. Develop Informed Consent Forms to be read to each participant individually in order to obtain his/her consent before the FGD starts.</li> <li>10. Start the FGD with participant introductions, and a description of the purpose and format of the focus group. Begin the discussion with a non-threatening question or topic that is relatively easy for everyone in the group to answer before moving to more difficult, specific, or potentially controversial topics and questions. Use open-ended questions, and avoid leading participants towards a particular answer.</li> </ol>
Process mapping	A process map is a pictorial representation of the sequence of actions that comprise a process, used to document, analyze and improve on a process. Cross-functional process maps show how work is done across 2 or more functional areas within an	<ol style="list-style-type: none"> <li>1. Use information gathered from interviews and observations, or convene a group representing the functions in the process.</li> <li>2. Place a large piece of paper on a wall or flat surface.</li> <li>3. Draw a horizontal band (aka swim lane) for each</li> </ol>

Method	Description	Tips
	<p>organization. These maps detail the sequence and identify handoffs and roles within a process. Each piece of the map can be examined for possible quality gaps, bottlenecks, or inefficiencies that can be improved.</p>	<p>functional area involved in the process. Typically the end customer of the process is placed in the topmost band.</p> <ol style="list-style-type: none"> <li>4. Have each group member write on a card or Post-It note each step that makes up their functional area's portion of the process and place it on the draft process map.</li> <li>5. Move the Post-It notes around until the group is satisfied that all the steps are identified and that each step is in the correct order. Add labels, flow arrows, input descriptors, output descriptors, and decisions to complete the map.</li> </ol>

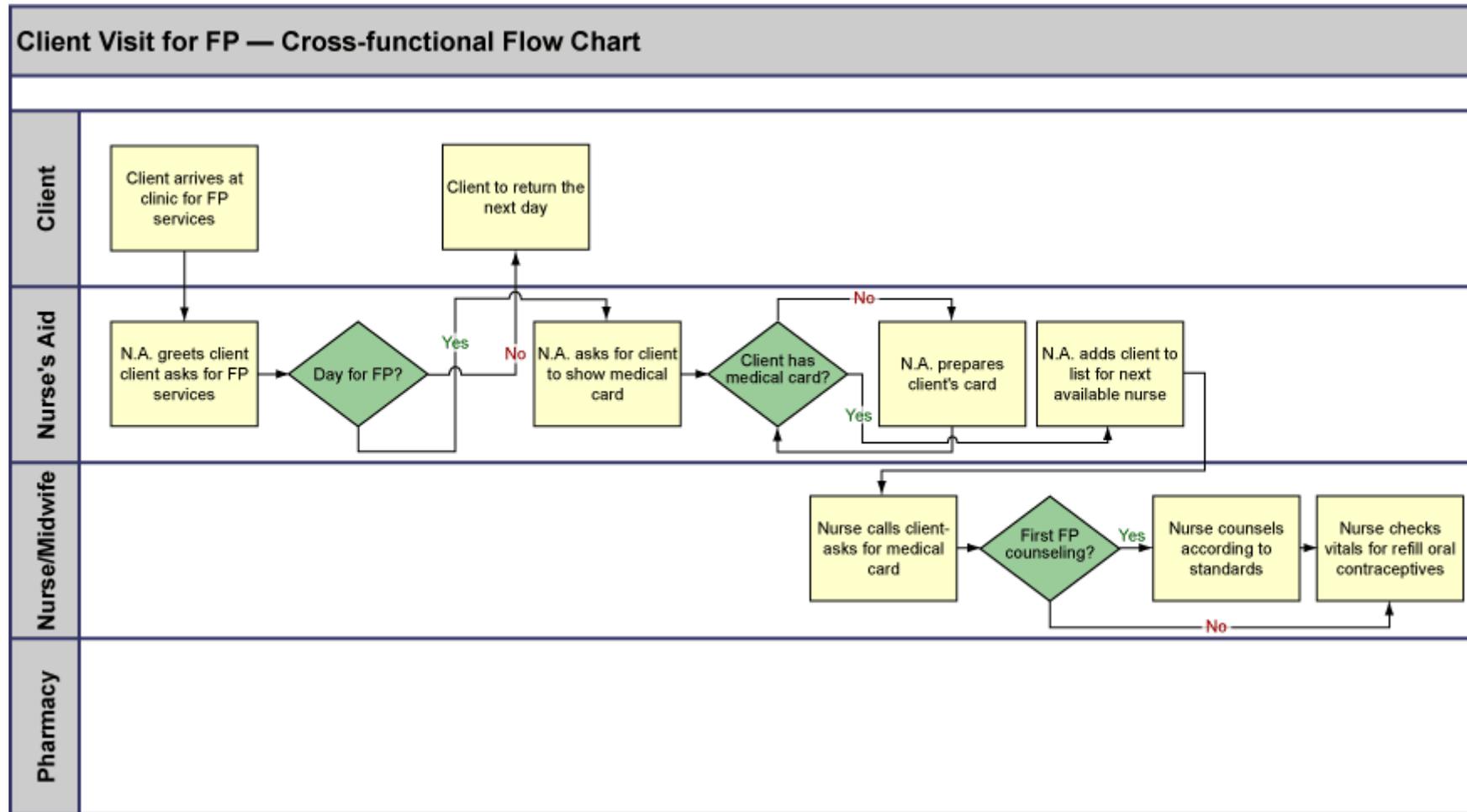
### Appendix 10: Cross-functional Process Map – district human resources recruitment example



