

Handouts—Module 4

Focusing and Root Cause Analysis

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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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