



Quality Improvement Teams to Improve Supply Chain Performance in Rwanda



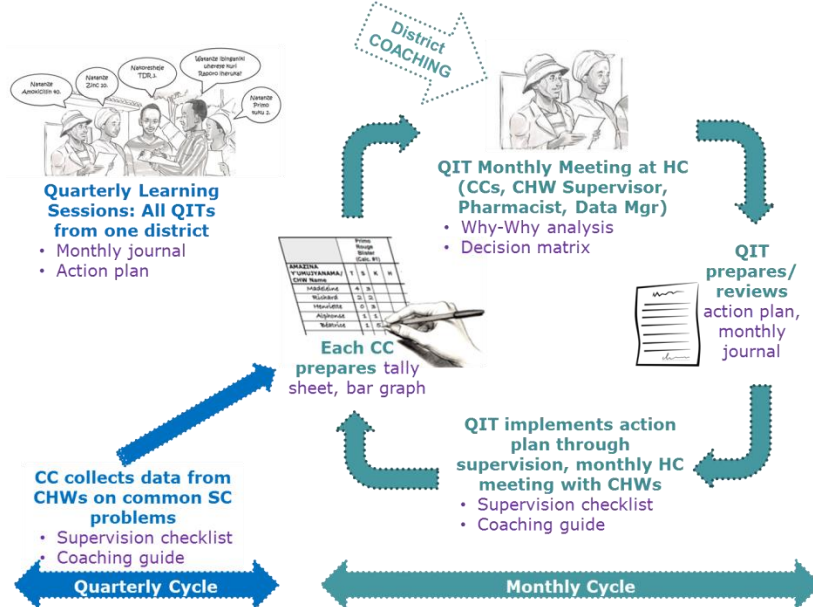
SC4CCM is a learning project that identifies **proven, simple, affordable solutions** that can be scaled up to address unique supply chain challenges faced by community health workers (CHWs). The SC4CCM Project partnered with the Ministry of Health in Rwanda to implement a **Quality Improvement Collaborative (QC)** approach to strengthen supply chain practices and use of standardized resupply procedures (RSPs) for the community level. The QC approach establishes quality improvement teams (QITs) at each health center (HC), comprised of HC staff and cell coordinators (CCs). Individual QITs focus on improving the use of RSPs through a Quality Improvement Process. QIT members use data from CHWs in their cells to identify performance gaps between desired and actual performance in use of the product resupply procedures and then try to close those gaps by testing activities, tracking performance over time, and maintaining practices that improve performance.

Elements of the QIT process include:

- The CCs make home visits to individual CHWs, provide supportive supervision and gather data on selected performance areas.
- **Individual QITs meet monthly at HCs** to review the data the CCs collected and track progress against a pre-determined performance objective using simple tools. The process used by QITs during the Action Periods is the data driven *Plan-Do-Study-Act* (PDSA) cycle. Teams identify problems and solutions to implementing the RSPs and close performance gaps.
- **District level staff provide coaching** and/or supervision support during Action Periods for QITs and individual team members in the use of the QC tools, methods and use of RSPs.

Using this approach, QITs are able to test and identify local solutions to challenges associated with operationalizing the RSPs at the CHW level, test innovations to address gaps in system performance to generate best practices, and build capacity and ownership in existing supervisors, pharmacy staff, and CCs to use QI tools and techniques and to make changes that close performance gaps. The intervention was initially tested in three districts of Rwanda for one year and after a midline evaluation the Ministry of Health is now scaling it up to health centers nationally.

Figure 1 - Schematic of Quality Improvement Team Process



MIDLINE EVALUATION RESULTS:

- **100%** CHWs report receiving supervision, **90%** citing at least once monthly visits
- Monthly QIT meetings conducted as planned for all 3 districts
- 75% of expected members attended quality improvement team meetings
- High availability and effective use of QIT tools by CCs and HCs
- CHWs with all 5 key community case management products in stock on day of visit was 25% higher than in the QIT group than in the comparison group

FGDs: "...the QIT has built such a good relationship along the entire chain. For me the biggest prize has been to learn how to work on plan and be able to achieve it every month..." (Pharmacy Manager, Ngoma)

For more information please visit SC4CCM.jsi.com

