USAID ASSIST Project

Burundi Country Report
FY16

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For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

Recommended citation

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Abbreviations

AIDS    Acquired immunodeficiency syndrome
ANC    Antenatal care
ART    Antiretroviral therapy
ASSIST    USAID Applying Science to Strengthen and Improve Systems Project
CHW    Community health worker
HD    Health district
ENC    Essential newborn care
FY    Fiscal year
GOB    Government of Burundi
HC    Health center
HCT    HIV counseling and testing
HIV    Human immunodeficiency virus
IPs    Implementing partners
MOH    Ministry of Health
NGOs    Non-governmental organizations
PEPFAR    U.S. President’s Emergency Plan for AIDS Relief
PLHIV    People living with HIV
PMTCT    Prevention of mother-to-child transmission of HIV
PNDS II    Plan National de Développement Sanitaire (National Plan for Health Development)
PNLS-IST    Programme National de Lutte contre le SIDA et les Infections Sexuellement Transmissibles (National Program for the Fight Against AIDS and Sexually Transmitted Infections)
Q    Quarter
QI    Quality improvement
QIT    Quality improvement team
SIMS    Site Improvement through Monitoring System
TPS    Technicien de Promotion de la Santé (Health promotion technician)
URC    University Research Co., LLC
USAID    United States Agency for International Development
1 Introduction

With funding support from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), the United States Agency for International Development (USAID) Applying Science to Strengthen and Improve Systems (ASSIST) Project began work in Burundi in January 2013, building on a prevention of mother-to-child transmission of HIV (PMTCT) service delivery assessment and human performance technology assessment conducted in 2012 under the USAID Health Care Improvement Project. ASSIST is supporting the Ministry of Health (MOH), in collaboration with other PEPFAR implementing partners (IPs) to improve the uptake and quality of PMTCT services for mothers, their partners, and their infants, and to improve retention of mothers and infants along the PMTCT cascade. In addition, ASSIST is working in close collaboration with FHI 360, Pathfinder International, Management Sciences for Health, MEASURE Evaluation, Engender Health, and local non-governmental organizations (NGOs) to address these health care gaps.

In FY16, based on the changes to the PEPFAR operational plan (which prioritizes high-burden geographic areas and key populations and targets support to areas of maximum potential impact for achieving epidemic control), ASSIST is working with the MOH at all levels to support improvement work at sites in five USAID priority provinces (Kirundo, Kayanza, Ngozi, Bujumbura Rural and Mairie de Bujumbura) and transitioned out of facility quality improvement (QI) support in three provinces (Muyinga, Karusi and Gitega) in March 2016. ASSIST continues to support a community health intervention in Giteranyi District of Muyinga Province and to organize the dissemination of spread tested changes to other new sub-collines.

ASSIST is also building MOH capacity to support these efforts, apply the improvement approach to their strategies and plans, and link all synergistic components so that strategies and operations are better aligned to improve care. The National Program for the Fight against AIDS and Sexually Transmitted Infections [Programme National de Lutte contre le SIDA et les Infections Sexuellement Transmissibles (PNLS)] has set up a coordination committee that will implement the HIV operational plan of the health sector. As part of the strategy to institutionalize and sustain the improvement work supported by the project, ASSIST is working closely with PNLS to conduct capacity building of its committee members in QI methods. The project is also supporting the PNLS to develop evaluation and monitoring tools to measure the quality of services in order to enhance implementation and coordination of PMTCT activities.
## Scale of USAID ASSIST’s Work in Burundi

![Map of Burundi with HIV/AIDS indicator]

### MOH, 6 IPs
- 6 out of 17 provinces
- 234 facilities
- 24 communities
- 234 QI teams (facility)
- 24 QI teams (community)
- 3,579,913 out of 10,557,259 inhabitants

