

LDP

MODULAR LEADERSHIP DEVELOPMENT PROGRAM
FOR PHYSICAL REHABILITATION CENTERS

Board Alignment Meeting BAM

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**LEADERSHIP, MANAGEMENT
& GOVERNANCE PROJECT**



Inspired Leadership. Sound Management. Transparent Governance.

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ICRC-LDP MODULE 4

Focusing & Root Cause Analysis

PURPOSE

Understand focusing as a leadership practice and conduct a root cause analysis of the team challenge.

MODULE OBJECTIVE

- To explain focusing
- To select the team measurable result and obstacles to achieving it
- To apply a root cause analysis

LEARNING OBJECTIVES

At the end of the Module, participants will be able to:

- Explain what focusing means and what tools can be used to help focus the team
- Explain the difference between sphere of control and sphere of influence
- Identify a desired measurable result that is under the team's control to address
- Identify gender and disability-related obstacles to receiving rehabilitation services
- Identify the obstacles and their root causes that prevent us from getting the desired result

MODULE CONTENT AND SCHEDULE

Full module duration: 4 hours

ACTIVITY		TIME
A.	Welcome, homework review, and module overview	15 minutes
B.	Recognizing Your Sphere of Influence	30 minutes
C.	What Is Focusing?	15 minutes
Break		15 minutes
D.	Identifying the Main Obstacles to Achieving the Desired Result	90 minutes
E.	Diagnosing Root Causes—The Five Whys Technique	60 minutes
F.	Homework and closing	15 minutes

PREPARATIONS

- Read and practice the *Manager's Guide* notes for this session.
- Prepare the required flipcharts and make copies of all handouts, including accessible format copies for participants with disabilities (e.g. large print, Braille, or providing all handouts on a USB for participants to access on computers during the session).
- Work through the five whys technique to make sure you master the process.

MATERIALS

- Flipcharts—easel and paper
- Tape
- Colored markers

PREPARED FLIPCHARTS

- Module 4 objectives and schedule
- Assignments from Module 3
- Three concentric circles of increasing diameter drawn around each other
- The serenity prayer: ***“Give us grace to accept with serenity the things that cannot be changed, the courage to change the things that should be changed, and the wisdom to distinguish the one from the other.”***
- Drawing of a tree with its roots showing.
- Explanation of root cause analysis:
 - Root cause analysis involves problem-solving methods that go beneath symptoms to find the basic causes of problems.***
 - We use root cause analysis because problems are best solved by trying to correct or remove underlying causes, as opposed to merely dealing with obvious symptoms.***
- Example table including **obstacle**, **root cause** and **priority actions**

HANDOUTS

- *Practices for High Performing Physical Rehabilitation Centers* (p. 4-16)
- *Categories of Obstacles* (p. 4-17)
- *Gender Equity Analysis Tool* (p. 4-18)
- *Disability Access Analysis Tool* (p. 4-19)
- *The Five Whys Technique* (p. 4-21)

HOMEWORK

Collect data to support the root cause analysis

Activity A.

Review the Learning and Homework from Module 3 and the Objectives for Module 4

This exercise reviews what participants learned during the last module and explains the objectives of the present module.

Duration

15 minutes

Materials

- Prepared flipchart: Module 4 objectives and schedule
- Flipchart: Assignments from Module 3

Process

Step 1. Review of Module 3 content (5 minutes)

In the large group:

SAY: *We are about to start ICRC-LDP Module 4. Before starting, let's review Module 3.*

ASK: *What did we learn in Module 3?*

ASK: *Does anyone have any questions at this point in the process?*

STEP 2. Overview and agenda for Module 4 (5 minutes)

👉 **Show** the flipchart with Module 4 objectives and schedule. Review the workshop's objectives and schedule, reading it aloud.

STEP 3. Report back on homework assignments (5 minutes)

👉 **Show** the flipchart with assignments from Module 3.

In plenary, ask each team to present the baseline and target for their measurable result and indicator.

👉 **Take notes** and save the flipchart to be used in the following activity.

Activity B. Recognizing your Sphere of Influence

This exercise helps people think about what is under their control to change and what is not, given their role or position in their organizations. This clarifies what measurable results they will focus on in their ICRC-LDP Improvement Team.