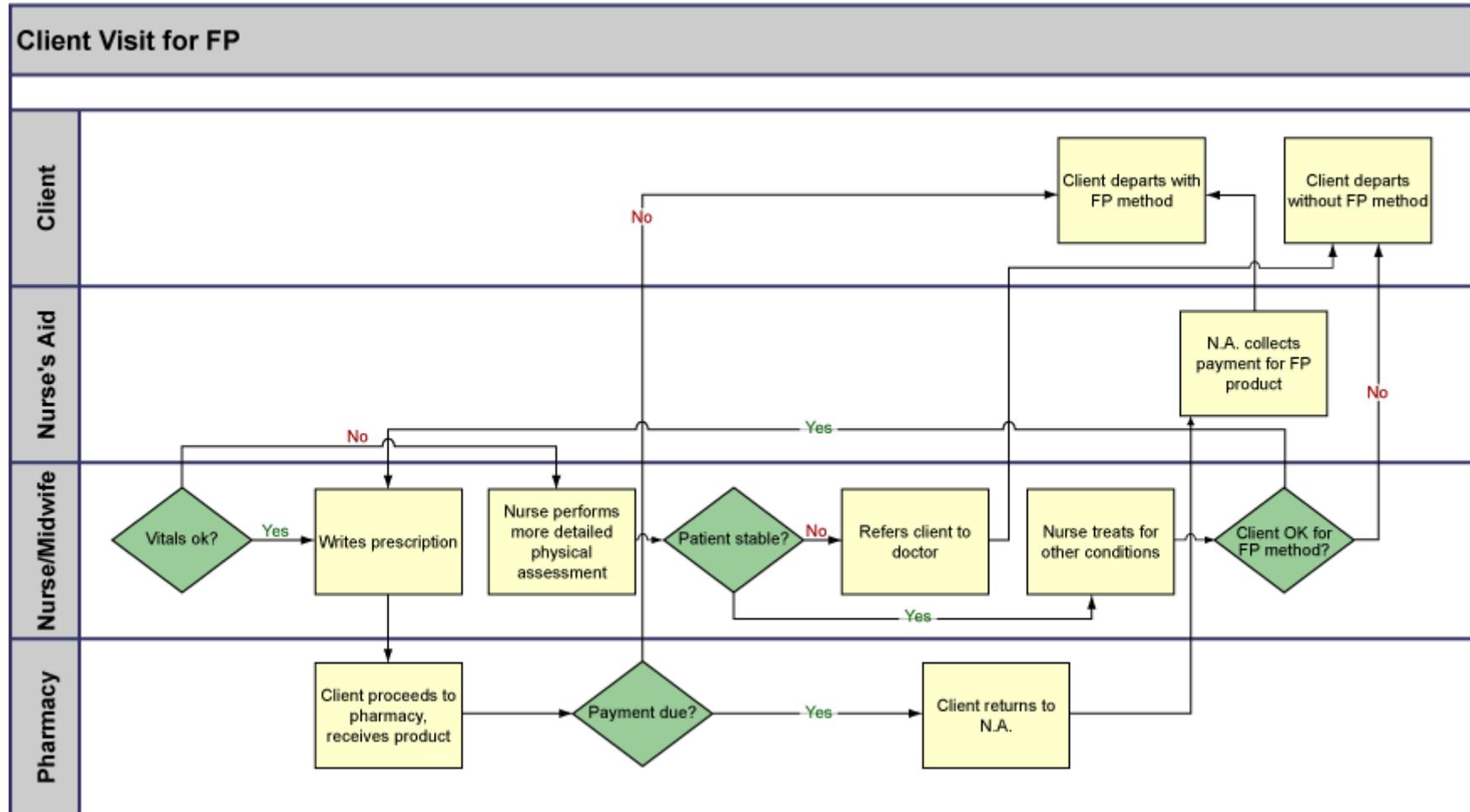
Cross-functional Process Map - District human resources recruitment example (continued)



