PRIMARY HEALTH CARE-PERFORMANCE MANAGEMENT (PHC-PM)

Factsheet

Funded by:
BILL & MELINDA GATES foundation

Through:
msh Management Sciences for Health
bsh Building Systems for Health

PROJECT OVERVIEW

The PHC PM project aims to improve leadership, management, and governance capacities of District Health Management Teams (DHMTs) to enhance the data-driven planning, implementation, and monitoring of primary health care (PHC) performance improvement of services.

Using a data-driven approach, districts develop and implement six-month action plans to address specific high priority challenges and establishing sustainability mechanisms to maintain improvements.

7 Selected indicators for Performance Improvements in Gicumbi:

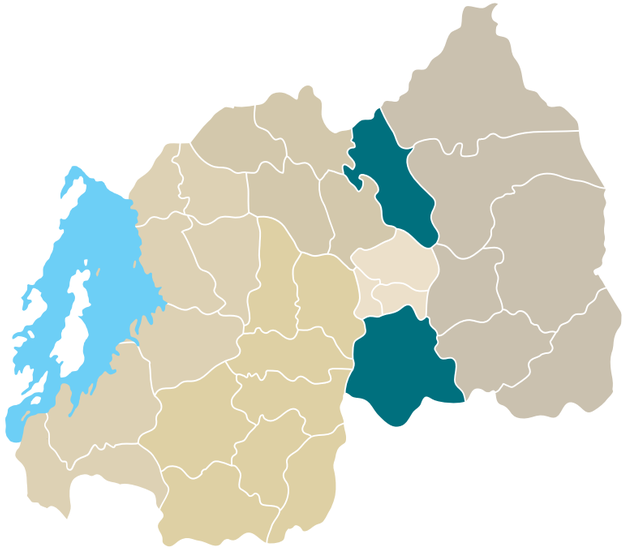
- ANC I coverage:
  Baseline: 57.7% (Feb 2024) to 72% (June 2025)
- Health Facilities reporting (Completeness):
  Baseline: 78% (Feb 2024) to 100% (June 2025)
- Outreach services for dental care:
  53% of targeted patients (1061/2000 were treated in 6 months)
- Outreach eye care:
  31.6% of targeted patients (632/2000 were treated in six months)
- Capacity building in leadership and governance within HCs:
  Improved compliance with service standards as recommended by the audit report of May 2024, compliance improved from 33% (Jan 2025) to 70% (June 2025)
- Reduction of stunting malnutrition in <2years children:
  From 23.6% to 19.3%.
- Anaemia testing during ANC:
  Baseline: 67.5% (June 2023) to 100% (June 2025)

Major Obstacles

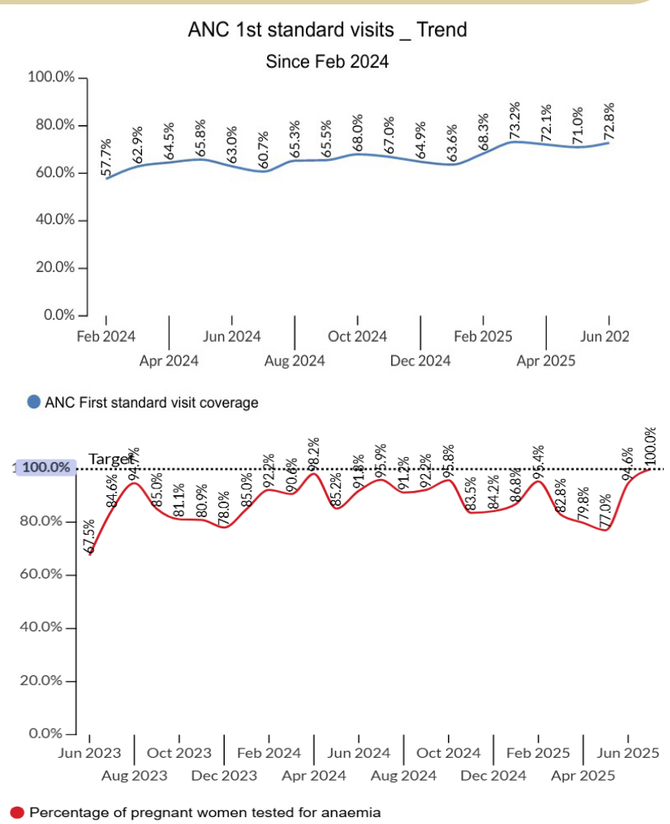
- National stockout of anemia test kits;
- Shortage of qualified dental therapists and dental chairs in health centers;
- Insufficient staff that cannot keep up with clinical work volume and other administrative demands especially nurses and midwives, leading to poor service delivery.