Duration

30 minutes

Materials

- ❑ Flipchart with three concentric circles of increasing diameter drawn around each other
- ❑ Flipchart with the serenity prayer written on it: *“Give us grace to accept with serenity the things that cannot be changed, courage to change the things which should be changed, and the wisdom to distinguish the one from the other.”* Keep this flipchart page covered until the end of the exercise.

Process

STEP 1. Define circles of control and influence (10 minutes)

👉 **Show** the three circles and 👉 **write:**

- ❑ “Control” inside the innermost circle;
- ❑ “Influence” in the middle circle;
- ❑ “No control and little/no influence” in the outer circle.

Be sure to describe aloud the Venn diagram and what you are writing.

ASK

What examples do you suggest for each circle?

Discuss the distinctions among the three circles. Let participants propose examples and complete, if needed.

- ❑ Inner circle: our words and our actions
- ❑ Middle circle: our neighborhood, our work environment, friends, colleagues, family (we can influence them but we cannot control them!).
- ❑ Outer circle: natural phenomena such as earthquakes or weather, politics and policies that fall far outside our own reach, and behavior of people with whom we have no contact.

ASK:

Which of these circles do you worry about most?

This is usually the outer circle, where we cannot do much.

ASK:

In which circle are you most likely to have an impact?

What happened when you focus on the circle of control?

What happens when you have an impact there?

What happens when you focus on the circle of influence without starting with your circle of control?

What happens when you focus on the outer circle?

Listen to the comments and add your own explanation:

SAY:

When we start with what we can control, we can produce results and convince others to follow. After doing that, it is easier to have influence.

On the contrary, if we want to influence others without being actively engaged ourselves, we won't be able to convince them.

And if we focus on the outer circle, there is very little chance of making a change and a greater chance of getting discouraged.

STEP 2. Discuss practices that help to influence (5 minutes)

Ask the participants to form pairs and reflect on and discuss what practices they need to use to effectively influence others.

What activities do they have the most influence over as a team?

STEP 3. Present practices that support influencing (10 minutes)

With the whole group, request that pairs present their reflections on influencing practices.

STEP 4. Wrap up (5 minutes)

 **Reveal and read** (or have someone read) the serenity prayer:

Emphasize that leadership is about focusing on things we can influence rather than complaining about things we can do little about.

Activity C. What is Focusing?

This exercise explores the importance of focusing within an organization.

Duration

15 minutes

Materials

- ❑ Blank Flipchart
- ❑ Flipchart with measurable results and indicators from homework presentation
- ❑ Handout: *Practices for High Performing Physical Rehabilitation Centers* (p. 4-16)

Process

STEP 1. The leadership practice of focusing (5 minutes)

ASK:

What does focusing mean?

Why is it important for leaders to focus?

What happens when a group or organization does not have a clear focus?



Write answers on a flipchart, reading aloud as you write.



Distribute *Practices for High Performing Physical Rehabilitation Centers* and review the definition of focusing.

SAY:

Focusing means:

—To determine key priorities for action.

—To create a common picture of desired results.

SAY:

The outcome of good focusing is:

—The organization's work is directed by well-defined priorities.

SAY:

For teams to focus, we need to know the focus of our larger institution.


ASK:

What focusing tools did we use in the last module to know what our organization priorities are? (For example: mission, vision, and strategic priorities)

Let participants talk and complement the discussion, if needed

STEP 2. Team Focus (10 minutes)

SAY: *In the last module, we proposed measurable results and indicators aligned with the organization priorities that would focus our teams' work.*

 **Show** the flipchart with the indicators and targets you wrote when the teams were reporting back on their assignments.

 **Read** aloud the flipchart as a review.

SAY: *All of the measurable results and indicators you worked with are important. In order to focus our work, we need to select one result to start with. After we have addressed it we can focus on another one. This way, we can be in a process of continuous improvement.*

SAY: *But we also need to analyze whether the results are under our area of control. As we said in the previous session, it is better to start from what we have control of and demonstrate results. If we do this, we will have more possibilities for going further.*

ASK: *What of these measurable results/indicators are more aligned with our organization strategic priorities?*

Which of these results/indicators is more urgent to address?

Which of these results/indicators is more under our control to achieve?