### Appendix 11: Cross-functional Process Map – FP client visit example



### Cross-functional Process Map – FP client visit example (continued)



**Appendix 12: Cross-Functional Roles and Responsibilities Matrix –  
FP client visit example**

	<b>Nurse's Assistant</b>	<b>Midwife/Nurse</b>	<b>Pharmacy/Check Out</b>
<b>Client Greeted</b>	<ul style="list-style-type: none"> <li>• Greets client in friendly manner</li> </ul>		
<b>Client Checked In</b>	<ul style="list-style-type: none"> <li>• Checks medical card</li> <li>• If no card, prepares new one</li> <li>• Adds client to list for next available nurse</li> </ul>	<ul style="list-style-type: none"> <li>• Checks log for waiting clients</li> <li>• Reviews patient information</li> <li>• Calls client into room</li> </ul>	
<b>Client Diagnosed</b>		<ul style="list-style-type: none"> <li>• Asks client about last menstrual cycle</li> <li>• Takes vitals</li> <li>• Performs detailed physical assessment if needed</li> <li>• Treats client for conditions identified or refers to doctor</li> </ul>	
<b>Client Counseled</b>		<ul style="list-style-type: none"> <li>• Counsels clients on available methods</li> <li>• Answers client's questions</li> </ul>	
<b>Client Checks Out</b>	<ul style="list-style-type: none"> <li>• Collects any payment for contraceptive and services due</li> </ul>	<ul style="list-style-type: none"> <li>• Gives client prescription for oral contraceptives</li> </ul>	<ul style="list-style-type: none"> <li>• Receives prescription</li> <li>• Fills prescription</li> <li>• Logs outflow of drugs on inventory</li> </ul>

## Appendix 13: Job Model Guide

Job Model: Nurse's Assistant					
	Output/Behavior	Critical Dimension/s	Indicator	Standard	Monitoring
1	Greet all clients in a friendly way as they enter the door	Timeliness	<ul style="list-style-type: none"> <li>Greet clients within 2 minutes</li> <li>Greet clients with friendly voice, smile</li> </ul>	<ul style="list-style-type: none"> <li>100% of clients</li> </ul>	Client satisfaction
2	Check medical card for repeat clients	Accuracy	<ul style="list-style-type: none"> <li>Clients must have medical card</li> </ul>	<ul style="list-style-type: none"> <li>100% of clients</li> <li>All questions answered</li> </ul>	Only clients with cards receive treatment
3	Ask new clients to complete card	Accuracy	<ul style="list-style-type: none"> <li>Clients must have medical card</li> </ul>	<ul style="list-style-type: none"> <li>100% of clients</li> <li>All questions answered</li> </ul>	Only clients with cards receive treatment
4	Add clients to waiting list, notify nurse, log time	Timeliness	<ul style="list-style-type: none"> <li>Clients will be added to list upon completion of medical card</li> </ul>	<ul style="list-style-type: none"> <li>100% of clients</li> </ul>	
5	Monitor client wait times — for wait times that exceed standard, notify nurse and communicate with client	Timeliness	<ul style="list-style-type: none"> <li>Clients will wait no more than 20 minutes for nurse</li> </ul>	<ul style="list-style-type: none"> <li>100% of clients</li> </ul>	Log time and watch
6	Collects money due before client departs	Accuracy	<ul style="list-style-type: none"> <li>Accurate transaction for each client, providing change when needed</li> </ul>	<ul style="list-style-type: none"> <li>100% of clients that pay for services or supplies</li> </ul>	Check books and log at end of day

