

First Learning Sessions in NYABIHU, NGOMA and RUTSIRO districts

FINAL REPORT

September 2012

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List of acronyms

CC: Cell Coordinators.

CCM: Community Case Management

CHD: Community Health Desk

CHWs: Community Health Workers

DH: District hospital

HC: Health Centre

IP: Implementation partner

IRC: International Rescue Committee

JSI: John Snow Research & Training Institute

MDJ: Monthly Documentation Journal

M&E: Monitoring & Evaluation

MOH: Ministry of Health

PTF: Pharmacy Task Force

QIC: Quality Improvement Collaboratives

QIT: Quality Improvement Team

QC: Quality Collaborative

SC4CCM: Supply Chain for Community Case Management

STTA: Short Term Technical Assistance

1. Background

In order to improve the resupply procedures at community level for community case management (CCM), quality improvement teams (QIT) have been put in place in three districts to implement a Quality Collaborative (QC) intervention.

These QITs have been formed at Health centre (HC) level and involved members from health centre and community levels. Therefore, QIT members have been trained to get knowledge, practical skills on the QC process and tools (core implementation package) to practice the resupply procedures of drugs and commodities for CCM.

After being trained, QIT went to identify their problems related to resupply of health commodities at community level using the supervision checklist developed for this intervention.
Based on the QC intervention design, each QIT had to meet every month at the HC level to compute for resupply problems that exist at Community Health Care workers' (CHW) level.

These operations were performed using the tally sheet and bar chart at first level by the CHWs who in their turn brought them at the monthly QIT meeting to be summarized by the QIT leader in collaboration with the data manager. The monthly QIT meeting was attended by the cell coordinators (CCs), the HC pharmacy manager and data manager including the CHW supervisor who is the QIT leader.

QIT meetings were supported by district and SC4CCM project coaches, which provided an opportunity to identify problems related to meeting processes, use of the QC tools and the QC process in general. Most support obtained from the district coaches were provided by the district CHW supervisor, the district pharmacy director and local partners like IRC in Ngoma district.
During the QC launching workshop, it was introduced to participants the concept of learning sessions (LS) which will take place each 3 month to share their best practices documented over the last three months of implementation. It is in this regard that the first LS was planned and conducted in all the QC implementing districts after developing all necessary facilitating documents and revising existing tools based on the feedbacks we received from QITs.

This report is developed to provide details on best practices learnt during the first LS and recommendations for improving the next LS (second one).

2. Learning session objectives

The objectives of the first LS across the three districts were the same and the following:

- To provide QIT Meetings guidelines
- To review the quality Improvement process and update QIT members on revised QC tools
    - The QIT action plan template
    - The monthly documentation journal
    - The QIT toolbox
- To review the quarter 1 activities of participating QITs
- To develop action plans for the upcoming quarter

3. Expected outcomes of the Learning session

At the end of the first LS, we expected that participants should be able to do the following:

1. Identify techniques to conduct effective QIT meetings at the HC
2. Understand their roles and responsibilities in undertaking an effective QIT meeting and understand the revised tools for QIT operations
3. Review progress over the previous quarter in resolving challenges in applying resupply procedures
4. Complete an action plan for the next quarter's activities based on the new template

4. Preparing for the learning session

A couple of activities were conducted prior to the first LS to ensure availability of relevant documents through elaboration of new and revision of existing documents. Printing and purchasing of other training materials were part of the checklist activities for preparation of the LS.

Early announcement of the LS was made to the QITs and recalling by phone calls was done by the SC4CCM technical staff to remind about dates and requirements for the LS.

4.1. Revised documents for the learning session

4.1.1. Action plan template

Completing the action plan template provided to QITs after the QC launching workshop has been possible for some QITs but not all despite the good amount of time we deserved to this during the launching workshop. This was observed in most of QITs which could not get a coach at their first meeting because there were no QIT meetings' schedules developed at this point of time.

As supervision visits to CHWs were already conducted, some QITs could not just wait to develop their action plan as the needed data were available.

Possible reasons advanced by QITs for the failure to complete it, were like the complexity of the template or the flow of information required which was not easy as there was repetition of the same information provided before like two or more times than this.

To simplify the template, a new one was developed after compromising on key information that QITs have to provide and completing it will consist of two simple tables whom the first is about providing names, responsibilities and place of assignments of QIT members and the second being related to sort of its key sections including the "Why?, what?, where?, who?, when?" and which come out in two main parts:

I. a) Problem Statement
   b) Performance Gap
   c) Data Source
   d) Root Causes

II. Part two is made of the following:

1. A. Improvement objective
1. B. Activities
1. C. Indicator
1. D. Lead responsible

1. E. Timeline for activities

A template of the revised action plan can be found in annex 1.

The following table is a summary of instructions on how to use the action plan template

Instructions for using the QIT action plan template

Purpose: Planning the Improvements that the Health Centre will make in Resupply Procedures **When:** At the beginning of each quarter of activity and at the Learning Sessions **Who:** The QIT Team led by the CHW Supervisor **What you need:** Supervision Checklists from the Cell Coordinators, Tally sheets and Bar charts, QIT Toolbox, Flip chart paper, Note cards or Small pieces of paper	
Before you fill the Action Plan	Brainstorm a list of performance problems in resupply procedures and practices that you know exist in your Quality Improvement Team or use the results of supervision check lists, presented in tally sheets and bar charts, to contribute to your list of problems.
	Use the Decision Matrix (voting with criteria technique) to determine which one problem your team agrees to address over the next three months.
A.	Describe the problem by listing the Problem Statement.
B.	For the problem, describe the performance gap. Note where your QIT needs to collect additional data at the sector , cell or community level in order to quantify the gap. This data collection should be listed as an action item for the first month of the QIT Action Plan.
C.	List the Data Sources for the performance gap.
D.	Work as a team to conduct a Root Cause Analysis for the performance problems the team identified. Conduct the Root Cause analysis by using the appropriate tools: • Brainstorming • 5-Why analysis (Refer to the QIT Tool box for a copy of the 5-Why analysis)
1.A.	Improvement Objective: Develop a SMART Improvement Objective. Use the Template provided in the QIT toolbox.
1.B.	Based on the Root Causes and Changes you want to test identified above, go one by one through the objectives and have the QIT members write activities they propose will help the team achieve the objective.
1.C.	For identified activities, select/develop at least one indicator and target that will help your QIT judge if they have made progress towards the objective and/or closing the performance gap of the identified performance problem. N.B: You do not have to develop indicators for all the activities.
1.D.	Lead Responsible: Identify the person(s) responsible for each activity.
1.E.	Timeline for Activities: Mark with an X when the activities will be done over the next 3 months.

4.1.2. The monthly documentation journal template

Documentation of QIT activities in the Monthly Documentation Journal (MDJ) has been quite tough at the beginning of the QC implementation. This template has been reported also to be complex and based on this feedback, it received some review to be simpler and more user friendly.

The new template has been condensed to be quickly completed but also capturing important information in different sections:

1. Instructions for use, including the purpose of the MDJ, when to use it, who completes it, what is needed to complete it
2. An attendance list including the key roles assigned during the QIT meeting
3. Four parts of the MDJ representing the steps for documentation of QIT activities

Here, we present the instruction part of the MDJ without showing details of the template as they can be seen in a copy of the new MDJ.

Instructions for using the new monthly Documentation Journal template

Purpose: Recording the decisions at QIT meetings and the progress the QIT is making towards solving challenges in resupply procedures at the Health Centre Level **When:** At each QIT meeting **Who:** CHW Supervisor at the Health Centre and Data Manager **What you need:** The QIT Action Plan, Ensuring Product Availability Supervision and Coaching Guide **Distribution of Form**: Please give the duplicate copies of all forms that the QIT has used to the coach when he visits your QIT meeting.	
Part 1	Fill in the names of those present at the QIT Meeting. Decide the leader, the secretary. Ask one cell coordinator to be the timekeeper for the meeting. The Facilitator will write the agenda and the start and end time on a flip chart.
	The CHW Supervisor will use the QIT Action Plan to read out the background for the problem. • Problem statement: • Performance Gap: • Improvement Objective:
	Read out the planned activities for the month being reported. • In Month 1, read from the QIT Action Plan • In Month 2 and 3, read from Part 4 of the previous Monthly Documentation Journal. Write the activities on this month's report that were done and the person responsible, and mark if the activity was completed. Indicate in the comments section any challenges experienced in carrying out the activities and if the activities were successful.
Part 2	Refer to the Action Plan to see which questions the Supervision Checklist was to be used to collect data for. These questions should be recorded in the different columns in part 3. If the Indicator does not require the use of the Supervision Checklist skip to Part 3. Obtain Data from the Cell coordinators as to which questions they have covered and record: • The total number of binomes associated with the cell • The total number of binomes visited by the Cell coordinator • The number of binomes still experiencing problems from each cell For each problem area, identify the indicator for those that are still experiencing problems by the formula below: Percentage of binomes who still present with challenges for each question = (No. of those with problem areas for each Question X 100)/No. of binomes visited in the month
Part 3	Fill in the Indicator that measures progress towards the Improvement Objective from the Action Plan. For each Improvement Objective, the data manager should use the graph template to document the impact over time of the changes the QIT tested.
Part 4	Read from the Action Plan the activities that were to be carried out the next month. Discuss with the meeting participants if you will continue with these activities or if they have any additional activities to suggest. List all activities to be conducted during the next month in the Action Plan and the assigned person responsible. If additional activities were suggested, make a notation in the Comments column

4.2. New documents for the learning session

4.2.1. Guidelines for QIT meeting

As a result of coaching QIT meetings, a guideline for conducting the QIT meeting was developed to provide steps for the meeting as well as the roles and responsibilities of QIT members during its meeting. Indeed, during QIT meetings, it was observed a certain level of inconsistent attendance of pharmacy managers and data managers which seems to have been partly solved by issuing these guidelines where roles and responsibilities of each QIT member are described.

In addition to having steps for the QIT meeting, roles and responsibilities of QIT members during meeting; a template of the QIT meeting agenda was developed to ensure effective and productive meeting. A copy of the template can be found in annex 2.

Timing for each step in that template was suggested basing on what we observed that could really be the minimum time to complete one step before moving into the next one.

4.2.2. Facilitation guide for the LS

In order to have effective LS, a facilitation guide was developed with short term technical assistance (STTA) and local assistance. The initial facilitation guide was progressively revised as LS were conducted and ending across the three districts. Revisions included mainly provision of **time boxes** for each session based on what was observed in the two LS held in Nyabihu and Ngoma.
Additionally, the evaluation questionnaire received considerable revision to assess:

1. Attainment of the LS objectives?
2. Highlights of the LS in a straight forward by listing all topics covered
3. QIT ability to implement the QC, like conducting the QIT meeting, developing an action plan and filling in the MDJ with/out help from a coach.

These were closed questions and remaining questions of the questionnaire were open to generate various ideas from participants which would help to improve the next gathering. A copy of the revised questionnaire for LS evaluation is available in Annex 3.

Another important revision to the LS facilitation guide, was made on the tool for evaluation of QIT presentations which in the first was not on a scale basis to let evaluators appreciate QIT presentations at different scales. This lead to provide a scale to the evaluation like: Yes, No, Somewhat and comment where it's possible.