What stands out for you?

Facilitate the discussion until the group comes to a consensus on one measurable result/indicator to start working with.

SAY: *Over the following weeks, we will work together to utilize the challenge model and the leading and managing practices to achieve this result. We will be learning the methodology and we will continue using it to address other challenges we will be facing in our day-to-day work.*

Activity D. Obstacles to Reaching the Result

This exercise helps participants to identify the work needed to achieve the desired measurable result.

Duration

90 minutes

Materials

- ❑ Prepared flipchart with the measurable result you selected from Activity 3
- ❑ Prepared flipchart, each with one of the four categories of obstacles as its heading: policies and procedures; providers; equipment, infrastructure, and supplies; patient, clients, community
- ❑ Tape to stick papers to the wall
- ❑ Handouts: *Categories of Obstacles* (p. 4-17), *Gender Equity Analysis Tool* (p. 4-18), *Disability Access Analysis Tool* (p. 4-19)

Process

STEP 1. Identify obstacles to reaching the result (30 minutes)

Refer to the prepared flipchart with the desired measurable result you selected in Activity 3. Explain to the group where you got it.

ASK: *Why aren't we already there?*

What is blocking the way to this result—what are the obstacles?

👉 **Distribute** handout *Categories of Obstacles*. Ensure that participants with disabilities have copies that are accessible to them.

SAY: *There are several broad categories into which your team's obstacles may fall. Some of the most common are:*

- policies and procedures
- providers
- equipment, infrastructure, and supplies
- patients, clients, individuals, or communities

ASK: *What are examples of these categories as they apply to the delivery and use of physical rehabilitation services?*


Post the 4 blank flipchart sheets with these categories as headings. Write examples on appropriate flipcharts as participants suggest them.

STEP 2. Identify gender and disability obstacles to reaching the result (30 minutes)

SAY: *There are two other very important categories: disability and gender. There are many examples of disability and gender issues that could affect the provision and use of health services. In this module we will talk about both categories in the context of service provision. In Module 7 we will talk about how gender and disability influence the way we approach leadership.*

SAY: *What is gender? What is sex?*

Allow some answers and then:

 **Distribute** the handouts *Gender Equity Analysis Tool* and *Disability Access Analysis Tool* and read them together. Ensure that participants with disabilities have copies that are accessible to them.

SAY: *We can think about gender equity and disability access along three different topics:*

—*Opportunity: How does the health system promote gender and disability equity in management and leadership roles?*

—*Access: How do clients access services in a way that makes it easy for women and men to receive services?*

—*Involvement: How do women and men in the community participate in decisions about health services?*

SAY: *Now in pairs, begin filling out this worksheet to understand some gender- and disability-related obstacles that may block women or men from accessing or using services.*

STEP 3. Brainstorm the main obstacles to achieving desired measurable results (15 minutes)

SAY: *We will identify the main obstacles to achieving our measurable result that we will face.*

Consider obstacles in each of the categories we just discussed: policies and procedures; providers; equipment, infrastructure, and supplies; patients, clients, individuals, or communities; and gender. Add any other obstacles that don't fit into these categories.

ASK: *What are the main obstacles our team faces in achieving our desired measurable result?*

In plenary, ask participants to propose obstacles they identified. Go around the room, asking for one item at a time.

 **Write** all obstacles on a flipchart. Read aloud while you write.

STEP 4. Identify the most critical obstacles (15 minutes)

SAY: *You have identified many obstacles, but it is more useful to focus and concentrate on the few that cause most of the difficulties in achieving your desired result.*


For example, there can be many reasons why persons with disabilities don't access our services, but you may have observed that the main reason is because, due to their disability, they can't come to our center.

In this instance, it would be good to analyze the causes of that specific obstacle—not coming to our rehabilitation center—rather than the causes of many obstacles.

SAY: *Look over the obstacles you identified and tell me which ones you think are the most critical to our measurable result.*

Think of the spheres of influence from the first activity. Propose obstacles that are in our control, not outside it.

In plenary, select the 3 to 5 most critical obstacles to achieving your team's desired measurable result. Check to be sure you all agree on your choice.

 **Write** each obstacle on a separate piece of flipchart paper to be used in the following activity. Write five Whys, one under the other—Why? Why? Why? Why? Why?

