

# The MalariaCare Toolkit

## Tools for maintaining high-quality malaria case management services

### Lessons learned workshops: Sample terms of reference, agenda, and facilitator and participant action planning handouts

Download all the MalariaCare tools from: [www.malariacare.org/resources/toolkit](http://www.malariacare.org/resources/toolkit).



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# Contents

- Abbreviations ..... 3
- Lessons learned workshops: Sample terms of reference, agenda, and facilitator and participant action planning handouts..... 4
- Sample lessons learned workshop terms of reference ..... 4
  - Objective of lessons learned workshops ..... 4
  - Format ..... 4
  - Key activities ..... 5
  - Participants ..... 5
- Sample lessons learned workshop agenda ..... 7
- Facilitator handout: Action planning ..... 10
  - Objective..... 10
  - Tool needed ..... 10
  - Actions completed prior to action planning ..... 10
  - Actions completed during action planning..... 10
  - Discussion guide ..... 10
- Participant handout: Action planning ..... 12
  - Identify the problem..... 12
  - Explore why a problem is occurring and sample action plans ..... 12

## Abbreviations

HMIS	health management information system
LLW	lessons learned workshop
mRDT	malaria rapid diagnostic test
OTSS	outreach training and supportive supervision
RDT	rapid diagnostic test
SMART	specific, measurable, attainable, relevant, time-bound

# **Lessons learned workshops: Sample terms of reference, agenda, and facilitator and participant action planning handouts**

Lessons learned workshops (LLWs) are two-day meetings developed as part of the quality assurance strategy by the MalariaCare project ([www.malariacare.org](http://www.malariacare.org)) to improve the quality of case management of malaria and other febrile illnesses. National programs could adopt this strategy as part of a quality assurance system and modify as appropriate to fit their needs. This manual describes how the meetings supported by MalariaCare were organized and implemented with sample terms of reference, an agenda, and action planning handouts for facilitators and participants. These documents may be adapted for other countries based on their specific situations; areas for adaptation are highlighted in yellow.

## **Sample lessons learned workshop terms of reference**

### **Objective of lessons learned workshops**

To identify challenges and gaps in the provision of effective case management, and identify solutions with clear steps that are implementable in a three- to six-month period between LLWs and rounds of outreach training and supportive supervision (OTSS).

### **Format**

National programs or regional management staff, in coordination with any partner organizations that they are working with on case management activities, facilitate the meeting. The meeting consists of presentations and group discussions. Large group discussion includes all participants, while small group discussion includes five to six participants—each focusing on a theme or specific district/health zone. Participants are put into groups based on their respective geographic regions. All small group discussion sessions end with debriefing the larger group. This is followed by general discussion and adoption of recommendations and/or solutions and lessons learned.

To encourage realistic action planning, participants seek to identify a set number of gaps/challenges to focus on during the LLW. These should be relatively simple objectives that can be addressed at the local level, rather than those that require substantial central-level resources. The solutions should be short-term (e.g., implementable in three to six months, ideally before the next LLW) and specific to the region/district. Solutions should be described in detail using the action plan template. The health facilities on which to focus can be those that are performing poorly or those that have the resources available to test the proposed solution. Country teams are encouraged to adapt these tools to meet their needs.

## Key activities

1. Review quantitative and qualitative data from each reportable area (province/region, district/county). Data can include training, OTSS, and/or health management information system (HMIS) data.
2. Discuss OTSS data quality and strategies for improvement.
3. Identify major gaps in quality case management:
  - Anecdotal and experiential examples.
  - Based on OTSS data review.
4. Identify low-performing facilities based on key indicators (microscopy, rapid diagnostic test [RDT], treatment) and correlation with case management outcome indicators (percentage with fever tested and percentage treated based on test results).
5. Prioritize three to four gaps, and come to consensus on solutions to address gaps:
  - Solutions to be implemented during OTSS visits.
  - Solutions to be implemented between OTSS rounds.
  - Solutions should build on successes and close performance gaps identified during LLW.
6. Develop an action plan for each gap, including:
  - Detailed steps of the proposed solution.
  - Facilities targeted.
  - Responsible staff.
  - OTSS indicator that you expect to impact.
  - Other means to measure improvement (HMIS indicator, report from facility head or staff).
7. Discuss successes/challenges experienced during OTSS, with a focus on how to improve performance:
  - How could the OTSS visit be more effectively conducted?
  - What are challenges to conducting supportive supervision?
  - How is mentoring going?