**Appendix 14: Performance Specification Form**

Desired Performance	Actual Performance	Performance Gaps/Strengths	Root Cause(s)	Interventions

### Appendix 15: Performance Specification Form - examples

Desired Performance	Actual Performance	Performance Gaps/ Strengths	Root Cause(s)	Interventions
<b>100% of designated regional support team members actually perform their role in training and supervision</b>	<p>21.4% of designated regional support team members actually perform their role in training and supervision</p> <p>Some Regional support team members did not have supervisory plans</p>	<b>Gap:</b> 78.6% of regional support team members are not performing their role in training and supervision	<ol style="list-style-type: none"> <li>Supervision was not part of team training for the Regional team</li> <li>No job description for Regional support team</li> <li>Lack of interest in Regional support team role</li> </ol>	<ol style="list-style-type: none"> <li>Train Regional support team members (both old and new) on supervision</li> <li>MOH/Regional health Directors should provide a job description for the Regional support team and disseminate it to all stakeholders</li> <li>Regional health Director to design and implement an incentive package to sustain interest of Regional support team members</li> </ol>
<b>70% of HIV positive pregnant women receive ARV prophylaxis</b>	8% of HIV positive pregnant women receive ARV prophylaxis	<b>Gap:</b> 62% of HIV positive pregnant women are <u>not</u> receiving ARV prophylaxis	<ol style="list-style-type: none"> <li>Low quality of counseling</li> <li>Written guidelines for ordering drugs not available in health center</li> </ol>	<ol style="list-style-type: none"> <li>On-site refresher training in counseling</li> <li>Mentoring/supportive supervision to reinforce counseling skills</li> <li>Non-monetary incentives</li> </ol> <ol style="list-style-type: none"> <li>Obtain, read, and implement written guidelines for when &amp; how to request drugs</li> </ol>
<b>All (100%) providers care for victims of GBV according to standards</b>	<p>38% of providers care for victims of GBV according to standards:</p> <p><u>Strengths:</u> Privacy (76%), Information on risk for HIV/AIDS (70.5%), Psychological support (58%)</p>	<b>Gap:</b> 62% of providers are not caring for victims of GBV according to standards	<ol style="list-style-type: none"> <li>Knowledge and skills: existing HIV/AIDS training manual does not contain information on preventing sexual violence, GBV management, laws related to GBV; supervision tools do not include GBV.</li> </ol>	<ol style="list-style-type: none"> <li>Update the training manual to include GBV and Gender equality</li> <li>Update the supervision tools to include GBV</li> <li>Train providers with the revised training manual</li> </ol>

Desired Performance	Actual Performance	Performance Gaps/ Strengths	Root Cause(s)	Interventions
	<u>Weaknesses:</u> Information on emergency contraception (5.7%)		<p>2. Organizational support and equipment: Insufficient equipment and supplies, no emergency contraceptives, no GBV protocols</p> <p>3. Supervisors not trained in GBV and gender equality;</p> <p>4. Annual appraisal does not include GBV management, gender equality, social change...</p>	<p>2a. Provide materials and supplies for GBV management (e.g., tracer drugs and diagnostics for STI/HIV...)</p> <p>2b. Disseminate national protocols for GBV management</p> <p>2c. Integrate GBV management in provider and supervisors' job description</p> <p>3. Train supervisors and providers on GBV and Gender equality</p> <p>4. Integrate GBV management into annual appraisal system</p>
<b><i>Increase from 25% to 80% of new ANC clients receiving HIV testing and counseling</i></b>	Increase from 25% to 70% of new ANC clients receiving HTC	<b>Relative Strength:</b> Although the goal of 80% was not reached, there was a 45% increase in the % of new ANC clients receiving HTC	<p>1. Providers' recent training in HTC and supervisor support</p> <p>2. Adequate supply of HTC tools and test kits</p> <p>3. Clients' increased acceptance due to community education, resulting family support, and improved provider counseling</p>	<p>1a. Maintain supervisor support for providers</p> <p>1b. Consider rewards/recognition for providers' improved skills in HTC</p> <p>2. Ensure adequate supply of tools and test kits through supply chain</p> <p>3. Reinforce community education messages during facility-based education and counseling activities</p>