## 2 Program Overview

<table>
<thead>
<tr>
<th>What are we trying to accomplish?</th>
<th>At what scale?</th>
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<tbody>
<tr>
<td><strong>1. Implement a PMTCT improvement intervention in five provinces</strong></td>
<td></td>
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<tr>
<td>- Improve uptake of PMTCT services (by mothers, infants, and partners)</td>
<td>Provinces: 6 out of 17 provinces (Bujumbura, Bujumbura Rural, Ngozi, Kayanza, Kirundo, Gitega, Karusi, Muyinga)</td>
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<tr>
<td>- Improve retention of mothers and infants along the PMTCT cascade</td>
<td>Phase I close-out sites: all sites (145 sites) in the 3 provinces (Muyinga, Karusi and Gitega)</td>
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<td>- Improve quality of PMTCT services</td>
<td>Change package from phase I continue to be disseminating in 234 scale up sites.</td>
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<td>Phase II sites: 50 sites in 5 provinces (Bujumbura, Bujumbura Rural, Ngozi, Kayanza, Kirundo)</td>
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<td>Districts: 16 out of 16 health districts in the 5 phase II provinces (16 out of 46 districts in the country)</td>
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<td>Facilities in selected districts: 100% (234 out of 234 PMTCT sites in the 16 health districts)</td>
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<td>QI teams: 234 facility teams</td>
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<td>Catchment population facilities/communities served: 3,456,165 out of 10,557,259 inhabitants</td>
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<tr>
<td>- Strengthen community system to improve the performance of CHWs to provide quality of PMTCT services at the community level</td>
<td>Communities: 24 sub-collines surrounding 6 out of 15; and peripheral facilities in Giteranyi District, Muyinga Province</td>
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<td>QI teams: 24 community teams</td>
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<td></td>
<td>Catchment population communities served in the target health district: 123,748 out of 292,967 inhabitants</td>
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**Improvement Activity**
3  Key Activities, Accomplishments, and Results

**Activity 1: Implement a PMTCT improvement intervention in five provinces**

**BACKGROUND**

Although the current MOH National Health Development Plan has explicitly highlighted quality needs, it lacks a continuous and structured approach to improvement. ASSIST is introducing a modern QI approach and improvement science, both technically and operationally, at all levels of the health care system. In addition to facility-level work, ASSIST is also supporting the MOH to address human resources management as an integral part of the clinical improvement work to enhance providers' productivity, motivation, and performance. ASSIST is working closely with the PNLS’ coordination committee to build the capacity of committee members in QI methods. The project is also supporting the PNLS to develop evaluation and monitoring tools to evaluate the quality and coordination of PMTCT services.

**KEY ACCOMPLISHMENTS AND RESULTS**

- **Conducted monthly site coaching visits in all provinces (Q1-Q4).** Throughout the fiscal year, ASSIST provided technical support to district and provincial coaches’ monthly coaching visits. In phase I (FY17 Q1-2), district coaches conducted monthly coaching visits in all sites, while coaching visits in mixed teams (district coaches and PNLS or ASSIST technical staff) were conducted in six provinces (Kirundo, Kayanza, Muyinga, Gitega, Ngozi, Karusi, and Bujumbura Mairie). The purpose of the coaching visits in dissemination sites was focused on implementing the change package as well as data collection. Coaching visits to the 70 demonstration sites in Kirundo, Kayanza, Muyinga, and Karusi provinces mainly focused on checking the quality of data previously submitted as well as analyzing their improvement results since last coaching visit.

In Q3-4, district coaches conducted coaching visits in all sites on a monthly basis, while coaching visits in mixed teams (district coaches and PNLS or ASSIST technical staff) were conducted in four provinces: Bujumbura Urban (May 2016), Ngozi (June 2016), Kirundo (June 2016), and Kayanza (June 2016). The focus of the coaching visits in scale-up sites was on implementing the change package as well as data collection. Coaching visits to the 35 demonstration sites in Kirundo and Kayanza provinces mainly focused on checking the quality of data previously submitted, as well as analyzing the improvement results obtained since the last coaching visit. During the coaching visits, coaches discussed the new national PMTCT guidelines with QI team members to keep them up to date. Visits also provided an opportunity to follow up on the implementation of the recommendations formulated during previous data quality review meetings.
The USAID mission conducted a Site Improvement through Monitoring System (SIMS) visit. (Oct 29, 2015 and June 30, 2016). Before starting the SIMS visit, Kirundo Health Provincial Director, Dr. Nzorironkankuze presented to USAID on how they are integrating QI activities into provincial and district work plans and explained the process that was followed to disseminate best practices learned from the pilot phase.

In Q3, the USAID Mission conducted another SIMS visit in one site supported by ASSIST -- Gwegura Health Center located in Kayanza Health District, Kayanza Province. The purpose of this visit was to deliver a rapid assessment of the quality of HIV services provided by the facility and to identify the areas that needed to be improved. Each USAID implementing partner was requested to put in place a work plan to address the gaps identified. The USAID team congratulated the Gwegura QI team, where performance exceeded expectations.
• **Conducted provincial semi-annual workshop to review quality of HIV/PMTCT data and services.** In close collaboration with all levels of the MOH, ASSIST conducted data quality review meetings in all five targeted provinces: Kayanza (March 28-29, 2016), Kirundo (March 30-31, 2016), Ngozi (April 4-5, 2016), Bujumbura Mairie (May 3-4, 2016) and Bujumbura Rural (May 5-6, 2016). The purpose of these meetings was to share the results obtained from the implementation/dissemination of the change package from phase I. Each site presented the data they collected and the changes implemented for each improvement aim and indicator before and after QI activities. At the end of the meeting, each health district developed recommendations and a plan to address the weaknesses identified.