## Participants

The following staff should participate in LLWs:

- National program (one to three members, including case management and data/monitoring and evaluation specialists).
- Key provincial/regional management staff (including case management and data/monitoring and evaluation specialists).
- OTSS supervisors.
- Other stakeholders as indicated by national program/regional management.

## Roles and responsibilities

*The following responsibilities were taken on by the MalariaCare in-country staff, so they could be taken on by either national or regional staff:*

- Coordinate with regional staff and supervisors on details of LLW.
- Organize the logistics of the meeting.
- Prepare the agenda for the meeting.
- Disseminate OTSS data to participants prior to LLW.
- Disseminate low-performing facility data to participants prior to LLW.

National program/regional management staff:

- Provide HMIS data.
- Review OTSS key findings prior to LLW.
- Review past LLW action plans and provide status updates.
- Lead facilitation of the LLW.

*The following responsibilities were taken on by the MalariaCare headquarters staff, so they could be taken on by either national or regional staff:*

- Collapse OTSS data into presentable format.
- Analyze OTSS data before the LLW, and identify key trends and areas of discussion.
- Correlate OTSS data with HMIS data.
- Identify low-performing facilities.
- Link common problems to measurable indicators to facilitate measuring success.
- Develop tools that offer step-wise solutions to common problems.

## Sample lessons learned workshop agenda

DAY 1			INTERNAL ↓
Time	Agenda	Facilitator	Discussion points
8:30-9:00	Welcome and introduction		
9:00-10:00	Presentation: overview of the OTSS Quality Assurance approach		
10:00-11:00	Presentation: overview of the LLW strategy		
<b>11:00-11:15</b>	<b><i>Tea/coffee break</i></b>		
11:15-12:45	Review quantitative and qualitative data from OTSS and other sources: <ul style="list-style-type: none"> <li>○ Overview of most recent OTSS indicators.</li> <li>○ Review OTSS action plans:               <ul style="list-style-type: none"> <li>▪ <i>What are some common challenges that you see in multiple facilities?</i></li> </ul> </li> </ul>		
<b>12:45-1:30</b>	<b><i>Lunch break</i></b>		
1:30-2:30	Review action plans from previous LLW (if applicable): <ul style="list-style-type: none"> <li>○ Brief presentation of each plan.</li> <li>○ Large group discussion:               <ul style="list-style-type: none"> <li>▪ Were solutions implemented?</li> <li>▪ Are there improvements in indicators tied to gaps/solutions?</li> <li>▪ Have improvements been seen in other measurements or anecdotal experiences?</li> </ul> </li> </ul>		
2:30-3:30	Discuss OTSS data quality and strategies for improvement: <ul style="list-style-type: none"> <li>○ Overview of successes, challenges, updates to the electronic data system (EDS).</li> <li>○ Overview of data quality:               <ul style="list-style-type: none"> <li>▪ Review data quality dashboards.</li> <li>▪ Present data quality issues identified in recent OTSS round.</li> </ul> </li> <li>○ Large group: identify strategies to address data quality issues.</li> </ul>		

<b>3:30-3:45</b>	<b><i>Tea/coffee break</i></b>		
3:45-5:00	<p>Review major gaps in quality case management and identify low-performing facilities:</p> <ul style="list-style-type: none"> <li>○ Small group: participants review OTSS data and experiences from their region, and identify major gaps.</li> <li>○ Group presentation: present major gaps to the group and discuss ways to address them.</li> <li>○ Large group: identify criteria for a low-performing facility.</li> <li>○ Small group: participants break into groups based on regions/counties/districts and review the OTSS data, identifying the lowest-performing facilities.</li> <li>○ Small group presentation: participants present the lowest-performing facilities and explain why these were identified.</li> </ul>		<ul style="list-style-type: none"> <li>• Facilitator assigned to record any key/re-occurring challenges (and solutions).</li> </ul>
5:00-5:30	Wrap up		<ul style="list-style-type: none"> <li>• Facilitators to debrief and prepare for Day 2.</li> </ul>