4.2.3. The QIT tool box

The all-in-one document which QITs should be referring to for the whole QC process has been also developed to help them recall on the use of the core implementation package basically and steps for effective QIT meeting. This QIT tool box also included but was not limited to the supervision checklist, the tally sheet and bar charts, the decision matrix, the 5-why analysis empty templates and examples for quick explanations and exercises. A new template for summarizing the data that QIT will be compiling during their monthly meetings has been added to the tool box and examples have been provided during the LS to show how it is completed. This data summary table is now an integral part of the new QIT tool box. A copy of the data summary table can be found in annex 4.

The QIT tool box has been of great benefit to participants as it took them in a short way through the whole process for documenting their activities in the MDJ through the action plan. It's crucial to emphasize that the action plan and the MDJ were session's provided separately from the walking through the QIT tool box.

4.3. The checklist for preparation of the first LS

After developing new tools and revising existing ones, we developed a checklist of activities to be conducted in order to ensure that all necessary activities are taking place and the responsible person is following and we are progressing according to the proposed timing. The checklist was well followed and all deliverables were ready before the LS. A copy of the checklist is available in annex 5.

4.4. The agenda for the learning session

After the LS in Nyabihu and Ngoma, we improved on the time format of the agenda to make the end time of each session appearing clearly which was not the case in the initial agenda which was showing

the start-time only and indirectly telling the end time which was the starting time of the next session. A copy of the revised agenda for the first QC learning session can be found in annex 6.

5. The Learning Session process

The LS took place first in Nyabihu district, followed by Ngoma and ended in Rutsiro district. The following table shows the respective dates for each LS by district.

District name	Date for the LS	Number of participants inclusive of MOH and SC4CCM staff
NYABIHU	6 – 7 August 2012	71
NGOMA	9 – 10 August 2012	60
RUTSIRO	6 – 7 September 2012	75

5.1. Learning session in Nyabihu district

Nyabihu LS was held at La Palme hotel from 6th to 7th August 2012. Participants came from all 15 health centers, the district hospital and the administrative district.

5.1.1. Attendance profile in Nyabihu LS

The Ministry of health (MOH) was represented by the community health desk (CHD) and the pharmacy task force (PTF). The SC4CCM project technical and administrative staff attended the workshop as well as the local QC consultant and the short term technical assistance (STTA).

All sessions planned in the agenda were covered as planned.

The table below shows the summary of the attendance in the Nyabihu LS.

Table 1: **Summary of the LS attendance in Nyabihu district**

QIT team members	No. expected	Attendance
▪ CHW supervisor at HC	15	15
▪ Pharmacy manager at HC	15	15
▪ Data manager at HC	15	15
▪ Cell Coordinators:	15	15
Coaches for QITs		
▪ Monitoring and Evaluation Officer at DH	1	0
▪ CHWs Supervisor at DH	1	1
▪ Data manager DH	1	0
▪ District Pharmacist	1	1
▪ M&E officer, District Level	1	0
Attendance rate in Nyabihu LS	**65**	**62/65= 95%**

Roles and responsibilities among participating QITs in Nyabihu district were distributed as follows:

- Leader of the LS: Nsengiyumva Emmanuel ; CHW supervisor from Gakamba HC
- Secretary : Umutoni Lydivine; data manager from KarebaHC
- Time keeper: Izabayo Jean d'Amour; data manager from Shyira HC

5.1.2. Likes and challenges in Nyabihu district

During the review of the QC process, QITs could document what they liked and disliked during the last 3 months of QC implementation. In Nyabihu, this was individually documented from participants' responses which were grouped as presented in the table below

	Key points related to "likes" and "challenges" in QC implementation (NYABIHU District)	
	Likes	**Challenges**
1	All CHWs binomes are not any more going to the pharmacy for drugs, now they get their drugs through the cell coordinator.	Drugs/supplies coming at a time close to the expiry date (like TDR, Primo)
2	Cell coordinators' mentoring role to their fellow binomes.	Drugs not always available at the CHWs (binomes) level (Primo yellow and red), including gloves
3	Cell coordinators linking to pharmacy manager very quickly for drug resupply.	Motivation not available for all QIT members (data manager, pharmacy manager and CHWs supervisor)
4	Increased knowledge in Binomes to treat patients.	Lack of training of new CHWs as QIT cannot afford it
5	Blank stock cards are now available.	Drugs are not available and when they come, they are in inadequate quantity
6	QIT has helped knowing the actual performance in resupply procedures (drugs & commodities) and setting the desired performance.	Expiry of primo and TDR
7	CHWs are requesting drugs on time compared to what it used to be before	Lack of drugs at the district pharmacy level
8	Motivation to cell coordinators	Transport facilitation for Cell coordinators not sufficient compared to long distances they do

	Likes	Challenges
9	Attendance at QIT meeting was good	Inadequate linkage/coordination between HC and the district pharmacy level (requisition are not handled fastly at the district level)
10	QIT helps identifying drugs that binomes need and their performance problems	No space to keep expired drugs which are many (at the HC level)
11	QIT helped improving completion of stock cards by binomes as a result of regular supervisions by their Cell coordinators	Blank stock cards (when they get finished, there is no possibility of photocopying them)
12	Communication quality within the QIT	Irregular meetings to present problems and get suggestion for corrections
13	QC tools and system, particularly the requisition form showing all details for the resupply; and all drugs that are possible to request at once	Lack of bags among CHWs to carry drugs after resupply
14	QIT problem solving approach (CHWs' problem identification, solving problems within QIT capacity)	
15	Cell coodinators always found CHWs ready when they visited them	
16	Quality of reports submitted by CHWs to allow for another requisition	
17	Clarity of drugs supervision method	
18	Drugs are now quitely much more available than before QIT were put in place	
19	Infants mortality reduction	

5.1.3. Sharing and learning best practices in Nyabihu

In order to let participants share and learn best practices, they were given time to prepare their posters based on pre - established template which we developed. A copy of the QIT poster presentation template is available in annex 7 of this report.

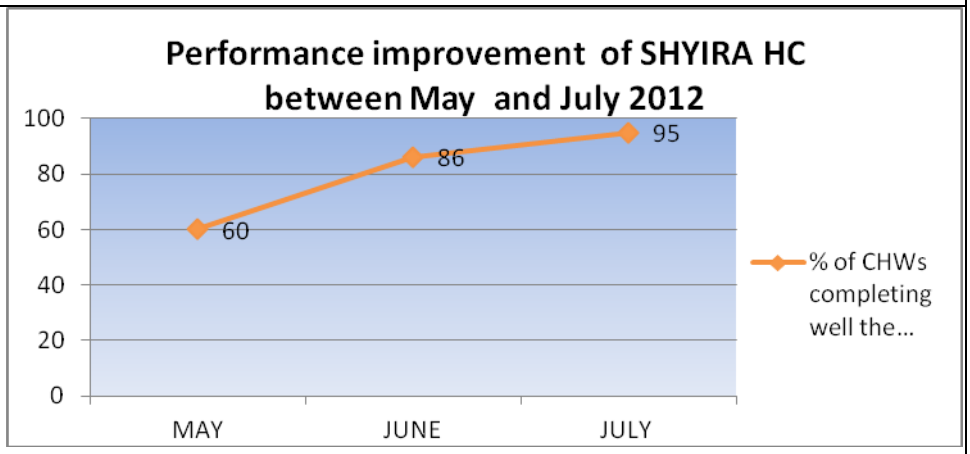
Based on the above mentioned template, 3 HC were chosen to prepare and present their posters by projection, these were BIGOGWE, SHYIRA and JOMBA.

Each HC presentation was evaluated using a QIT presentation evaluation tool and participants were asked to identify at least one thing that they will imitate in their QIT and discuss it with other members or coaches. A copy of the QIT presentation evaluation form is available in annex 8.

The remaining 12 HCs presented their posters in gallery walk and evaluation process continued using the same tool. Each QIT could visit at least 2 presentations and discussions were generated around for documentation of best practices.

We have chosen one of the 3 presentations to show a sample of the information that presenting QIT shared with other participating QITs in this first LS. This is a translation of what they presented in power point in Kinyarwanda. The template for presentation refers to the Quality Improvement Cycle to capture information related to each step of the improvement cycle.



Presenting HC: Shyira	
Steps in the quality improvement cycle	**Deliverables**
Plan	**Performance problem they have worked on**: "Drawing line at the end of the month on the stock card" **Objective statement:** Reduce on the number of CHWs who don't know drawing a line on stock card at the end of each month from 40% to 0% , between May and July 2012. **What had you hoped to achieve?** We intended to increase knowledge of CHWs in completing stock card at the end of each month. **What indicator was used?** 60 binomes out of 68 (95%) have known to fill in the stock card at the end of July 2012
Do	**Activities:** We have conducted supervision and coaching visits to CHWs on how to complete the stock cards. Each CHW has been visited at least once in a month.
Study: Showingthe data/observations	 - Did the results match your predictions? No, we could not get at 0% of CHWs who don't know to fill in the stock card because of new CHWs who joined in the middle of the quarter. What did you learn? **Visits to CHWs and recalling them on the QC process can impact positively on the QIT performance**
Act	Decide to adapt or abandon: Based on the impact that this quality improvement collaborative approach has made, we think that we will continue visiting and coaching even new CHWs.

Summary of QIT presentations and lessons learnt during the gallery walk

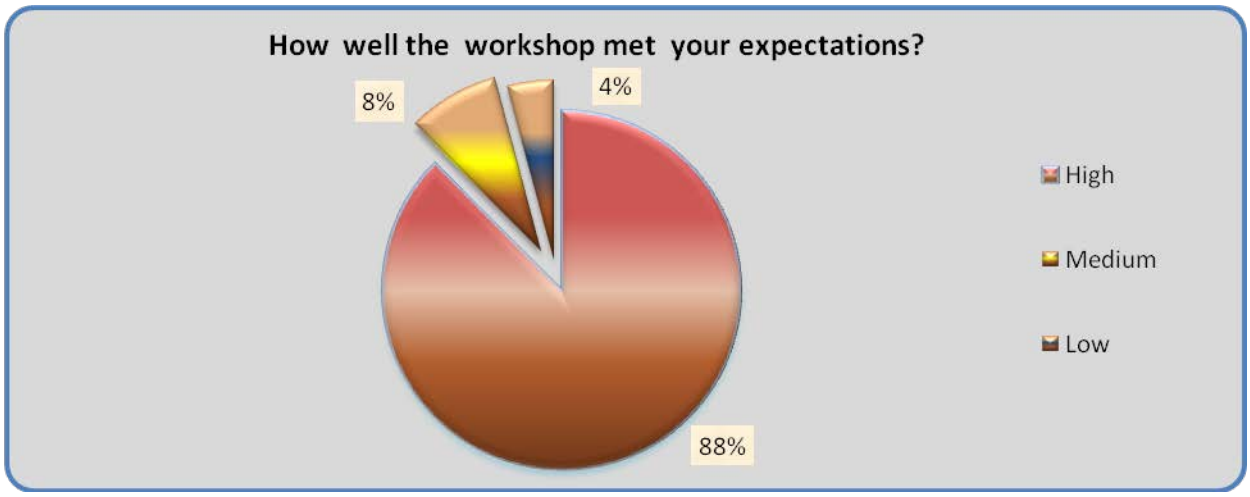
HC names	Performance problems	Objectives	Lessons learnt
ARUSHA	Completing the stock card by CHWs	In a period of 3 months, we will increase from 40% to 90% the number of CHWs who know completing their stock cards	Regular supervisions has impacted on our desired performance
RWANKERI	Solving stock out of stock cards in CHWs	Not clearly stated, but they listed all activities they conducted	Monitoring our QIT activities ensured attainment of our objective
KAREBA	Lack of amoxicillin in CHWs	We will increase the number of CHWs who have amoxicillin by the end of June 2012	Setting an action plan and requisitioning drugs on time ensure drug availability QIT has set one date for requisition by all CHWs
JOMBA	Stock cards and blank stock card		Availability of stock cards is the best to monitor drugs availability in CHWs
KABATWA	Availability of amoxicillin in CHWs	Increase availability of amoxicillin in CHWs from 70% to 100% from April to June 2012	On time requisition prevents stock out problems.
BIGOGWE	Reading the drugs' expiry date	We will increase the number of CHWs who know reading the expiry date from 53% to 100% between April and June 2012	Before distributing drugs , the pharmacy manager at the HC should provide information or show where they read expiry date.
SHYIRA	Closing month by a line on the stock card	Decrease the number of CHWs who don't know to draw a line on the stock card at the end of the month from 40% to 0% between May and July 2012	Supervision and visits to CHWs help attain the desired performance
RAMBURA	Drugs availability in CHWs	Ensure necessary community drugs are available in CHWs from 70% to 95%	Ownership of problems Implementation of action plan helped improve drug availabilit in CHWs
NYAKIGEZI	Stock out of amoxicillin	Supply Amoxicillin in all CHWs between April and June 2012.	Working on basis of acquired knowledge improved on our performance

5.1.4. Evaluation of the Nyabihu LS

Results of the LS evaluation are presented according to the template of the LS evaluation questionnaire.