DISTRICT HIGHLIGHTS & PERFORMANCE

Implementation Period: June 2023 – December 2025
Geographic Focus: Gicumbi District and Bugesera District



Two Key indicators that maintained a positive trend in Gicumbi since the project start (See figures provided by RHAP)



Key Performance Improvements in Bugesera since Feb 2024 focused on 3 priority indicators:

- **Institutional neonatal mortality**
  Reduced from 11.6 to 10 per 1000 live births in the first 6 months of the project
- **ANC I coverage**
  Increased from 35% to 41.5%
- **HFs reporting (DQA)**
  Improved data quality from 54% to 77%

Major Obstacles

- Patient overcrowding at Nyamata Hospital leading to persistently poor IPC systems;
- DHMT not operating as a strong team in project implementation;
- Less team commitment due to conflicting priorities and not prioritizing DHMT led PHC activities.

PROJECT ACTIVITIES & IMPACT

Capacity Building
DHMT members trained in leadership, management, and governance; received mentorship and supportive supervision resulting into improved facility reporting and performance improvement in complying with service standards in health centers.

Data Use
Enhanced use of evidence-based data for improved planning and monitoring of PHC performance improvement.

Service Delivery Expansion
Initiatives such as outreach in dental and eye care services have reached vulnerable populations previously underserved.

Learning & Knowledge Sharing
Inter-district and inter-country DHMT exchanges facilitated sharing of best practices, boosting motivation and learning by doing.

Sustainability Focus
Action plans designed to address identified obstacles in PHC service delivery, prompts sustainability mechanisms to ensure lasting improvements beyond project cycles.

CHALLENGES

Staff shortage
Persistent shortage of nurses, midwives, dental therapists; increased administrative workload on clinical staff limits comprimises quality patient care delivery.

Supply Chain issues
Frequent stockouts of essential supplies at national level such as anemia test kits negatively impact service quality.

Equipment
Lack of key equipment, e.g., dental chairs and delays of procurement process constrain outreach services.

Health System Policy
Reimbursement policies not aligned with services delivered at health centers during outreach or in PHC PM project mandate, complicates billing for outreach services and use of ultrasound at HCs.

Commitment & Coordination
No stronger DHMT commitment and better teamwork to adhere to project timelines.

OUTLOOK & OPPORTUNITIES

With the PHC PM project ending in December 2025, is there any opportunity for continuity of this helpful work to support DHMT in the two Districts, and also scale it up to other districts?

RECOMMENDATIONS

* DHMTs have consistently complained of staff shortages as raised by health facilities. With the technical support from BSH, Workload Indicator of Staffing Need (WISN) study across all health facilities to generate evidence-based staffing plans can be conducted to show that gap in human resources for health and support better resource allocation by MOH. MOH guidance to have this exercise is highly needed.
* Continued MOH support to implement PHC project activities is critical to ensure that DHMTs remain focused on improving PHC hence meeting UHC demands.
* Successful inter-district and cross-country learning exchanges highlight the importance of continued peer support networks for sustained health system improvements through sharing best practices.

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