<b>DAY 2</b>			<b>INTERNAL ↓</b>
<b>Time</b>	<b>Agenda</b>	<b>Facilitator</b>	<b>Materials/modules needed</b>
8:30-9:00	Review questions/Day 1 recap		
9:00-10:00	<p>Discuss successes/challenges during OTSS visits, including specific review of the onsite feedback and mentoring experiences:</p> <ul style="list-style-type: none"> <li>○ Large group: identify successes and challenges experienced during OTSS visit.</li> </ul>		
<b>10:00-10:15</b>	<b><i>Tea/coffee break</i></b>		
10:15-12:45	<p>Develop strategies to address challenges and barriers to effective OTSS implementation in health facilities:</p> <ul style="list-style-type: none"> <li>○ Small groups are provided with a challenge and work to develop a strategy for how to address it.</li> </ul>		While it's preferable that groups come up with their own challenges, some examples of starting points if the discussion is difficult may be: diagnosis, diagnostic results, and

	<ul style="list-style-type: none"> <li>○ Small groups present their strategies to the group.</li> </ul>		treatments might be in different registries without linking information; RDTs may not be done by the clinician, presenting supervisors with the conundrum of whether they follow the patient to the lab; lack of supplies to perform microscopy; the decision of when to intervene/mentor.
<b>12:45-1:30</b>	<b><i>Lunch break</i></b>		
1:30-2:45	<p>Identify best practices for providing feedback collected during past OTSS visits to health care workers:</p> <ul style="list-style-type: none"> <li>○ Small groups review feedback/action plans from past OTSS round(s) and discuss how best to mentor for each problem/issue.</li> <li>○ Small groups present their mentoring strategies and best practices.</li> </ul>		While it's preferable that groups come up with their own topics to practice mentoring, some examples of starting points if the discussion is difficult may be: not performing a history and physical examination; not adhering to test results; not waiting the appropriate amount of time to declare an RDT negative; irrational use of antibiotics; not staining blood smears properly.
<b>2:45-3:00</b>	<b><i>Tea/coffee break</i></b>		
3:00-5:00	<p>Develop action plans to be implemented during the next round of OTSS or in between rounds:</p> <ul style="list-style-type: none"> <li>○ Develop a strong action plan.</li> <li>○ Small groups review gaps identified during Day 1 and develop action plans for each.</li> <li>○ Small groups then present action plans to the group.</li> <li>○ Presentation: strategies on how to implement and document change moving forward.</li> </ul>		
5:00-5:30	Way forward and closing remarks		

# Facilitator handout: Action planning

## Objective

To guide the session on developing LLW action plans for each district/facility. This will take place at the end of the LLW.

## Tool needed

Participant handout.

## Actions completed prior to action planning

During the first day of the LLW, participants will have reviewed regional and district data from the last round of OTSS, previous OTSS and LLW action plans, and follow-up (if done); identified major gaps and low-performing facilities; and identified challenges with OTSS itself.

## Actions completed during action planning

Supervisors/participants will now discuss issues identified at either a facility level or administrative level and create an action plan to address before the next LLW. Progress and results on these action plans will be presented during the next LLW. To guide the discussion, the group will walk through a regional challenge together and create an action plan.

## Discussion guide

The participant guide has four examples of identified problems with potential solutions. Begin by discussing those examples, and focus on the problems identified and the solutions suggested. Some discussion points:

**Identifying potential solutions:** were the solutions focused on actions that are within the health management team's or facility manager's control, or can the solutions realistically be expected to happen?

- *Is there a quick fix to this problem (what can district health management team do to address this challenge)?*
- *What can the district health management team realistically do in the next four months to address this challenge?*
- *What resources (if any) would be needed to address this problem?*
- *Who would be responsible for acting?*
- *How would you know if this challenge has been addressed?*

**Determining next steps to implement solutions:** were solutions suggested based on development of SMART (specific, measurable, attainable, relevant, time-bound) objectives?

SMART ACTION PLANNING				
Specific	Measurable	Attainable	Relevant	Timeline to completion
Who? What? Where? When? Why?	How much? How often? How many?	Is this realistically achievable? What are the anticipated outcomes?	Will this improve malaria case management in your district?	When will it be done?