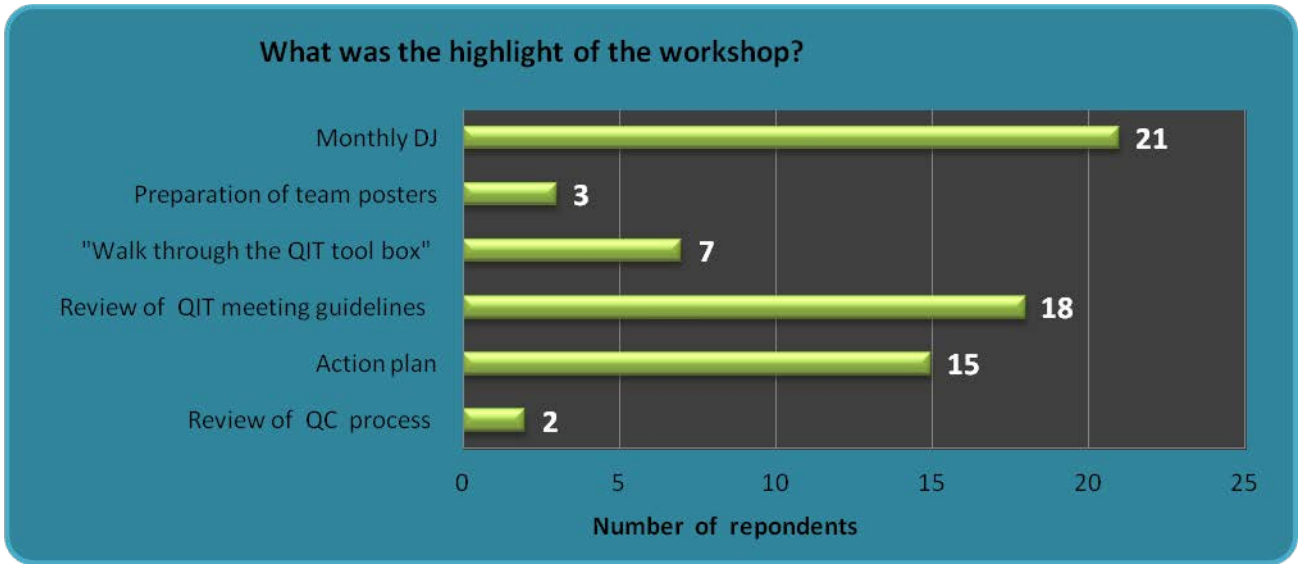
1. Meeting the participants' expectations

Eighty eight (88%) of participants said their expectations were met, while 12% of participants said their expectations were partly or slowly met. Table below shows this distribution.



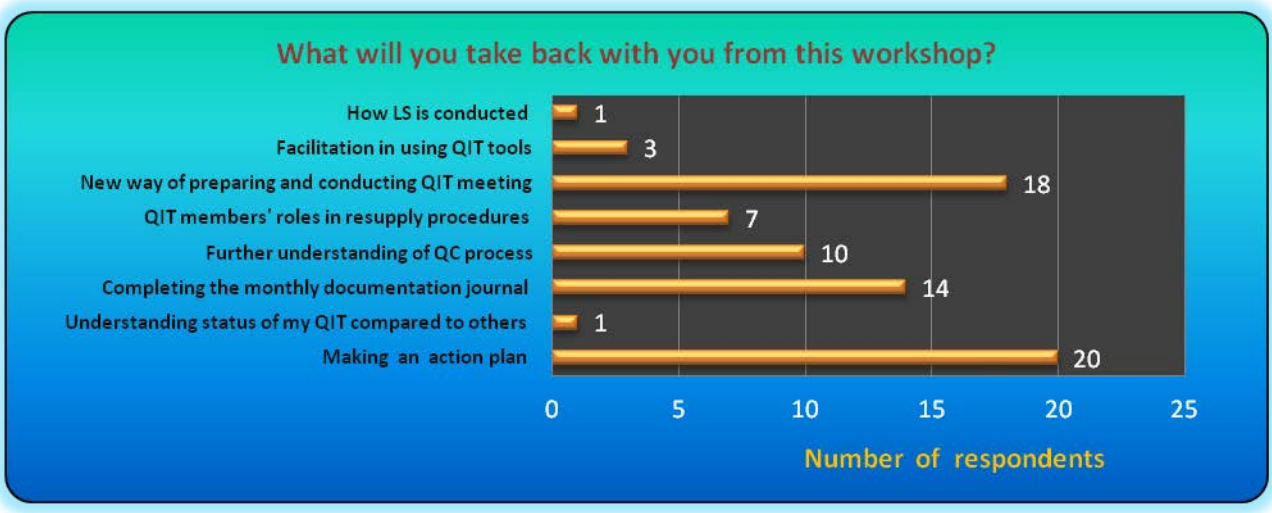
2. The highlights of the workshop

Most participants said they liked the revised MDJ (21), followed by the QIT meeting guidelines (18) and the new action plan template (15).



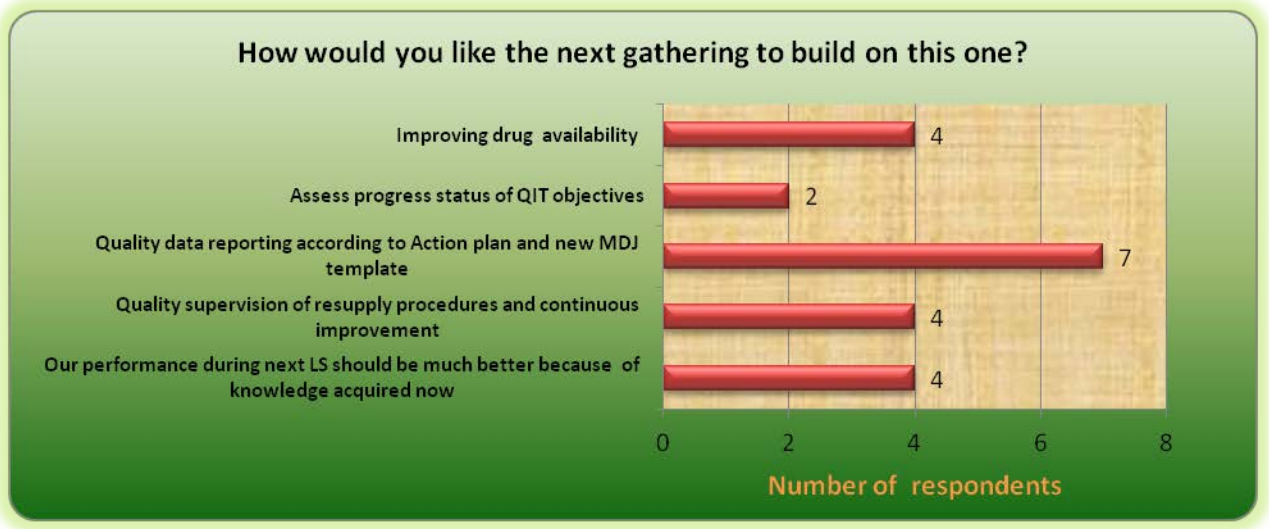
3. What participants took back with them from this workshop?

When assessing what participants took with them after this workshop, it was interesting to see what they ranked as the first 3 important sessions were related to the what we have newly developed or revised for this first LS. Completing in the new action plan template came at first position, followed by the guidelines for conducting the QIT meetings and ability to complete the MDJ.



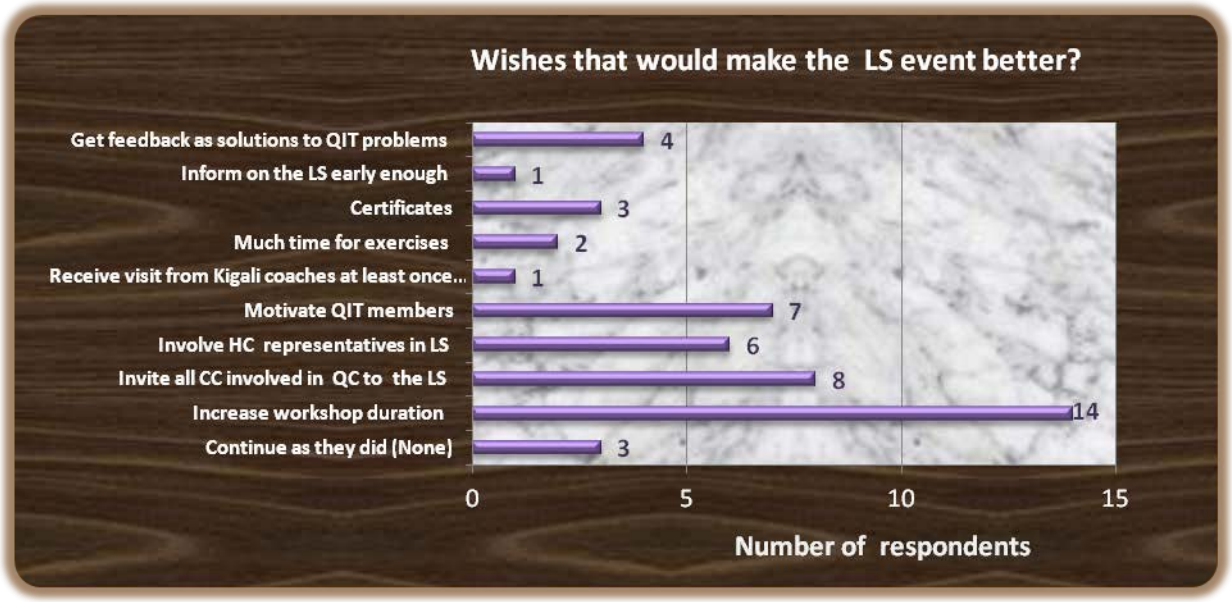
4. How to improve the next gathering based on this?

Participants think the next gathering would be improved if data reported by QITs keep on reflecting what they had in their action plans and using the MDJ template. They also pointed out that next gathering would built on this if we ensure quality supervision of resupply procedures and present their data based on the knowledge they acquired in this LS. Drug availability has been identified as one of the ways to ensure the next gathering is a successful one.