Activity E. Diagnosing Root Causes—The Five Whys Technique

This exercise helps participants to tell the difference between presenting symptoms and root causes, and then to diagnose root causes.

Duration

60 minutes

Materials

- ❑ Prepared flipchart: picture of a tree with its roots showing.
- ❑ Prepared flipchart describing root cause analysis:
 - Root cause analysis involves problem-solving methods that go to the source of symptoms to find the basic causes of problems.*
 - We use root cause analysis because problems are best solved by trying to correct or remove underlying causes, as opposed to merely dealing with obvious symptoms.*
- ❑ Prepared flipchart with example table including obstacle, root cause, and priority actions as shown in Step 2 of this section (p. 4-13)
- ❑ Handout: *The Five Whys Technique* (p. 4-21)
- ❑ Blank flipcharts

Process

STEP 1. Introduce Five Whys Technique for root cause analysis (20 minutes)

👉 **Show the flipchart** with the picture of a tree with its roots showing. Describe the illustration to the group.

ASK: *What does this have to do with focusing?*

Take responses until someone mentions root cause analysis.

ASK: *Does anyone know what root cause analysis is?*

Take responses and encourage (“very good,” “that makes sense,” and so on) explanations of root cause that are correct or nearly so.

👉 **Show the flipchart** with the explanation of root cause analysis:

SAY: *Root cause analysis involves problem-solving methods that go beneath symptoms to find the basic causes of problems.*

We use root cause analysis because problems are best solved by trying to correct or remove underlying causes, as opposed to merely dealing with obvious symptoms.

SAY: *We will learn some structured ways to diagnose the organization's problems, similar to the ways we learn to diagnose clinical problems.*

One way is to keep asking "Why?" in order to get beneath the symptoms and learn what causes them.

 **Write** on a separate flipchart—one under the other—
Why? Why? Why? Why? Why? Read aloud as you write.

Give an example of how these "Whys" are applied to the obstacles listed under the four categories.

ASK: *Why is this happening?*

Repeat the question after each response to illustrate the technique.

SAY: *Although we call this technique "The Five Whys," you may not always ask "Why?" exactly five times. Sometimes only three "Whys" are enough, and sometimes you need to ask "Why" more than five times to get to the real root cause.*

When to stop asking "Why?" depends on the answers. It is important to stop at a "Why?" that is within your sphere of influence, not one that is outside of your influence.


STEP 2. Identifying the root causes of the team obstacles (40 minutes)

Put flipcharts on the wall, each with one obstacle. Read the obstacles aloud.

SAY: *In our previous activity we have identified the main obstacles to achieving our desired measurable result.*

To develop our Action Plan, we have to take a closer look at the root causes of these obstacles.

The better our analysis, the better our Action Plan.

 **Distribute** copies of *The Five Whys Technique*. Ensure that participants with disabilities have copies that are accessible to them.

SAY: *For each of the obstacles we listed, we will ask about five "Why?" questions. (Remember that you may need more or less than five.) We will stop when we come to the cause that is actionable—the one that we feel we can do something about. These are the root causes that we will focus on in our Action Plan.*


SAY: *If the question is “Why are people with disabilities not coming to the rehabilitation center?” it may be the case that poverty or lack of education is at the root.*

But it would be better to stop at a more workable root cause, such as “Because they don’t understand how they will benefit from the services we offer.” Continuing to ask “Why?” would not yield information you can act on.

Start with the first obstacle, asking the group, “Why is this happening?” Answer the question on the flipchart, below the first Why. Ask, “Why is this happening?” again and answer the question on the flipchart. Repeat it five times or until the answer is not under the group’s control to address.

Continue the same exercise with the 3 to 5 obstacles you have identified.

 **Fill out** the table with the root causes. When you come to the end of your “Why” questions for each obstacle.

 **Fill out** the root cause for that obstacle on the table on the prepared flipchart (see example below) using the last root cause. Leave space for priority actions to address it.

OBSTACLE	ROOT CAUSE	PRIORITY ACTIONS
People with disabilities do not come for rehabilitation services.	Nobody has made persons with disabilities in this community aware of the benefits of rehabilitation services.	