**Developing the action plan:** Finally, using the problems identified during the LLW and refined in the above discussion, develop an agreed upon action plan. This should include a description of the problem, what action(s) will be taken to address it, and when the action(s) will be taken. Accountable individuals should be named. Have group divide into district teams, and develop an action plan to address a weakness/challenge for their district using the SMART goals handout (below). At the end of the time, each district team will present their action plan to the group. Write your action plan below. Identify the challenge/weakness in your district and then develop a statement of your plan for addressing/improving the challenge.

FACILITY ACTION PLAN
<p>Facility: _____</p> <ol style="list-style-type: none"> <li>1. What was the common gap/issue identified?</li> <li>2. What are the likely causes of the problem?</li> <li>3. What is the action plan for addressing this issue (SMART target)?</li> <li>4. Who is responsible for implementing the action plan?</li> <li>5. Which OTSS checklist indicator will be used/monitored to measure progress?</li> <li>6. Other measures of progress:</li> </ol>

## Participant handout: Action planning

### Identify the problem

When identifying gaps/problems, keep in mind that identified problems should enable you to develop SMART (specific, measurable, achievable, relevant, and time-bound) objectives for an action plan.

**Table 1. Consider the examples below.**

<b>Problem</b>	<b>Does this problem allow me to develop a SMART action plan?</b>
Improper case management	Not specific enough, difficult in a time-limited setting to focus in on how to improve this.
Clinician not adhering to negative tests during observation	Good focused problem, ask why, lack of alternative treatments and a feeling that patient expecting something, clinical provider “being safe,” lack of knowledge, mistrust in laboratory staff.
Low knowledge on mRDT testing	Good focused problem, ask why, lack of alternative treatments and a feeling that patient expecting something, clinical provider “being safe,” lack of knowledge, mistrust in laboratory staff.
Presence of clinical malaria cases	Good start, but more investigation needed through discussion with facility staff or community health worker. Was the problem lack of RDTs or rationing? Was it done because the workload was heavy? Was it lack of recognition of when to perform a diagnostic test? Additional information can help you focus more specifically on the problem to address.
Dispensed artemisinin-based combination therapy not properly recorded	Good start, ask why, lack of registers, lack of training on recordkeeping, workload too heavy, a feeling that this isn’t important.
Irrational prescription of antibiotics	Good focused problem, ask why, lack of alternative treatments and a feeling that patient expecting something, clinical provider “being safe,” lack of knowledge.

Note: mRDT, ; RDT, rapid diagnostic test, SMART, specific, measurable, attainable, relevant, time-bound.

### Explore why a problem is occurring and sample action plans

For example, we often see that laboratory and clinical staff are not waiting the required time before declaring an RDT negative. This may be due to:

- Lack of knowledge—which could lead to a focus on this issue during mentoring, a refresher training, making sure the facility has standard operating procedures that are available and displayed.
- Heavy workload—which could lead to a focus on task-shifting or creating a space or “corner” for RDTs with clearly labeled times on the cassettes.

Below are some examples of well-developed action plans:

#### EXAMPLE 1: FACILITY ACTION PLAN

Facility: \_\_\_\_\_

**1. What was the common gap/issue identified?**

Staff not waiting the required time before declaring an RDT negative (and report too heavy a workload to do so).

**2. What are the likely causes of the problem?**

- Heavy workload.
- Lack of knowledge.
- Organizational issues at the facility.
- Lack of timer and/or pencil to mark time on cassette.

**3. What is the action plan for addressing this issue (SMART target)?**

- During OTSS, review consequences of not waiting the required time (missing a case).
- During OTSS or at follow-up, in between work with the facility manager and department heads to find solutions to organizational and staffing issues such as patient flow and staff case management responsibilities: shift tasks (assign nonclinical, non-laboratory staff who can be trained to perform or read malaria RDTs if they are in accordance with national guidelines); eliminate “extra” steps in patient flow, which would ease the burden on any one staff member involved in case management.
- Identify nearby facilities that are underutilized through effective community messaging.

**4. Who is responsible for implementing the action plan?**

- Supervisor and facility manager.
- District health management lead.