5. Wishes that would make the LS event better

Participants think if we increase the LS duration, the next one would be better. Secondly, they suggested to invite Cell coordinators to the LS to make any improvement on the next one, but this bear financial implication which they can't understand.



5.2. Learning session in Ngoma district

Learning session in Ngoma district was held at DEREVA hotel from 9th to 10th of August 2012.
Invited participants came from health centres, the district hospital, and the administrative district of Ngoma.

5.2.1. Attendance profile in Ngoma district

Key partners of theSC4CCM project attended the 1st LS of the QIC in Ngoma. They represent the Ministry of health (MOH) in this intervention. These were the community health desk (CHD) and the pharmacy task force (PTF). The SC4CCM project technical and administrative staff attended the workshop as well as the local QC consultant and one technical advisor in Rwanda QC intervention from JSI Nairobi. We switched the sessions between facilitators and all were covered.
The table below shows the summary of the attendance in Ngoma LS.

QIT team members	No. expected	Attendance
▪ CHW supervisor at HC	12	12
▪ Pharmacy manager at HC	12	12
▪ Data manager at HC	12	12
▪ Cell Coordinators	12	12
Coaches for QITs		
▪ M&Evaluation Officer at DH	1	0
▪ CHWs Supervisor at DH	1	0
▪ Data manager DH	1	1
▪ District Pharmacist	1	1
▪ M&E officer, District Level	1	0
▪ IRC	1	1
Attendance rate in Ngoma LS	**54**	**51/54= 94%**

During LS in Ngoma, we also distributed roles and responsibilities as follows:

- Leader of the LS: Majyambere from Remera HC (CHW supervisor)
- Secretary : Rose Uwingabire from Gituku HC (Data manager)
- Time keeper: Prosper Niyongabo from Rukira HC (CHW supervisor)

5.2.2. Likes and challenges in Ngoma district

During the review of the QC process, QITs could document what they liked and disliked during the last 3 months of QC implementation. As opposite to the Nyabihu LS, here we documented these from QITs' rather than individual perspectives. We instructed the QIT to brainstorm and give ideas as a team. As per the facilitation guide, these likes and challenges were grouped in tallies on a flipchart under the corresponding performance factors to highlight which performance factor is more affected than others.

	Key points pertaining to "likes" and "challenges" in QC implementation (NGOMA District)	
	Likes	**Challenges**
1	Working as a QIT helped in assessing the root cause of problems that it faces in regard to drugs and commodities availability	Limited time for QIT meetings due to other activities
	QIT approach helped in developing an action plan and following it	No beverages during QIT meetings
2	Drugs and stock cards are better available now among CHWs	Drug boxes of small size not allowing appropriate storage and absence of lock pads*
3	We acquired knowledge on how to make an action plan	Cell coordinators' ability to do appropriate requisition
4	We identified problems and solved those we could	CHWs don't know to check expiry date on drug package
5	JSI coaches helped a lot to understand the process of quality collaboration	CHWs don't get some drugs in appropriate quantity
6	Every CHW binome has 2 blank stock cards to use when others are finished	CHWs don't always fill out the stock cards appropriately
7	We have been given a way of showing drugs problems we have in the community	Lack of drugs at district level and health centres **

8	We have been able to solve some problems like: stock cards (with support of IRC) and pad locks*	Changes of QIT members leading to not standing at the same level of knowledge
	Likes	**Challenges**
9	We were able to have QIT meetings	Transport facilitation to carry stock cards to CHWs
10	Visits to CHWs binomes happened and some of their problems were addressed	QIT members at HC level are too busy
11	Cell coordinators' motivation	
12	Like the collaboration framework with health centres	
13	Creation and existence of QITs	
14	HC support to printing the stock card	

* Issue of pad lock has not been solved systematically in all QITs, this being the reason why some say they liked how they were able to get them and others mention it as a challenge.

** Drugs and stock cards availability is not similarly documented across all HC, therefore the next LS report should show how many HC point out drugs and stock cards availability as a challenge versus those pointing it as a strength.

5.2.3. Sharing and learning best practices in Ngoma

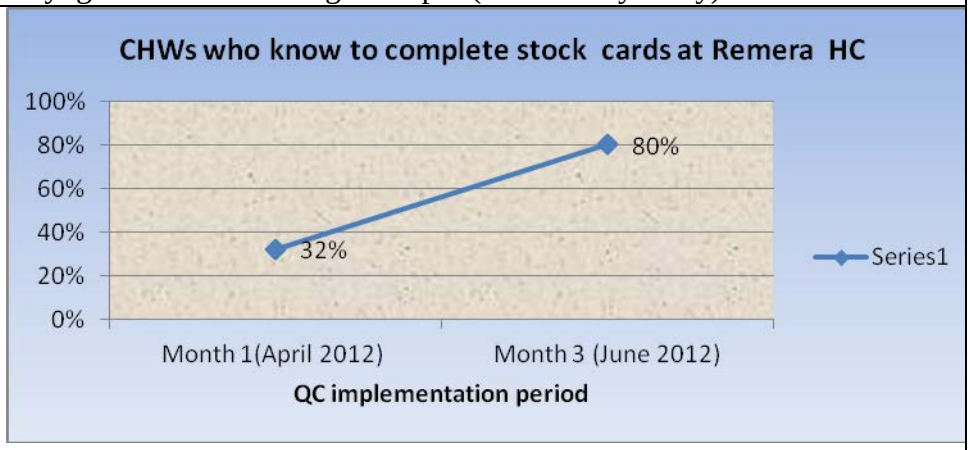
On day I, we gave time to participants to prepare their presentations for sharing their best practices in the resupply of drugs and commodities for community case management. The template used in Ngoma district was the same as the one used in Nyabihu district.

4 HC were designated to prepare and present their posters by projection, these were KIRWA, JARAMA, REMERA, and RUKOMA SAKE.

Each HC presentation was evaluated using the QIT presentation's evaluation tool available in Annex 8 and participants were asked to identify at least one thing that they will imitate in their QIT and discuss it with other members or coaches.

Other 8 remaining HC presented their posters in gallery walk and evaluation process continued using the same tool. Each QIT could visit at least 2 presentations and discussions were generated around for documentation of best practices.

We have chosen one of the 3 presentations to show a sample of information that QIT shared with other participating QITs in Ngoma LS. This is a translation of what they presented in power point in Kinyarwanda.

<table>
<tr><th colspan="2">Presenting HC: REMERA</th></tr>
<tr><th>Steps in the quality improvement cycle</th><th>Deliverables</th></tr>
<tr><td>Plan</td><td>Performance problem they have worked on:
“Low number of CHWs who know to complete stock cards”
Objective statement:
Increase the number of CHWs who know to complete stock cards from 32.6% to 80% between April and June 2012.
What had you hoped to achieve?
We intended to increase number of CHWs who know to complete stock cards from 32.6% to 80%.
What indicator was used?
Number of CHWs who are able to complete stock cards by number of CHWs who were visited.</td></tr>
<tr><td>Do</td><td>Activities:
We visited and coached CHWs on how to complete the stock cards.
Sensitize CHWs on attendance of QIT meetings with their stock cards completed.
Sensitize CHWs on importance of filling the stock cards every time they give or receive drugs on spot (without any delay).</td></tr>
<tr><td rowspan="2">Study:Showingthe data/observations</td><td>
</td></tr>
<tr><td>- Did the results match your predictions? Yes
- What did you learn? Sensitization of QIT members on importance of activities is key to improving performance</td></tr>
<tr><td>Act</td><td>Decide to adapt or abandon:
We opt to look at another performance problem and deal with it for the next quarter.</td></tr>
</table>

5.2.4. Summary of QIT presentations and lessons learnt during gallery walk

HC names	Performance problems	Objectives	Lessons learnt
NYANGE	Availability of stock cards among CHWs	Increase number of CHWs (ALL) who have stock cards between May and July 2012	Ability to photocopy at the HC level enabled solving stock cards problems
RUKOMA SAKE	Availability of stock cards among CHWs	Increase stock cards availability among HCWs from 7% to 100% between April and July 2012.	Checking availability of all CHWs supplies during visit help know their problems.
KIBUNGO	Blank stock card availability	Increase number of blank stock cards among binomes from 33% to 100% in one month.	Sticking to the action plan is a key to achieving our objectives
MUTENDELI	Availability of blank stock cards in CHWs	Increase availability of blank stock cards among CHWs from 0% to 100% within 2 months.	Blank stock cards available for CHWs increase quality in resupply procedures
RUKUMBERI	CHWs don't know completing stock cards	Decrease number of CHWs who don't know completing stock cards from 34% to 20% in one month	Each visit to the CHW should be an opportunity of teaching how they fill in the stock cards
GITUKU	Availability of stock cards for TDR and gloves	Increase number of CHWs who have stock cards for TDR and gloves from 60% to 90% from June to July 2012	Planning for stock cards for all drugs and commodities that are managed by CHWs is required

Best practice and lesson shared by KIRWA HC in Ngoma said QIT problems can be solved faster if they own their problems like here where the CC had bought padlocks themselves.

Another lesson shared is that continuing sensitization on importance of QIT activities contribute to increased adherence of QIT members to the QC process.

5.2.5. Evaluation of the Ngoma LS

LS evaluation in Ngoma was done using the same tool as in Nyabihu.

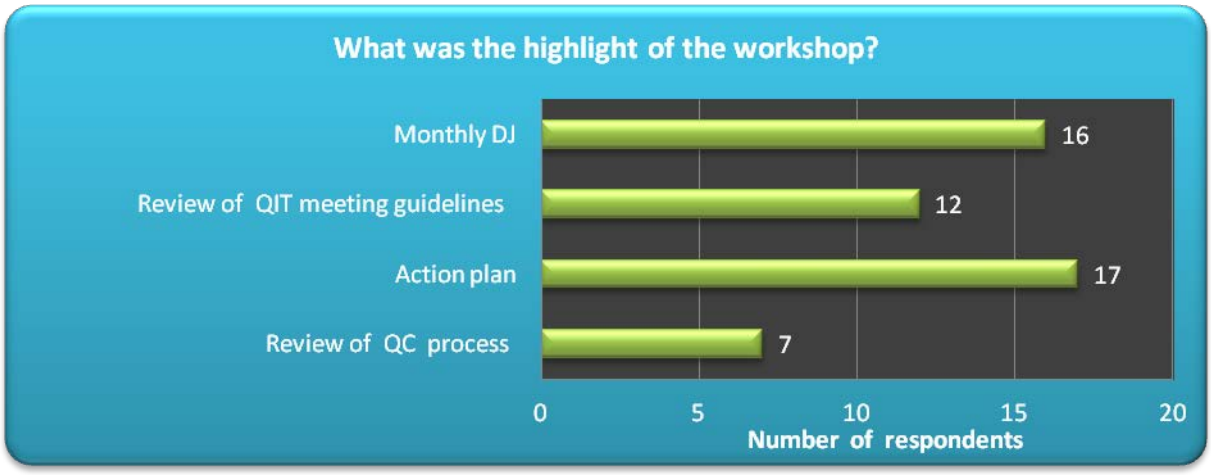
1. Meeting the participants' expectations

Ninety three (93%) of participants said their expectations were met, while 7 % of participants said their expectations were moderately or poorly met. Table below shows this distribution.