• **Conducted a provincial orientation session in all provinces to disseminate the initial change package of phase II and select pilot sites for phase II** (May, Sept 2016). In collaboration with the MOH at all levels, ASSIST conducted a two-day orientation meeting in the five provinces: Kirundo (May 24-25, 2016), Kayanza (May 31 – June 1, 2016), Ngozi (June 14-15, 2016), Bujumbura Mairie (June16-17, 2016), and Bujumbura Rural (June 27-28, 2016). The meeting primarily targeted the health managers at the provincial and district levels as well as the leaders of the health facilities. The aim of the meeting was to discuss and disseminate the technical content of the phase II change package, which will focus on adherence to ART and retention on care and treatment. The anticipated result was to have a common understanding of aims and indicators as well as data collection tools. In addition, during the meeting, the participants selected the high-volume sites for each health district, which will be testing change ideas to improve adherence to ART and retention in care and treatment.
• In Q4, ASSIST conducted provincial meetings on change package dissemination in Bujumbura Rural (Aug 9-10, 2016), Ngozi (Aug 16-17, 2016), Kirundo (Aug 25-26, 2016), Kayunga (Aug 30-31, 2016), and Bujumbura Mairie (Sept 15-16, 2016). The purpose of these meetings was to share the results obtained from the implementation/dissemination of the change package from phase I. Each site presented the data they have collected and the changes already implemented for each improvement aim and indicator. Improvement was noted by measuring data for each indicator before and after QI activities. During these meetings, coaches from PNLS explained the PMTCT key indicators that will be collected every month in national data record system. At the end of the meeting, each health district developed recommendations and plans to address the weaknesses identified.

• Conducting second learning session for community QI teams (Feb 2-4, 2016). In collaboration with the MOH, ASSIST conducted the second learning session for the 24 community QI teams located in Giteranyi Health District (HD) where ASSIST is implementing community health system strengthening activities. The main objective was to strengthen the capacity of community QI team members and others key stakeholders on how the community health system can support getting more pregnant women to access early antenatal care and HIV counselling and testing and what could be the role of each one.

Participants were trained on QI principles and community improvement models, how to guide a community QI team as well as the functionality of a community QI team, information flow, and data gathering. Training also involved experience sharing through the presentations, which illustrated how each community group manages its community health system. It was also an opportunity to share results from the work of each QI community team.
• **Conducted training session for new community coaches** (March 9-11, 2016). To extend community QI activities in other *collines* of Giteranyi HD, ASSIST in close collaboration with the MOH organized a training session in Muyinga for new community coaches. A total of 25 participants have been trained.

• **Conducted coaching visits of the community QI teams in the pilot project in Giteranyi Health District** (June-Sept 2016). Monthly coaching visits were conducted with all 24 community QI teams. The coaching visits focused on screening the tested changes to see which ones resulted in an improvement, and to select the changes which will be part of the community change package. ASSIST staff in Burundi, with the technical assistance of the regional office and in close collaboration with the MOH through the HIV/AIDS National Program, started to collect community best practices which will be used to develop a community change package from pilot project. The change package will be validated by national experts before spreading it to other community sites.

• **Results:** Figure 1 shows increased percentage of pregnant women coming for early first ANC visits before 14 weeks of pregnancy and decreased percentage of pregnant women attending first ANC after 34 weeks in 15 scale-up sites in Kabezi Health District in Bujumbura Rural Province from January 2015 to August 2016. Changes introduced were:
  
  - Announcement made in the church that any pregnant woman who attends 1st ANC visit before 14 weeks will receive an item or service as an incentive (i.e., soap, free test of pregnancy, free test of glycemia).
  - Increase the number of health education sessions in health facility per week on advantages of early ANC.
  - Community health workers (CHWs) and other community leaders sensitize the community on advantages of early ANC and the importance of HIV counseling and testing for pregnant women during the first quarter of pregnancy.
Figure 1: Percentage of early first ANC visits, 15 scale up sites, Kabezi Health District, Bujumbura Rural Province (Jan – Aug 2016)

- Figure 2 shows the percentage comparison of pregnant women coming for early first ANC visits in five pilot sites versus nine scale-up sites in Musema Health District in Kayanza Province from April 2015 to August 2016.