Make sure participants do not produce a long list of vague descriptions, such as “a lack of human resources.” If you see this tendency, help the team analyze more deeply by asking, “Why is that?”

F. Homework

Collect Data to Sustain the Root Cause Analysis

SAY: *We already analyzed the root cause of the challenge we have. We did it based on our own experience, which is a good start. But the big question is HOW DO WE KNOW?*

For instance: *We said people with disabilities don't come to the rehabilitation center because they don't know about the benefits of rehabilitation services. HOW do we know it is the main cause?*

In order to have accurate data, we need to scan and look for proof that we are correct. How can we do that?

SAY: *In Module 2 we talk about the practice of scanning and using different tools such as focus groups, exit questionnaires, or investigating in your center's data to determine the baseline of the indicators.*

ASK: *Now what kind of information can support each of our root causes? How can we get that information?*

For instance: *If people with disabilities are not coming to the rehabilitation center, how can we know why?*

Listen to their suggestions and help the group focus on something realistic, like conducting interviews or holding focus groups at the community level. Continue with the same question for each root cause.

Organize the group into subgroups, as many subgroups as there are root causes identified. Assign each subgroup one root cause to scan for reliable data to sustain the analysis made by the group.

Each pair needs to organize themselves to collect the data regarding their root cause and bring this information to the next module.

Handouts—Module 4

Focusing and Root Cause Analysis

- 1. Practices for High Performing Physical Rehabilitation Center (p. 4-16)**
- 2. Categories of Obstacles (p. 4-17)**
- 3. Gender Equity Analysis Tool (p. 4-18)**
- 4. Disability Analysis Tool (p. 4-19)**
- 5. The Five Whys Technique (p. 4-21)**

PRACTICES FOR HIGH PERFORMING PHYSICAL REHABILITATION CENTERS

LEADING

SCAN

- Identify client and stakeholder needs and priorities
- Recognize trends, opportunities, and risks that affect the organization
- Look for best practices
- Identify staff capacities and constraints
- Know yourself, your staff, and your organization—values, strengths, and weaknesses

ORGANIZATIONAL OUTCOME

Managers have up-to-date, valid knowledge of their clients, and the organization and its context; they know how their behavior affects others.

FOCUS

- Articulate the organization's mission and strategy
- Identify critical challenges
- Link goals with the overall organizational strategy
- Determine key priorities for action
- Create a common picture of desired results

ORGANIZATIONAL OUTCOME

The organization's work is directed by a well-defined mission and strategy, and priorities are clear.

ALIGN & MOBILIZE

- Ensure congruence of values, mission, strategy, structure, systems, and daily actions
- Facilitate teamwork
- Unite key stakeholders around an inspiring vision
- Link goals with rewards and recognition
- Enlist stakeholders to commit resources

ORGANIZATIONAL OUTCOME

Internal and external stakeholders understand and support the organization's goals and have mobilized resources to reach these goals.

INSPIRE

- Match deeds to words
- Demonstrate honesty in interactions
- Show trust and confidence in staff, acknowledge the contributions of others
- Provide staff with challenges, feedback, and support
- Be a model of creativity, innovation, and learning

ORGANIZATIONAL OUTCOME

The organization's climate is one of continuous learning, and staff show commitment, even when setbacks occur.

MANAGING

PLAN

- Set short-term organizational goals and performance objectives
- Develop multi-year and annual plans
- Allocate adequate resources (money, people, and materials)
- Anticipate and reduce risks

ORGANIZATIONAL OUTCOME

The organization has defined results, assigned resources, and developed an operational plan.

ORGANIZE

- Develop a structure that provides accountability and delineates authority
- Ensure that systems for human resource management, finance, logistics, quality assurance, operations, information, and marketing effectively support the plan
- Strengthen work processes to implement the plan
- Align staff capacities with planned activities

ORGANIZATIONAL OUTCOME

The organization's work is directed by a well-defined mission and strategy, and priorities are clear.

IMPLEMENT

- Integrate systems and coordinate work flow
- Balance competing demands
- Routinely use data for decision-making
- Co-ordinate activities with other programs and sectors
- Adjust plans and resources as circumstances change

ORGANIZATIONAL OUTCOME

Activities are carried out efficiently, effectively, and responsively.