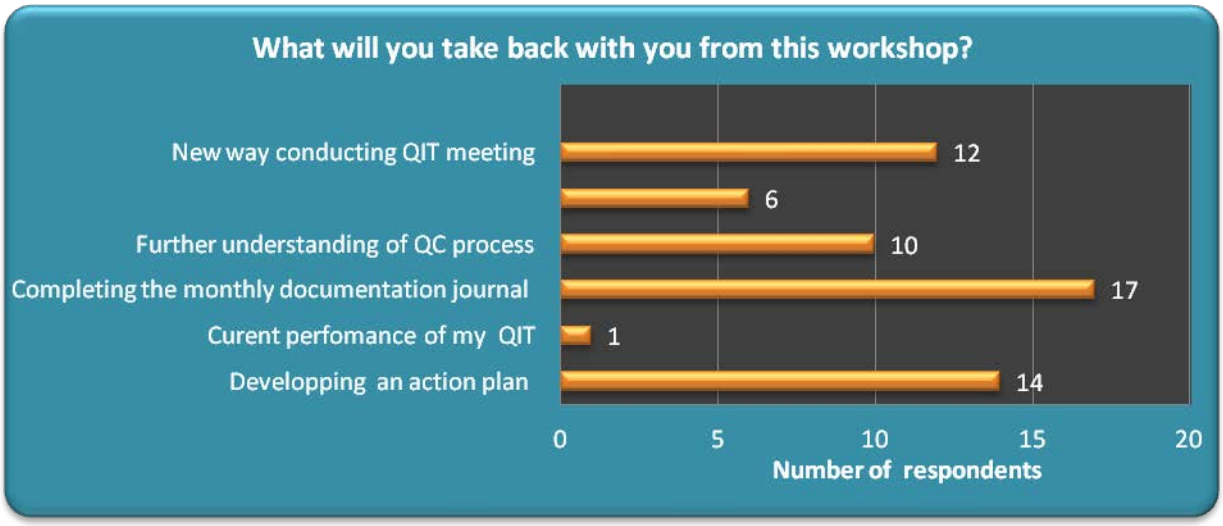
2. The highlights of the workshop

Most participants said they liked the new action plan template (17), followed by the MDJ (16) and the new guidelines for QIT meetings (15).



3. What participants took back with them from this workshop?

When assessing what participants took with them after this workshop, it was interesting to see what they ranked the first 3 important sessions were related to the what we have newly developed or revised for the first LS. Completing in the new action plan template came at first position, followed by making an action plan and ability to conduct QIT meetings.



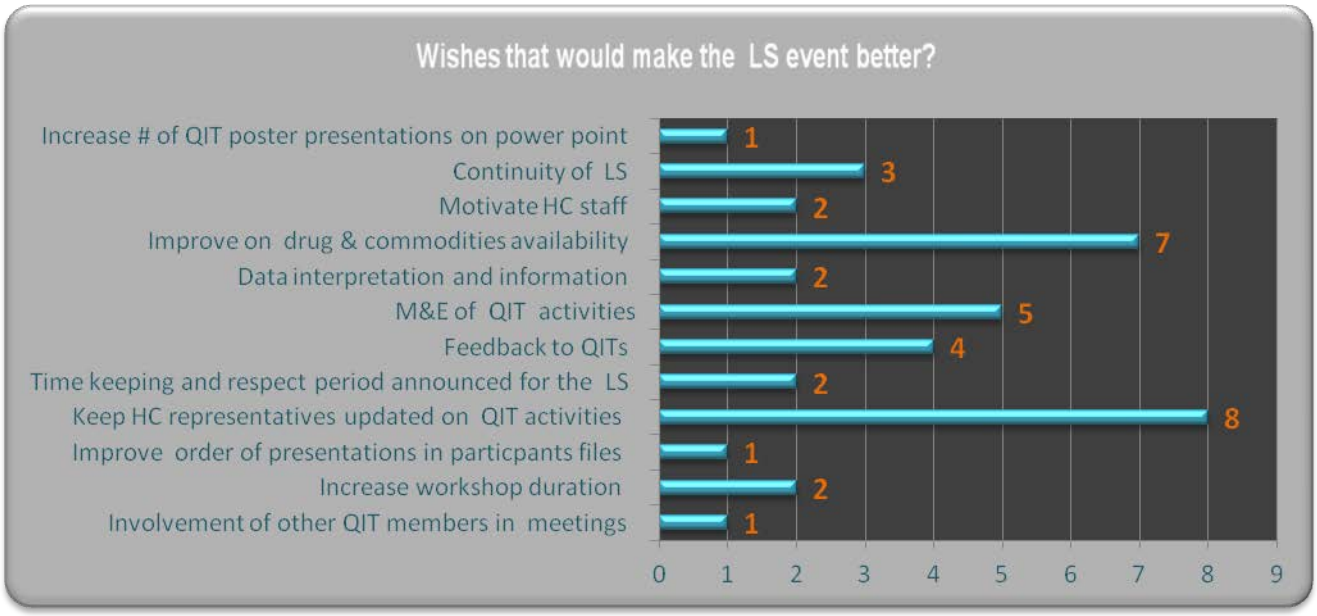
4. How to improve the next gathering based on this?

Participants think the next gathering would be improved by keeping quality in their action plan, relooking the unsolved problems and evaluating achievements of objectives.



5. Wishes that would make the LS event better

Participants expressed different wishes to make the LS event much better: at first place, if we keep HC representatives updated on QIT activities, and if QITs don't suffer from lack of drugs and commodities. They also think if there is good monitoring & evaluation system of QITs' activities, the LS event should improve. Graph below shows details about order of their wishes.



5.3. Learning session in Rutsiro district

Learning session in Rutsiro district was held at Belvedere hotel from 6th to 7th of September 2012.Invited participants came from health centers, the district hospital, and the administrative district of Rutsiro.

5.3.1. Attendance profile in Rutsiro LS

First LS in Rutsiro was attended by all QITs, the district hospital coach, and the coaches from administrative district. The MOH was represented by the community health desk (CHD) and the pharmacy task force (PTF), which are also the key local partners in this intervention.

The SC4CCM staff attended the workshop as well as the local QC consultant. All sessions were covered as planned in the agenda.

The table below shows the summary of the attendance in Rutsiro LS.

QIT team members	No. expected	Attendance
▪ CHW supervisor at HC*	17	16
▪ Pharmacy manager at HC	17	17
▪ Data manager at HC	17	17
▪ **Cell Coordinators:**	17	17
Coaches for QITs		
▪ M&E officer at DH	1	1
▪ CHWs Supervisor at DH	1	1
▪ Data manager DH	1	1
▪ District pharmacist	1	1
▪ M&E officer, District Level	1	1
Attendance rate in Rutsiro LS	**73**	**72/73 = 98.6 %**

*The missing CHW was from Karumbi HC and was represented by the HC representative

In Rutsiro, alongside the welcome, ice breaking, norms and review of the LS objectives we took key participants' expectations which were the following:

- Ability to do in the MDJ
- Method of guiding the QIT meetings
- Plotting the graph in the MDJ

5.3.2. Likes and challenges from Rutsiro QITs

During the review of the QC process, QITs could document what they liked and disliked during the last 3 months of QC implementation.. In Rutsiro, we also documented these contributions from QITs' perspectives. We instructed the QIT to brainstorm and give ideas as a team. To more engage participants in the documentation process of these "Likes and challenges", we had two volunteers come in front and do the tallies of the likes and the challenges. This method was also described in the facilitation guide to reflect this change.

	"Likes" and "challenges" for the QC in RUTSIRO district	
	Likes	**Challenges**
1	Mutual increase in knowledge to the extent QITs which were not fast could change their attitude and get change done in their performance	Difficulties in completing the MDJ and the quarterly synthesis form due to limited understanding, including plotting the graph in the MDJ
2	Drugs are available on time	Nor space for expired drugs neither motivation for other QIT members
3	Stock cards have been distributed to CHWs on time	Lack of gloves for community cases management
4	We worked together with one common goal	Roles of QIT members not known by every QIT member
5	Binomes have been able to know their problems as a results of supervisions	Cell coordinator's allowance is seen as to insufficient compared to distances
6	Stock cards are available	CC allowances delay
7	Binomes have known how to fill in the stock card as a result of visits	Stock out of some drugs like primo yellow and gloves
8	There is evidence of changes in our performance	Some stock cards are not appropriately completed
9	We have been coached by high level coaches	Some stock cards are not appropriately completed

	Likes	Challenges
10	Binomes know how to keep well their drugs	Irregular attendance of CHWs in QIT meetings
11	Health centre representative understood the goal of our QIT (Nyabirasi HC)	Training of new QIT members like the leader in Biruyi who has left
12	QIT members understood their roles	Lack of blank stock cards
13	Problems related to drugs' availability are now understood by QIT members	No beverages during meetings
14	We have known the challenges that CC have in supervision visits to their binomes	Coaches from district don't respect always the meeting schedule
15	We have got the drug boxes	Primo yellow close to expiry date
16	QIT's ability to try solving some problems that were identified	Complexity of tools like the MDJ
17	Motivation to Cell coordinators have helped CHWs being more active as a result of regular visits	QIT members don't fill their responsibilities
18	The motivation provided to cell coordinators	Irregular QIT meetings and irregular attendance of QIT members in meetings
19	Brainstorming helped finding true solutions to QIT problems	Poor knowledge among CHWs to fill in the stock cards
20	We can now keep drugs and books in different boxes	High mobility of CHWs in Bitenga

5.3.3. Sharing and learning best practices in Rutsiro

As part of the LS agenda, participating QITs in RUTSIRO LS presented their best practices and shared lessons between themselves and the QC coaches on the resupply procedures of drugs and commodities for CCM.

The template used in Nyabihu and Ngoma districts received some revision for the sake of simplicity and clarity during the LS in Rutsiro.

The revision consisted of inserting in **the "planning phase"** the performance problem, removing the question "what had you hoped to achieve?" as this would be indicated in the objective, if well developed (SMART).

In the "**Do phase"**, we made the question more straightforward to document the activities conducted rather than asking if they were carried out as planned. Additionally, showing data and plotting a graph were brought in the "study phase" rather than being in the "**Do phase**". In the "**Act phase**", we had clarified that the QIT can also decide to **continue** its objective related to the performance problem it's working on, not only adapt or abandon. And of it decides to continue, then it implies to improve on activities to really make that objective being attained.

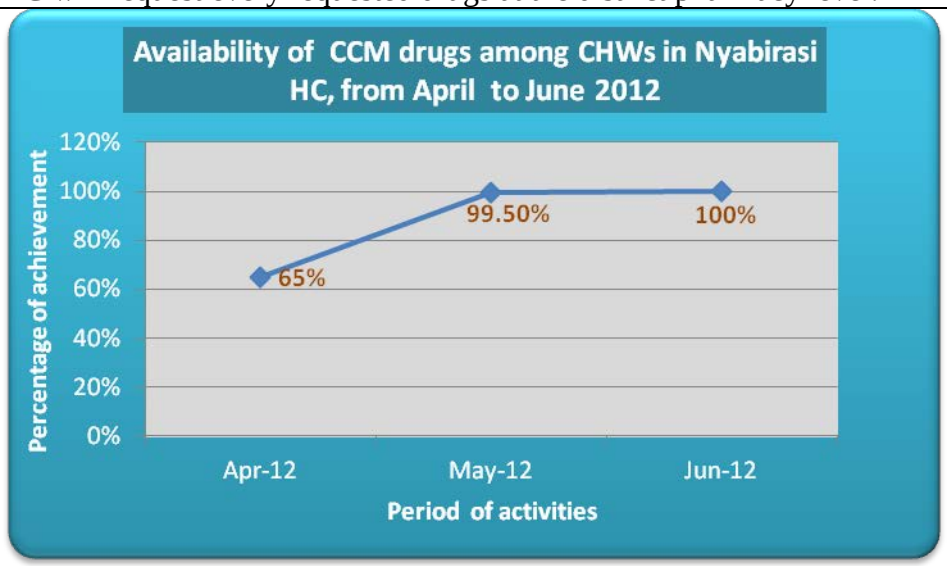
Annex 7 includes the revised template used for QIT poster preparation and presentation

Four HCs were designated to prepare and present their posters by projection, these were NYABIRASI, KINUNU, MUSASA and RUTSIRO.
Each HC presentation was evaluated using the QIT presentation's evaluation tool as in NGOMA and NYABIHU districts.