Figure 2: Percentage comparison of early ANC in 5 demonstration sites vs. 9 scale-up sites, Musema Health District, Kayanza Province (July 2012 – Aug 2016)
Figure 3 shows that pregnant women tested for HIV during ANC visits whose partners are also tested increased in 15 scale-up sites in Kabezi Health District by implementing various changes from phase I. Changes introduced were:

- Announcements made in churches and other venues on advantages of partners accompanying women to ANC visits and HIV testing for couples
- Health education session once a week on the advantages of HIV testing for couples
- Mobilization of men on PMTCT (importance of accompanying pregnant women in ANC visit and HIV testing for couples) by CHWs and community leaders in each sub-colline
- Invitation letters for partners given to unaccompanied women during ANC visit

Figure 3: Percentage of pregnant women tested for HIV from ANC whose partners are tested, 15 scale-up sites, Kabezi Health District, Bujumbura Rural Province (Jan 2015-Aug 2016)

Changes introduced
1. Announcements made in churches and other venues on advantages of accompanying women in ANC visit and HIV testing for couples
2. Health education session once a week on the advantages of HIV testing for couples
3. Mobilization of men on PMTCT (importance of accompanying pregnant women in ANC visit and HIV testing for couples) by CHWs and community leaders in each sub-colline
4. Invitation letters for partners given to unaccompanied women in ANC visit

Figure 4 shows the increased percentage of pregnant women admitted to the maternity ward for delivery with known HIV status in nine scale up sites in Musema Health District by implementing two changes:

- Notify HIV status in maternity register
- If unknown HIV status, then HIV counselling and testing (HCT) in maternity room
Figure 4: Percentage of pregnant women admitted to the maternity ward for delivery with known HIV status, 9 scale-up sites, Musema Health District, Kayanza Province (Jul 2012 – Sept 2016)

- Figure 5 shows how community groups are contributing to increase the numbers of pregnant women identified in the community in Giteranyi Health District, Muyinga Province.

Figure 5: Comparison number of pregnant women identified by CHW versus community groups, Giteranyi Health District, Muyinga Province (Sept 2014-Sept 2016)

SPREAD OF IMPROVEMENT

Before spreading phase I best practices, which focused on improving documentation and HIV testing and counseling, ASSIST in collaboration with the MOH and others partners, defined what will be taken as best practices based on their evidence, relevance, implementation simplicity, and replicability. The development of the change package constituted the final step in phase I and which has been
disseminated throughout FY16. In addition, in order to guide the spread of the change package, ASSIST staff with the PNLS developed dissemination strategies which clarify the approach to be followed, the roles and responsibilities of each stakeholder including the central level MOH, provincial health managers, district health managers, as well as the quality improvement teams at the health facilities.

In FY16, ASSIST continued to support and to reinforce spreading improvement through the following achieved activities:

- ASSIST continued to build the capacity of health workers including QI team members, coaches, and provincial and district health managers through coaching visits on a monthly basis and learning and sharing sessions on a quarterly basis.
- Conducted provincial semi-annual workshops to review quality of HIV/PMTCT data and services.
- Conducted provincial meetings on change package dissemination. During the meetings, each site shared with other sites the results from the dissemination, lessons learned, challenges and constraints, and the solutions to address identified weaknesses.

### 4 Improvement in Key Indicators

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<tbody>
<tr>
<td>Implementing a PMTCT improvement intervention</td>
<td>% of pregnant women tested for HIV during ANC visits</td>
<td>47% (69 sites in 4 provinces – Muyinga, Kayanza, Karusi, Kirundo)</td>
<td>99% (69 sites in 4 provinces)</td>
<td>98% (69 sites in 4 provinces)</td>
<td>94% (69 sites in 4 provinces)</td>
<td>95% (35 sites in 2 provinces – Kirundo and Kayanza)</td>
</tr>
<tr>
<td></td>
<td>% of women attending ANC visits before 14 weeks</td>
<td>8% (67 sites in the 4 provinces)</td>
<td>42% (69 sites in 4 provinces)</td>
<td>44% (69 sites in 4 provinces)</td>
<td>52% (69 sites in 4 provinces)</td>
<td>56% (35 sites in 2 provinces)</td>
</tr>
<tr>
<td></td>
<td>% of pregnant women attending ANC and tested for HIV whose partners are tested for HIV</td>
<td>0% (69 sites in the 4 provinces)</td>
<td>72% (69 sites in 4 provinces)</td>
<td>75% (69 sites in 4 provinces)</td>
<td>67% (69 sites in 4 provinces)</td>
<td>69% (35 sites in 2 provinces)</td>
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<td></td>
<td># of exposed children tested for HIV at 18 months</td>
<td>9 (70 sites in the 4 provinces)</td>
<td>264 (70 sites October 2014 until Nov. 2015)</td>
<td>304 (70 sites October 2014 until Feb 2016)</td>
<td>358 (70 sites October 2014 until Apr 2016)</td>
<td>438 (35 sites in 2 provinces October 2014 until August 2016)</td>
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### 5 Sustainability and Institutionalization

ASSIST is working closely with all levels of the health system, from health districts and provinces to the central level, to closely link their improvement work. The project is actively engaging national policy makers, as well as provincial and district health managers, in all phases on design and implementation of work, especially in collection, synthesis, and validation of best practices as well as in change package elaboration/validation and dissemination. District and provincial health management teams are regularly mentored on QI, with district coaches providing support to facility QI teams.