MONITOR & EVALUATE

- Monitor and reflect on progress against plans
- Provide feedback
- Identify needed changes
- Improve work processes, procedures, and tools

ORGANIZATIONAL OUTCOME

The organization continuously updates information about the status of achievements and results, and applies ongoing learning and knowledge.

GOVERNING

CULTIVATE ACCOUNTABILITY

- Sustain a culture of integrity and openness that serves the public interest
- Establish, practice and enforce codes of conduct upholding ethical and moral integrity
- Embed accountability into the institution
- Make all reports on finances activities, plans, and outcomes available to the public and the stakeholders
- Establish a formal consultation mechanism through which people may voice concerns and provide feedback

ORGANIZATIONAL OUTCOME

Those who govern are accountable to those who are governed. The decision making is open and transparent. The decisions serve public interest.

ENGAGE STAKEHOLDERS

- Identify and invite participation from all parties affected by the governing process
- Empower marginalized voices, including women, by giving them a voice in formal decision-making structures and processes
- Create and maintain a safe space for the sharing of ideas
- Provide an independent conflict resolution mechanism
- Elicit and respond to all forms of feedback in a timely manner
- Establish alliances for joint action at whole-of-government and whole-of-society levels

ORGANIZATIONAL OUTCOME

The jurisdiction/sector/organization has an inclusive and collaborative process for making decisions to achieve the shared goals.

SET SHARED DIRECTION

- Prepare, document and implement a shared action plan to achieve the mission and vision of the organization
- Set up accountability mechanisms for achieving the mission and vision using measurable indicators
- Advocate on behalf of stakeholders' needs and concerns
- Oversee the realization of the shared goals and the desired outcomes

ORGANIZATIONAL OUTCOME

The jurisdiction/sector/organization has a shared action plan capable of achieving objectives and outcomes jointly defined by those who govern and those who are governed.

STEWARD RESOURCES

- Ethically and efficiently raise and deploy the resources to accomplish the mission and the vision and to serve stakeholders and beneficiaries
- Collect, analyze, and use information and evidence for making decisions
- Align resources in the health system and its design with the shared goals
- Build capacity to use resources in a way that maximizes the health and well-being of the public
- Inform and allow the public opportunities to monitor the raising, allocation and use of resources, and realization of the outcomes

ORGANIZATIONAL OUTCOME

The institution has adequate resources for achieving the shared goals, and the resources are raised and used ethically and efficiently to achieve the desired objectives and outcomes.

CATEGORIES OF OBSTACLES

As you consider the obstacles that are in the way of achieving your result, consider these common categories of obstacles. Please note that gender and disability are also cross-cutting issues that need to be taken into account in conducting this analysis. There are many examples of gender and/or disability issues that could affect the provision and use of health services in all categories. For example, policies can restrict women's access to health services (e.g., women often need "permission" to use family planning services or methods) or provider attitudes can be biased and therefore limit women's use of services in general.

1	Policies and procedures They can be norms, standards, guidelines, etc
2	Providers The obstacle can be related to the number of service providers, their knowledge, their attitudes, their skills, etc.
3	Equipment, infrastructure, and supplies The obstacle can be related to the quality and quantity of equipment, if it is usable and available, the layout of the clinic, the stocks of basic medicines and supplies, etc.
4	Patients, clients, individuals, or communities The obstacle can be related to client knowledge, skills, and attitudes; community awareness about the services, etc..

GENDER EQUITY ANALYSIS TOOL

Sex: *the biological differences between females and males*

Gender: *the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women.*

Gender equity: *fairness in opportunities, access, and involvement in decision-making.*

OPPORTUNITY: How does the physical rehabilitation system promote or inhibit gender equity in management and leadership roles?

ACCESS: How do clients access services in a way that makes it easy or difficult for women and men to receive services?

INVOLVEMENT: How do women and men in the community participate in decisions about physical rehabilitation services?

DISABILITY ACCESS TOOL

What is Disability?

The Convention on the Rights of Persons with Disabilities (CRPD) notes that “[p]ersons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” The omission of a specific definition was intentional and allows for an expansive understanding of what constitutes disability.