Participants were asked to identify at least one thing that they will imitate in their QIT and discuss it with other members or coaches.

The remaining 13 HCs presented their posters in gallery walk and they were evaluated using the same tool as for the power point presentations. Each QIT could visit at least 2 presentations in gallery walk and discussions were generated around for documentation of best practices.

We have chosen two of the 4 presentations to show the information that QITs shared with other participating QITs in this LS. This is a translation of what they presented in power point in Kinyarwanda.

<table>
<tr><th colspan="2">Presenting HC 1: NYABIRASI</th></tr>
<tr><th>Steps in the quality improvement cycle</th><th>Deliverables</th></tr>
<tr><td>Plan</td><td>Performance problem they have worked on:
“Drugs stock out among CHWs” Gaps being of 65% (73/112).
Objective statement:
Increase the number of CHWs who have CCM drugs from 73 (65%) to 122 (100%) between April and June 2012.
What indicator was used?
Number of CHWs who will have every drug for CCM by number of CHWs who are in the HC.</td></tr>
<tr><td>Do</td><td>Activities:
Each CHW will request each drug for CCM on time
HC will request every requested drugs at the district pharmacy level.</td></tr>
<tr><td rowspan="2">Study: Showing the data/observations</td><td>
</td></tr>
<tr><td>- Did the results match your predictions? Yes
What did you learn? Requisition made on time by both CHWs and pharmacy manager assured drug availability (In Nyabirasi, the pharmacy manager requested for drugs at the district in the first week of the month).</td></tr>
<tr><td>Act</td><td>Decide to adapt or abandon:
We opt to continue with maintenance of drug availability by keeping awareness in CHWs on importance of on-time drug requisition.</td></tr>
</table>

Presenting HC 2: KIVUMU	
Steps in the quality improvement cycle	**Deliverables**
Plan	**Performance problem they have worked on**: "Lack of stock cards among CHWs". Gaps being of 64% (32/90 only have stock cards). **Objective statement:** Increase the number of CHWs who have stock cards for every all CCM products from 36% to 100% between May and July 2012. **What indicator was used?** Number of CHWs who have stock cards for all CCM products over the number of all CHWs in Kivumu HC..
Do	**Activities:** Request stock cards at the DH Distribute stock cards to all CHWs Train on how to complete the stock cards
Study Showing the data/observations	
	- Did the results match your predictions? Yes, because we have reached 100% of CHWs who have stock cards by July 2012. - What did you learn? * Working in QIT is effective because it helped us get to the desired performance * Anyother performance problem existing in our QIT would be solved through QC process
Act	Decide to adapt or abandon: maintain gains

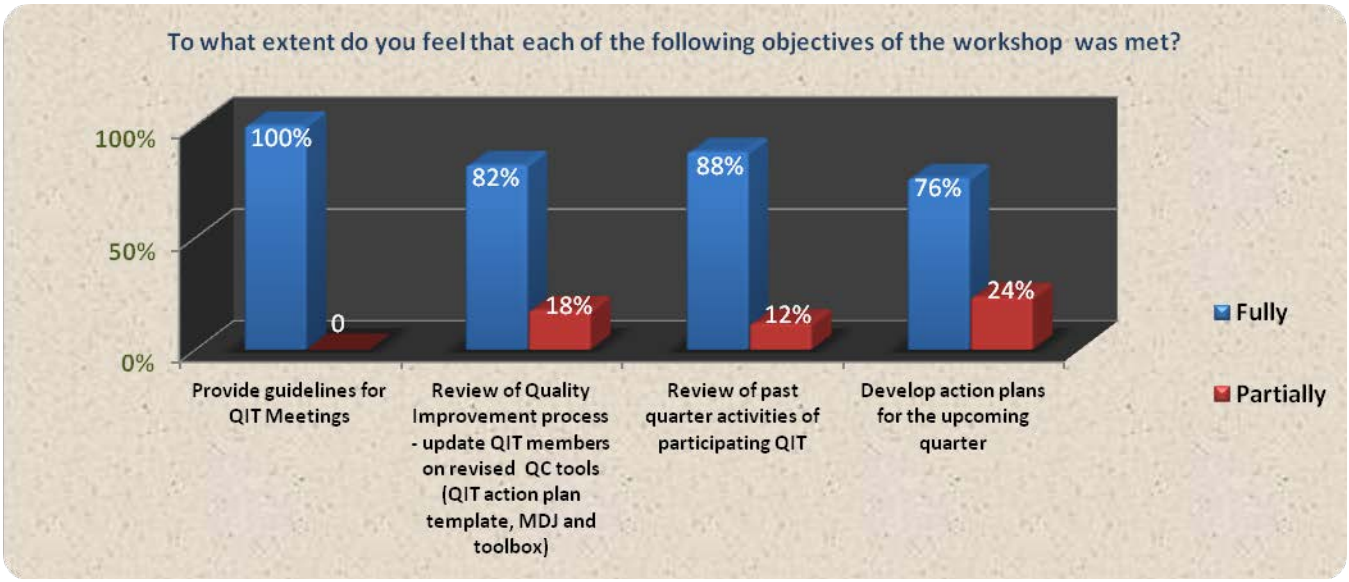
5.3.4. Summary of QIT presentations and lessons learnt during gallery walk

HC names	Performance problems	Objectives	Lessons learnt
MUSHUBATI	Availability of stock cards among CHWs	Increase number of CHWs who have stock cards from 41.8% to 100% between may and August 2012.	If QIT members work together as one and with commitment, it impact positively on the performance
BITENGA	Availability of stock cards among CHWs	Decrease lack of stock card among CHWs from 100 % to 0% between June and August 2012.	- Regular supervision is the most effective way to detect CHWs problems - On time requisition prevents from stock out of stock cards - Ability to making photocopy of stock cards prevents from stock out
KAYOVE	Lack of blank stock cards among CHWs	Decrease lack of blank stock cards among CHWs from 100% to 0% in 2 months.	Supervision visits to CHWS is important to identify CHWs problems.
KINIHIRA	Drawing a line at the end of the month on the stock cards	Increase number of CHWs who know to draw a line at the end of the month from 18% to 100% between April and June 2012	Visits to CHWs should also be formative Regular visits are key to performance improvements
RUKUMBERI	CHWs don't know completing stock cards	Decrease number of CHWs who don't know completing stock cards from 34% to 20% in one month	Each visit to the CHW should be an opportunity of teaching how they fill in the stock cards

5.3.5. Evaluation of the RutsiroLS

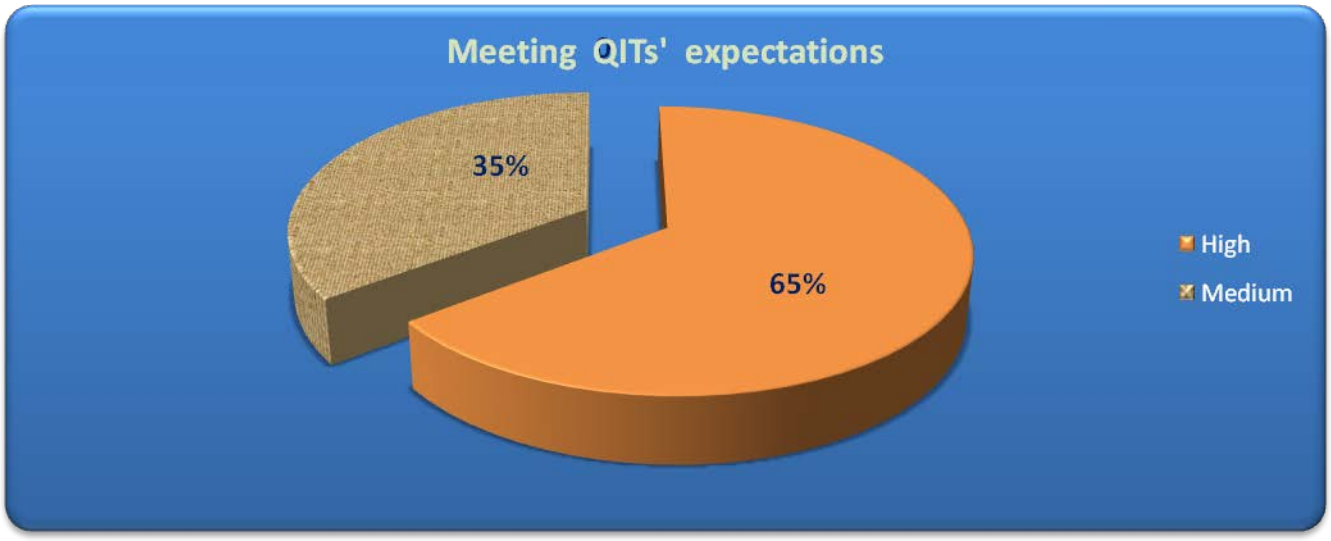
LS evaluation in Rutsiro was done using a revised tool, different from the one used in Nyabihu and Ngoma. For more details on the latest LS evaluation form, refer to annex 3.

1. To what extent do you feel that each of the following objectives of the workshop was met?



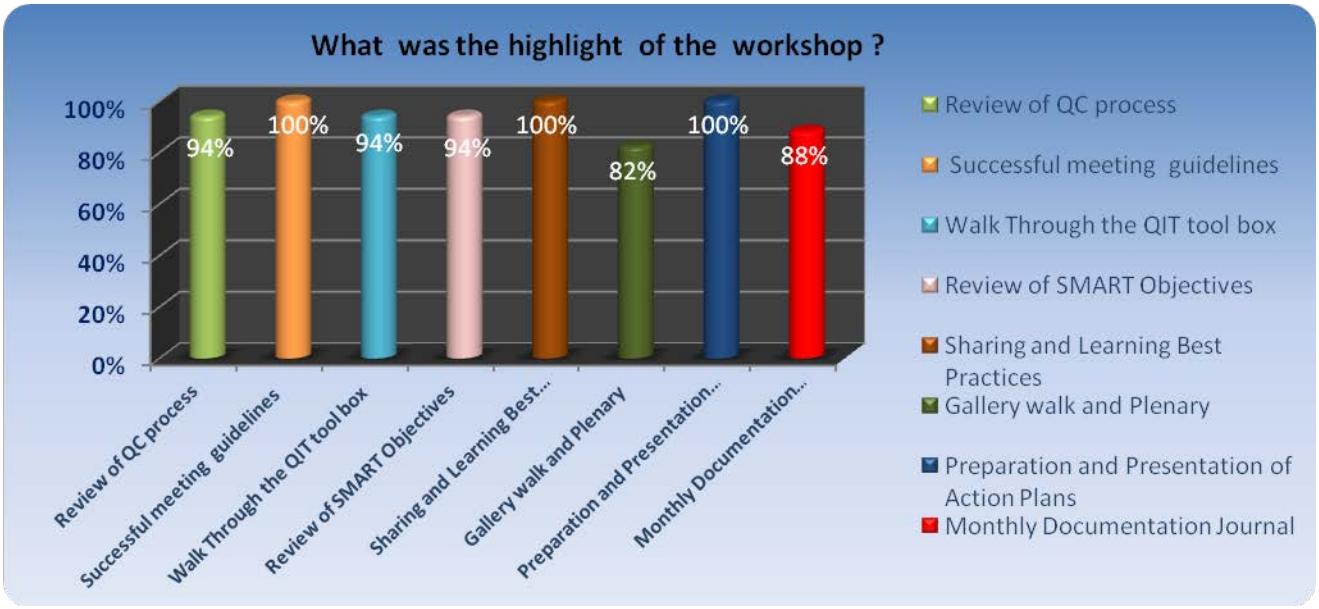
2. Meeting the participants' expectations

Sixty five participants (65%) of participants said their expectations were completely met, while 35% of participants said their expectations were moderately met. Table below shows this distribution.