**5. Which OTSS checklist indicator will be used/monitored to measure progress?**

- Proximal: if negative, did worker wait for correct incubation time according to manufacturer’s instruction?
- Distal: overall RDT performance.

**6. Other measures of progress:**

Improvement as observed by supervisor during OTSS either during observation of RDT or of organizational issues of facility; improvement as reported by staff at facility; availability of timers/pencils; proper response from health facility staff during OTSS on how long they’re supposed to wait.

## EXAMPLE 2: FACILITY ACTION PLAN

Facility: \_\_\_\_\_

**1. What was the common gap/issue identified?**

Irrational use of antibiotics.

**2. What are the likely causes of the problem?**

- Lack of knowledge about diseases and their treatments.
- Pressure from patient/caregiver to give something.
- Rational decision by health care worker: feels has to give something, or being cautious in case they've missed a diagnosis.

**3. What is the action plan for addressing this issue (SMART target)?**

- Ensure clinic algorithms (IMCI, fever management) are available and displayed.
- During OTSS, review the indications for antibiotics.
- During OTSS, review the clinical sign, symptoms, and diagnostic tests that should lead the clinician to provide antibiotics.
- Elicit feedback from clinicians on typical availability of these diagnostic tests to identify possible laboratory issues that can be addressed.
- During OTSS, review effective messaging the clinician can use to manage patient expectations.

**4. Who is responsible for implementing the action plan?**

- District health management team.
- Supervisors.

**5. Which OTSS checklist indicator will be used/monitored to measure progress?**

Was an antibiotic prescribed AND what was the clinical diagnosis (malaria)?

**6. Other measures of progress:**

Health worker reports increased confidence in differential diagnosis during OTSS and/or can accurately describe disease entities and their treatment; facility stock registers show decrease in use of antibiotics.

### EXAMPLE 3: FACILITY ACTION PLAN

Facility: \_\_\_\_\_

**1. What was the common gap/issue identified?**

Supervisor disagrees with “no parasite found” microscopy results.

**2. What are the likely causes of the problem?**

- Laboratory technician lacks skills to identify parasite.
- Laboratory technician did not look at full # of high-powered fields: unaware needs to do so or workload too heavy.
- Very low level parasitemia.
- Poor patient flow.

**3. What is the action plan for addressing this issue (SMART target)?**

- Ensure that microscopy standard operating procedures are available and displayed.
- During OTSS microscopy mentoring, identify common problem: Proper staining? Screening on low magnification? One hundred fields screened on high magnification (if identified as a problem due to workload, a shift to increase use of RDTs may be a solution)? Microscopist not familiar with appearance of parasite?
- Identify staff for further training (by other facility staff or during future NMCP-organized training).

**4. Who is responsible for implementing the action plan?**

- Provincial health management team (facilitated by MalariaCare staff).
- Supervisors.
- Supervisors in conjunction with laboratory or facility lead.

**5. Which OTSS checklist indicator will be used/monitored to measure progress?**

- Proximal: agreement by supervisor with microscopist.
- Distal: overall microscopy score.

**6. Other measures of success:**

Increased scores in proficiency testing; laboratory technician better able to perform and demonstrate parasites during OTSS visit.

#### EXAMPLE 4: FACILITY ACTION PLAN

Facility: \_\_\_\_\_

**1. What was the common gap/issue identified?**

Poor patient flow.

**2. What are the likely causes of the problem?**

- Lack of planning.
- Lack of task-shifting of responsibilities.
- Physical setup of the facility.

**3. What is the action plan for addressing this issue (SMART target)?**

- Identify the cause.
- Discuss with facility manager and relevant departmental heads to develop a plan.
- Task-shift as needed. For example, rather than sending patient to lab for an RDT, train clinician or an assistant with clinician to perform test.

**4. Who is responsible for implementing the action plan?**

- OTSS supervisors.
- OTSS supervisor and facility/department heads.
- Facility manager.

**5. Which OTSS checklist indicator will be used/monitored to measure progress?**

Will vary.

**6. Other measures of progress:**

Facility records of how many people are seen per day; self-reporting by staff and/or patients/caregivers of an improved experience; report of task-shifting responsibilities.





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