Barriers to Accessibility for Persons with Disabilities:

There are various types of barriers to accessibility for persons with disabilities, including:

- **Physical:** Physical barriers prevent access for persons with disabilities to the physical environment, such as buildings, roads, transportation, and other indoor and outdoor facilities, such as schools, housing, medical facilities, sporting venues, and workplaces. They are some of the first barriers that people think of when considering access for persons with disabilities as they are often the most obvious. Other physical barriers may be less obvious, however. For example, people may not be aware of the need for tactile or high color-contrast surfaces to assist persons with visual impairments as they navigate streets and buildings.
- **Informational:** Both the form and content of information can constitute barriers to access for persons with disabilities. For example, television programs that do not include captioning, subtitles, or in-set sign language interpretation are inaccessible to persons who are deaf. Similarly, television programming may also be inaccessible to persons who are blind unless audio-description is available. In addition to form, the content of information is also of critical importance. For example, information that is not provided in plain language may not be accessible to persons with intellectual disabilities.
- **Institutional:** Institutional barriers include legislation, practices, or processes that actively prohibit or fail to facilitate access for persons with disabilities. For example, in some countries persons with psychosocial or intellectual disabilities are expressly prohibited by law from voting. In other countries, persons with disabilities may not be able to vote because of the absence of legislation or practice that ensures that they can both gain physical access to polling venues or voting booths and have access to the ballot and other voting information once they are there. In the educational context, children with certain disabilities may be expressly prohibited by law from attending “general” schools and instead may be required to attend “special” schools for children with that type of disability.
- **Attitudinal:** Perhaps the most pervasive barriers that persons with disabilities encounter are the negative attitudes and lack of understanding about disability issues of people in society. In some countries persons with disabilities are the most stigmatized and marginalized group in society, while in other countries the rights of persons with disabilities are not considered a high priority. In many cases, barriers are created or maintained simply because people are unaware of their existence and the detrimental effect they have on the lives of persons with disabilities. For example, a restaurant owner may mistakenly believe that their restaurant is accessible to wheelchair users because there are “only a couple of steps” at the entrance and fail to appreciate the need for people to be able to enter and exit safely and independently.

The information provided about barriers in this section is drawn from *Human Rights. Yes! Action and advocacy on the rights of persons with disabilities* (2d ed., 2012).

DISABILITY ACCESS TOOL (PG 2)

OPPORTUNITY: How does the rehabilitation system promote disability access and inclusion in management and leadership roles?

ACCESS: How do clients access services in a way that is accessible to persons with all types of disabilities to receive high quality services?

INVOLVEMENT: How do persons with different types of disabilities in the community participate in decisions about rehabilitation services?

THE FIVE WHYS TECHNIQUE

Purpose

The Five Whys exercise, developed by Imai Masaaki, is a questioning technique for getting beyond obvious symptoms and identifying the primary, or root, causes of a problem. Asking “why” five times prevents mistaking symptoms for causes, so that you can work on addressing the underlying factors that are causing the problem rather than working on the wrong causal factor.

Process

When you are working with a cause-and-effect diagram and have identified a probable cause, ask, “Why is that true?” or “Why is that happening?” To each answer, ask “why” again. Continue asking “why” at least five times, until the answer is “That is just the way it is,” or “That is just what happened.” The questioning will help you to arrive at a deeper understanding of the causes keeping the current situation as it is.

Be sure that you are asking about things that are in your sphere of influence to affect. If you find yourself talking about conditions such as “the economy” or the “level of literacy,” begin again and go down the chain of “whys” so that you are sure that you are discussing something you can affect.

To practice this method, take a current situation that you would like to change.

For example, the cold chain frequently breaks down, interrupting vaccination campaigns:

- *Why is the current situation like this? Response: Because there is **no backup** during power outages.*
- *Why is this so? Response: Because there was **no money** in the budget for a backup arrangement.*
- *Why is this so? Response: Because **no one thought about it** when the budget was made.*
- *Why is this so? Response: Because the budget was **made by an accountant who does not know the importance** of an uninterrupted cold chain.*
- *Why is this so? Response: Because **technical experts do not get involved** in budgeting.*

At this point you might see that what is missing is more involvement of technical experts in setting budgets.

Note:

It is possible that asking “why” three times is sufficient. You may stop when you reach a point when you respond, “That is how things are, that is life...” or when you are no longer able to find a useful response.



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