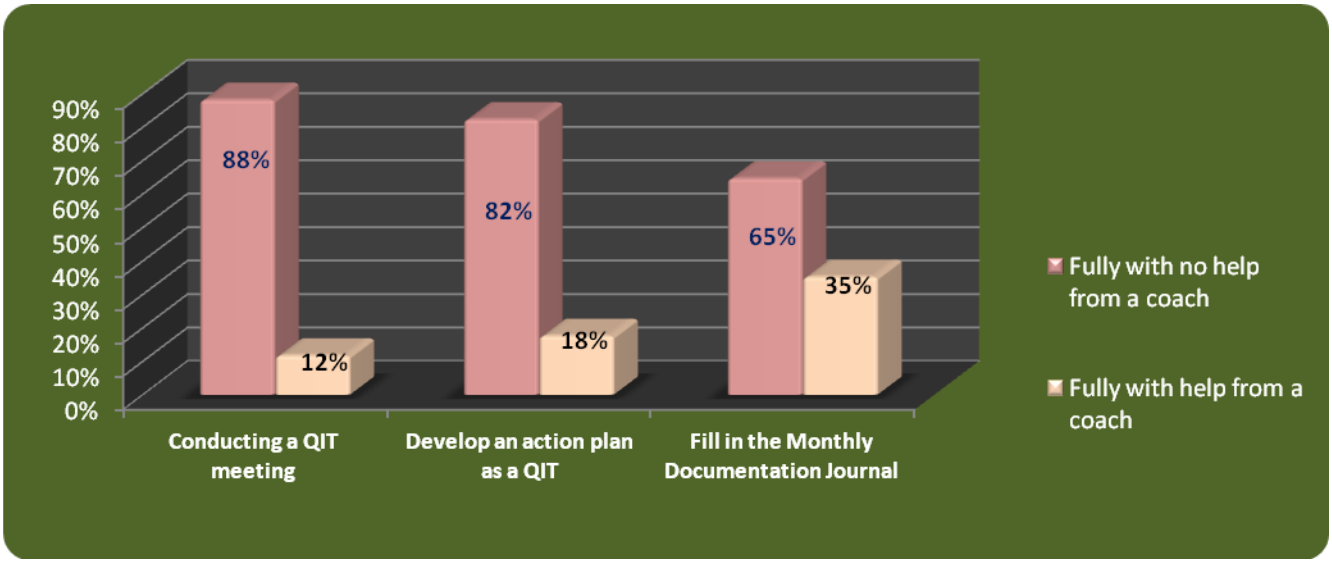
2. Highlights of the workshop

All participants said they were marked by the new guidelines for QIT meetings, the best practices learning process and preparation of QIT action plans based on the new template. The QIT tool box and the SMART objectives review sessions were also best parts of this learning session in Rutsiro.



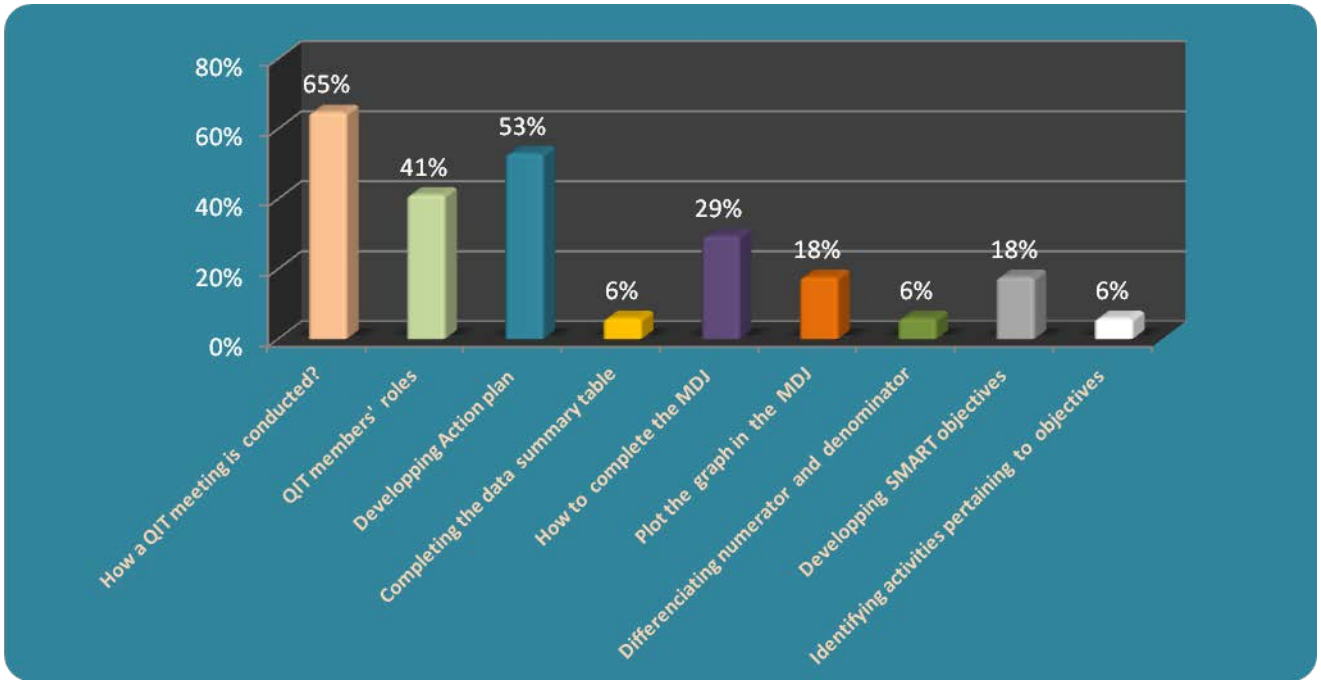
3. How well do you feel that you can now perform these activities?

Participants have gained more confidence in conducting QIT meeting and making the action plan with no help from coach, at 88% and 82%, respectively. Feeling in the MDJ would still need more coaching, as 35% of QITs think they can fill it with help from a coach.



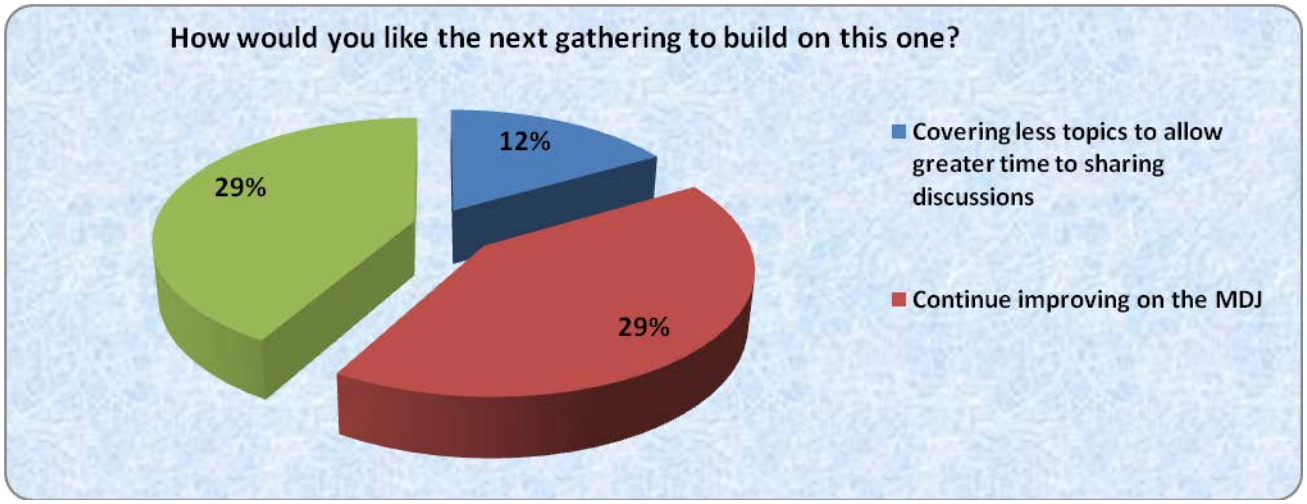
3. What participants took back with them from this workshop?

When assessing what QITs took with them after this workshop, 65% (n=17) said they know how to conduct QIT meeting, 53% (n=17) they better know how to make an action plan and 41% (n=17) are aware of QIT members' roles during meetings.



4. How to improve the next gathering based on this?

QITs participating in this LS said the next LS would be improved if they can report their activities better on the MDJ and more time is allowed for QIT presentations on their achievement over the past quarter.



6. Conclusion & Recommendations for the next learning session

6.1. Conclusion

The first LS on resupply procedures for community case management has been well prepared and participants had shown their interest in it with an average of 96 % of attendance rate. Preparations have involved revision of existing QC tools and development of new ones based on feedback received by coaches from the QITs they visited over the past three months. The tools which received revision are the monthly documentation journal and the action plan template. Those which were newly developed are the QIT tool box, the Learning session facilitation guide, and the QIT meeting guidelines.
Best practices have been really shared through intensive discussions generated during QIT posters presentation on power point and gallery walk. These best practices are reported by QC implementation district in sections 5.1.3; 5.2.3; and 5.3.3 of this report.

Success of this LS is ascertained by results of the LS where QITs perspectives on the workshop objectives attainment, meeting their expectations; their ability to conduct QIT meetings, developing an action plan and filling the MDJ were high on average. But also the highlights of the LS are coinciding with all efforts that we have invested in the preparation of this first LS, like where they report to have enjoyed most the new template of the MDJ and action plan; the new guidelines for QIT meeting, the review of the QC process with new QIT tool box.

Moreover, most of QIT performance problems have been solved at the level targeted by themselves though others will continue receiving attention of the QITs and coaches to get more improvement in the future.

6.2. Recommendation

This QC being itself a learning intervention, there couldn't miss some weaknesses and strengths from which we would like to formulate some strategic ideas for its improvement in general and the LS itself in particular:

- Contact QITs, coaches at the district and partners about the LS well in advance. A minimum of 1 month should be reasonable to allow for smooth preparation and prevent from conflicting agendas, unless changes of last minute.
- District coaches should contribute to keeping QIT's motivation as high as possible by sticking as much as possible to the QIT meeting schedule. For this purpose, a copy of the QIT meetings schedule over the next three months has been distributed to all CHW supervisors and district coaches during this first learning session.
- During this 3 month implementation period, as QIT go from now we should emphasize to them about the difference between performance and best practice or lesson. There hasn't been much specificity with some of the lessons they shared because of this sort of confusion despite the explanations provided during the LS. But, as said at the beginning, the LS is also a learning process itself, reasons for these recommendations for improvement of the next LS.