With other PEPFAR implementing partners, ASSIST is contributing to national health systems strengthening efforts by building improvement capacity and by linking different complementary departments in this effort, including the National Health Information System, the Human Resources Department, clinical/technical departments, and the planning/policy department. We expect that this synergistic approach will create the opportunity to design a National Quality Improvement Strategy in FY17.
6 Knowledge Management Products and Activities

- **Data validation and control studies are under development** (Sept 2016-present). ASSIST in Burundi, with the technical assistance of headquarters and the regional office, is conducting a study to validate current project indicators and obtain control group data for selected indicators. The results of the studies will show the added value of ASSIST as well as the reliability of the data collected within the framework of the project. During FY16, the following stages were carried out:
  - Development of the study protocol.
  - Development of the data collection tools.
  - Data collection in the field.

- **A draft case study on male partner involvement in PMTCT is under development** and will be finalized in the first quarter FY17.

- **ASSIST started to develop a community change package which will be spread to other health districts in FY17.** The document will be finalized in FY17.

7 Gender Integration

ASSIST continues to promote and track male partner involvement in PMTCT as a way to improve maternal and child health outcomes as well as male partner HIV outcomes. Involvement is measured through the percentage of male partners of women enrolled in PMTCT services tested for HIV. In the future (during phase II), ASSIST will also track linkage to services for male partners who test for HIV (to care and treatment for those who test positive, and to voluntary medical male circumcision for those who test negative). In phase II, ASSIST will also collect sex-disaggregated data as necessary. ASSIST Burundi expects to introduce change ideas related to gender issues in order to improve adherence to ART and retention to care and treatment.

8 Directions for FY17

In FY17, ASSIST Burundi will continue providing technical assistance to the MOH at all levels to improve quality of PMTCT services in the five USAID-supported provinces (Kirundo, Kayanza, Ngozi, Bujumbura Rural, and Bujumbura Mairie). ASSIST will continue to scale up phase I quality improvement activities (i.e., documentation and HCT among pregnant women) in sites in the five provinces and implement phase II QI activities (adherence to treatment and retention in care) in targeted sites.

To meet PEPFAR Burundi guidance, ASSIST in collaboration with the MOH and other IPs, will expand its technical focus to contribute to improving the enrollment of new patients on ART, including children, and to improving adherence to therapy and retention in care for PLHIV (adults and children) in USAID-supported provinces. This will help reduce loss to follow-up, increase survival rates, reduce new infections, and improve the quality of life for PLHIV. In addition, ASSIST will support the MOH/PNLS to update the standard manual of norms and procedures of HIV services at each level of the health system. ASSIST will also continue to document best-practice interventions in community QI to improve the performance of CHWs in supporting PMTCT services at the community level and scale up these best practices in new sites.

To achieve these objectives, the following activities will be implemented:

- **Continue to scale up phase I QI activities (documentation and HCT among pregnant women).**
  - Conduct coaching visits in targeted sites
  - Exchange learning/sharing workshops at provincial level with QI team members, coaches and managers

- **Continue to implement phase II QI activities (adherence to treatment and retention in care) in targeted sites.**
  - Organize training session for coaches on QI and the initial change package of phase II
  - Organize an orientation session of QI teams in target sites on the initial change package of phase II
  - Collect initial data in targeted sites
  - Organize monthly coaching visits to the target clinical sites
- Organize phase II learning sessions at provincial level
- Conduct specific sites visit for checking and control of the quality of data collected and transmitted by the sites

- Conduct data quality review workshops for QI teams in each district on a quarterly basis.
- Collect best practices and evidences from the field, develop knowledge products and share them with stakeholders.
- Organize coaches' meeting to share experience on best practices.
- Develop with the MOH and other partners the standard manual of norms and procedures of HIV/AIDS services at each level of the health system.
- Develop and validate with the MOH and other partners the community QI best practices document and its dissemination strategy.
- Map community groups in scale-up areas.
- Disseminate the best practices of community QI in new sites.