## **Appendix 16: Tips for a Meeting on Selecting and Designing Interventions**

- Have a goals and agenda for the meeting
- Make sure key stakeholders are present
- Present the performance data
  - Show the Performance Specification Forms (see Appendix 14) that need to be filled out
  - Review the list of gaps and strengths, prioritized in importance and likelihood of closure
- Conduct a gap-by-gap analysis
  - Brainstorm for possible interventions
  - Analyze interventions on the list
  - Select best interventions to close the gaps or to expand the strengths using agreed-upon selection criteria
- Design each selected intervention using the Intervention Design Plan Format (see Appendix 17) in small groups depending on the number of meeting participants
  - For each intervention, describe activities/steps, indicators, responsible and timeline
- Ask small groups to share their work and discuss
- Assure a participant from each group records the performance specification form and the intervention design plan format, in order to develop an implementation action plan
- Summarize conversation and agree on next steps by completing the detailed Implementation Action Plan (see Appendix 18)

**Appendix 17: Intervention Design Plan Format**

<b>Gap/Strength</b>	<b>Root Cause</b>	<b>Intervention</b>	<b>Activities/Steps</b>	<b>Indicators</b>	<b>Responsible</b>	<b>Due date</b>

**Appendix 18: Implementation Action Plan Format**

Activity	Who does it?	Resources needed	Date needed	Result and how to measure

## **Appendix 19: Suggested Questions to Address during Monitoring and Evaluation**

**INPUTS:** resources used in a program/intervention, such as money, staff and materials

- Were appropriate OPQ interventions designed?
- Were human and financial resources adequate to design and implement the interventions?
- Were inputs (faculty/trainers, materials) ready at the times specified in the implementation plan?

**PROCESSES:** program activities that accomplish its objectives

- Were the scheduled activities carried out as planned?
- How well were they carried out? With what level of quality? Have costs been contained?
- Were all other support factors made available when needed?

**OUTPUTS:** direct products or deliverables of the program/intervention, such as training sessions completed, people reached, materials distributed

- Were the training or production targets met?
- Were employees found competent after training and at work site?
- Are customers/clients receiving the expected service?

**EFFECTS:** results that occur immediately and sometime after the activities are completed, such as changes in knowledge, skills, behaviors, environment

- To what extent have indicators showing a difference between actual and desired performance changed as a result of interventions?
- To what extent has employees' performance changed?
- To what extent are employees applying their knowledge and skills for problem solving and for improving service provision?
- To what extent are the systems put in place functioning as expected?

**IMPACT:** long-term results of one or more programs over time, such as changes in prevalence or morbidity

- To what extent have desired strategic results been met?
- To what extent are customers/clients satisfied with improved performance?
- Are there changes in health indicators?
- How sustainable is the OPQ process?

**Appendix 20: Monitoring and Evaluation Plan Format**

Desired Performance	Indicator	Data source	Method/Instrument	Timing
Intervention:				
Intervention:				
Intervention:				
Intervention:				
Intervention:				

### Appendix 21: Sample Monitoring and Evaluation Plan

Desired Performance	Indicator	Data source	Method/instrument	Timing
<p><b>Interventions:</b> On-site refresher training in counseling for PMTCT staff</p> <p>Continuous mentoring/supportive supervision to reinforce refreshed counseling skills</p> <p>Create non-monetary incentives system</p> <p>Obtain, read, and implement written pharmaceutical logistics system guidelines</p>				
70% of HIV positive pregnant women receive ARV prophylaxis	#/% of HIV positive pregnant women receiving ARV prophylaxis	Clinic register review	Statistics form	At baseline & quarterly after interventions
	#/% of HIV positive pregnant women who did not return to health center after testing	Clinic register review	Statistics form	At baseline & quarterly after interventions