For M&E of the QIT's activities, we should refocus on this in a deeper way to spotlight two aspects:

1) The operations of QC process where we seek to know if QITs are having their monthly meetings, if the MDJ is well completed in all parts, if action plans are developed after documenting all the steps (tally sheets, bar chart, decision matrix, 5 why analysis) with clear gaps , if they develop supply chain SMART objectives and indicators, and determine the need for training by some of the QIT members who have newly joined, etc.

The use of the QIT meeting monitoring tool will cover all these questions and the coaches should find a way to address weaknesses or challenges.

2) Gauging the progress/performance of QITs by analyzing the data available in the monthly documentation journals in comparison to targets set in their action plans every month.

This kind of progress report can be produced every quarter after the LS to evaluate success of the QC intervention at a quarterly basis.

Based on results of the LS evaluations:

1. QITs should clearly document their activities every month in the MDJ and comprehensively (each part of the MDJ should be completed) so that they have at least one or two lessons to share with sufficient information at the end of the quarter.
2. During the coaching visit, coaches should recall to look at the MDJ for the past month to check on the accuracy and completeness . Should there be some missing or inaccurate information, they will assist the data manager and the QIT leader to find it or correct where it's indicated.
3. Ensure drugs and commodities availability because when there is no drug, no stock cards, there will be no job to do in regards to the SC and therefore no data will be reported and no lesson or best practice to share in the LS.
4. Look for a way of updating or giving feedback to HC representatives can improve on the QC process.
5. They had wished (QITs) to have more time for discussions which should be seen as an opportunity for them to hear much about the lessons from each other.

In this regard, should we consider preparation of their posters on power point before the LS and convert the gallery walk into power point presentations and plenary discussion ?

7. Annexes

Annex 1: Action plan template

Start date for using this form: _____End date: _____

A. Problem statement:
B. Performance Gap:
C. Data Source:
D. Root Causes:

				1.E. Timeline for activities											
				Month 1				Month 2				Month 3			
1.A. Improvement Objective	1.B Activities	1.C Indicator	1.D. Lead Responsible	WK 1	WK 2	WK 3	WK 4	WK 1	WK 2	WK 3	WK 4	WK 1	WK 2	WK 3	WK 4
	1.	Indicator: Target:													
	2.														
	3.														
	4.														
	5.														
	6.														

Annex 2: Template of the QIT meeting agenda

Name of QIT: _____

Date: _____

Meeting leader: _____

Time	Topic	Method	Facilitator(s)
8h30	Welcome and registration of QIT members	Circulate the attendance list	Team leader
8h35	Clarifying meeting objectives and roles of QIT member (Identify Facilitator, Timekeeper, Leader and Secretary)	2 flip chart, write on them	Pharmacy manager
8h40	**Assessing the status of activities** - Recall on performance problems being addressed by QIT	**Question and Answer**	Team Leader Data manager
9h00	Analyzing Data - Assess supervision challenges	- Cell coordinators present their challenges - Record cell coordinators challenges	Team leader Data manager
9h20	Prioritizing the problems		
9h40	Step 5: Conduct 5 why analysis	Take note for actions to be reported in the next meeting	Team leader
10h00	Completing the QIT action plan	Discussion facilitated	CHW Supervisor
10h30	Complete the Monthly Documentation Journal	Discussion facilitated by CHW Supervisor	Data Manager
10h50	Emerging issues: - 10 minutes	Discussion	Pharmacy Manager
11h00	**Closing remarks** Take this opportunity to recognize good performers		Team leader
11h10	**Adjournment**		All

Annex 3: Learning session evaluation form

Workshop Evaluation

In the spirit of improving quality of QIT learning sessions, please rate the following statements that will enable us to evaluate and improve this process. Please provide comments if you have them:

Thank you for your participation!

1. **To what extent do you feel that each of the following objectives of the workshop was met?**

Objectives	**Fully**	**Partially**	**Not at all**
Provide guidelines for QIT Meetings	3	2	1
Review of Quality Improvement process - update QIT members on revised QC tools (QIT action plan template, monthly documentation journal and QIT toolbox)	3	2	1
Review of past quarter activities of participating QIT	3	2	1
Develop action plans for the upcoming quarter	3	2	1

2. How well were your expectations met for the workshop? (Tick the one that apply)

High ☐ Medium ☐ Low ☐

3. What was the highlight of the workshop? Tick the one(s) that apply for you

- Review of QC process ☐
- Review of Monthly QIT meetings and successful meeting guidelines ☐
- Walk Through the QIT tool box ☐
- Review of SMART Objectives ☐
- Sharing and Learning Best Practices ☐
- Gallery walk and Plenary ☐
- Preparation and Presentation of Action Plans ☐
- Monthly Documentation Journal ☐

4. **How well do you now feel that you can now perform these activities:**

Activities	Fully with no help from a coach	Fully with help from a coach	Not at all
Conducting a QIT meeting	3	2	1
Develop an action plan as a QIT	3	2	1
Fill in the Monthly Documentation Journal	3	2	1

5. **What will you take back with you from this workshop?**

6. **How would you like the next gathering to build on this one?**

   What can you suggest as a topic that we should cover?

Annex 4: Template for QIT data summary

				Problem Areas in the supervision checklist				
	Cell Name	**Number of Binomes Associated with each Cell**	**Number of Binomes visited in Month from each cell**	**Question Addressed in Supervision Checklist** _____	**Question Addressed in Supervision Checklist** _____	**Question Addressed in Supervision Checklist** _____	**Question Addressed in Supervision Checklist** _____	**Question Addressed in Supervision Checklist** _____
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
	Total							
	Percentage of binomes who still present with challenges for each question **= (No. of those with problem areas for each Question X 100%)/No. of binomes visited in the month**							

Annex 5: Checklist for preparation of the first LS

Activity N°	Activities	Lead responsible	timeline
1	Develop a QC LS schedule and agenda	Amanda, Claude and Greg	**By 6th July**
2	Ensure MOH involvement in the QC LS process	Patrick	8th to 13th July
3	Identifying participants	Alexis, Amanda and Greg	6th July
4	Calling district CHW supervisors for confirmation of date	Patrick, Deo and Golbert	6th July
5	Send quotations for venue	Joyce and Aloys	6th July
6	Book a venue (District hospital, or appropriate HC if the latter seems to provide better geographic accessibility to most of QIT members)	Joyce and Aloys	6th July
7	List materials required for workshop	Amanda and Greg	Before 9th July
8	Define budget for meetings	Joyce and Patrick	9th to13th July
9	Invite participants (Process of invitation)	Patrick	9th to13th July
10	Follow up on invitations (print hard copies to be distributed to HFs who were doing last QITS if needed)	Patrick, Deo, and Golbert	16th to 20th July
11	Preparation of facilitation materials (define roles of facilitators)	Amanda, Greg and Claude	**9th**to13th July
12	Send quotations for translations	Joyce	**9th**to13th July
13	Translation of facilitation materials (from English to Kinyarwanda) and QC tools (action plans, documentation journal)	Joyce	16th to 22nd July
14	Review translated materials with SC4CCM local team	Claude and SC4CCM team	23rd to 24th July
15	Printing of action plans template and monthly documentation template	Joyce	25th to 30th July
16	Prepare materials (poster papers, marker pens, poster pens,	Joyce and Aloys	30th July to1st August
17	Send quotation for vehicles	Joyce and Aloys	23rd to 24th July
18	Logistics for meetings (perdiems, etc…)	Joyce and Aloys	30th July to 1st August
19	Provide administration support at workshop	Joyce and Aloys	6th to 20thAugust

Annex 6: Revised agenda for the LS

DAY I

TIME	TOPIC	DESCRIPTION	Facilitator
8:00 – 8:20	Registration		
8:20 – 9:00	Introduction to the Workshop: Welcome, introductions, participants expectations, norms and review of objectives	PowerPoint presentation	**Patrick**
9:00 – 10:00	Review of QC Process	PowerPoint presentation and team Activities	**Claude**
10:00 -10:15	**Break**		
10:15 - 11:00	Review of Monthly QIT Meetings and Successful Meeting Guidelines	Recommendedprocess for meetings	**Golbert**
11: 00 -12:15	Walk Through the QIT tool box	Train on the purpose of action plan, when prepared and features of the action plan and Conclude with Q and A	**Deo**
12:15 - 12:45	Action plan	Explain the revised action plan	**Deo**
12:45 - 1:45	**Lunch**		
1:45 - 2:15	Review of SMART Objectives		**Patrick**
2:15 - 3:00	Preparation of team posters	Review of data; breakout activity	**Claude**
3:00 - 4:00	Sharing and Learning Best Practices	4 presentations (20 min each) Sharing your Story Gallery walk for the 11 remaining presentations (1 hour gallery walk)	**Claude**
4:00 - 4:15	**Break**		
4:15 - 5:00	Gallerywalk and Plenary	Gallery walk for the remaining QIT presentations (45 min gallery walk)	**Claude**
5:00 - 5:15	Daily Wrap Up		**Deo**
Remember to make arrangements for booking the bus for tomorrow!			
Day II	**TOPIC**	**DESCRIPTION**	**Facilitator**
8:30 - 8:45	Review of Previous Day and Welcome	Welcome and review of previous day's activities	Participant
8:45 - 10:00	Preparation and Presentation of Action Plans		**Golbert**
10:00 - 10:15	**Break**		
10:15 - 12:00	Monthly Documentation Journal	Monthly Documentation Journal – Scavenger Hunt or Q and A Discuss reporting on monthly journals and mechanism to send up reports	**Claude**
12:00 - 12:10	Closing session	Workshop close out and evaluation	**Golbert**
12:10 - 12:40	Team Planning with Coaches	Review Coaching and Monitoring form and Role of Coaches in QIT	**Patrick**
12:40	**Lunch**		

Annex 7: Template for QIT poster presentation

Preparing To Share your Story

PLAN:

Describe one performance problem within your QIT which is well documented.

Choose and describe one objective you worked on.

What Indicator was used?

DO:

List one or two activities that you have planned and conducted.

STUDY:

Did the results match your predictions? □ Yes □ No

If yes, show your data and observations: Graph

What did you learn?

ACT:

Decide to continue, adapt, or abandon the objective.

If you decide to continue, how would you improve on activities?

Annex 8: Template for QIT poster presentation evaluation

Learning From Each Other: *As teams present their work at the meeting, please use this tool to evaluate their presentations: Place a rating in each box with yes being an excellent display of the element during the team presentation, No being no evidence of the element during the team presentation, and somewhat being a medium display of evidence of the element. From each presentation try to find one thing that you could imitate in your own QIT and discuss this with your other team members and coaches.*

	Health Centre Name: _____				
	Circle the appropriate response and place a comment for the No and Somewhat Answers				
1	Had sufficient evidence for the problem they are working on	Yes	No	Somewhat	Comments:_____
2	Clear Objective with timeframe	Yes	No	Somewhat	Comments:_____
3	Clear Measure(s)/Indicators	Yes	No	Somewhat	Comments:_____
4	Chart with one measure started	Yes	No	Somewhat	Comments:_____
5	Activities were well linked to the Objectives	Yes	No	Somewhat	Comments:_____
6	The team had an innovative way to solve a common problem	Yes	No	Somewhat	Comments:_____
7	Is there anything you can learn from this HC that you can use in your own cooperative?	_____ _____ _____			