"Empowering health systems for quality healthcare"

Primary Health Care Performance Management (PHCPM) Project

Subgrant N°: A0680-2023-FPSG-BSH

First Technical Report, June-July 2023

Kigali-Rwanda

About BSH

Vision

An exemplary organization enabling and strengthening health institutions to provide quality services

Mission

Building stronger health systems that offer quality health services through empowered competencies, experiential learning strategy and innovations in health professionals and institutional tailored to cultural practices and norms.

Established in 2022, with the operational Registration N°.1128/RGB/NGO/OC/10/2022, BSH is a National Non-Governmental Organization aims at supporting health sector in partnership with ministries of health and other health agencies to strengthen health systems in public and private health institutions in order to improve quality of healthcare services.

Areas of intervention

Capacity building for health managers in leadership, Management and governance of health services.

Facilitation and mentorship to the health facilities/Institutions pursuing national and international accreditation programs certification

Training and mentorship to health institutions and organizations to develop their institutional structures and workforce (HRH) planning based on need (WISN)

Facilitation to health institutions and organizations to develop their policies, strategic documents and operational plans

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1. Introduction

All countries need strong health systems to achieve universal health coverage by 2030. Every person, wherever they are, should be able to access and afford quality health services (UHC Advocacy Guide Sept 2018). Primary HealthCare should deliver health services people say they need, rather than services someone else decides they should have. Health and care workers in this case need safe, healthy, supportive, and dignified conditions of work. Healthcare workers therefore require the skills, resources, employment security, adequate and regular remuneration, and supportive environments that enable them to deliver respectful and quality care to all their patients. Safe healthcare delivery cannot happen without appropriate education and training, oversight, and mentorship of young professionals in the career and team worker. Health governance or leadership capacity at national level and all other levels is considered fundamental to ensure primary healthcare development efforts are successful. Issues of coordination, stewardship and steering of the health agenda in a systematic and coherent way can only be addressed with good health governance systems.

A grant from the Bill & Melinda Gates Foundation to Management Sciences for Health (MSH) in partnership with Building Systems for Health (BSH) will support and incentivize two District Health Management Teams (DHMTs) in Rwanda to routinely use actionable and visible data for process planning and improvement approaches while enhancing the functionality and performance of primary health care (PHC) systems and service provision within public health facilities of the selected districts. This investment will ultimately contribute to the achievement of better health outcomes for all, advancing progress toward Universal Health Coverage (UHC) by 2030. Moreover, this locally led initiative will help to influence national and global best practices for leveraging PHC data for performance management. With the support of Melinda & Gates foundation, BSH is providing technical support in two selected districts of BUGESERA and GICUMBI to build the capacity of the DHMTs and health facility staff. In Rwanda, the Primary Health Care Performance Management project focus is to regularly analyze, interpret, and act upon data for implementing adaptive management practices aimed at improving PHC resource allocation and boosting PHC facility performance. BSH is providing leadership development and quality improvement (QI) training methodologies to support the DHMTs and health facility teams to embed the skills and competencies of leading, managing and governing needed to analyze complex problems that hamper the equitable provision of integrated, quality, accessible PHC and work on systematic approaches to address their challenges. The project has three main objectives.

2. Main Objectives

Objective 1.

- Support DHMT to collect routine and essential operational and cost data at a facility level.

Objective 2.

- District health management teams (DHMTs) regularly review PHC system data and implement improvement processes (PDSA or similar methodology).

Objective 3.

- Global learning from local operational data, performance management, and PHC system improvement.

3. Start-up activities and implementation process of the project

The implementation of Melinda and Gates foundation project for PHC performance improvement started on 1st, June 2023 with the signing of the award between the Management Science for Health (MSH) and Building Systems for Health (BSH) for two years. The signing of contract was followed by start-up meeting between MSH team managing the project and BSH team. The main points of discussion included orientation of BSH team on the project, discussing the contract terms and conditions and the location of the project (geographical coverage), the other partners that will implement the other pieces of the project with BSH, the technical approach in the implementation of the project including adaption to the Rwandan context (LDP+/challenge model), the data collection process to measure the performance improvement and the meetings with the districts and stakeholders for data collection to inform the project baseline. In this project**,** BSH will be supported by MSH to conduct LDP+/challenge model training for the DHMTs, followed by the on-the-job coaching and mentorship to DHMTs to complete their training with skills and competence to do their routine work in a better way than before the project supported them. The three stones international will focus on measuring performance through independent assessments of the progress in the PHC activities implemented and record improvements made while Zenysis international organization will be working on the creation of dashboard to display development made for easy show and use of the data by the decision makers. Dashboard will be a management tool to guide evidence-based decisions in the DHMTs roles. In these first two months of the project implementation, the following activities were planned to start, and have either been started or not yet.

3.1. Organize PHC project meetings with districts (DHMTs and other key stakeholders), MOH/RBC to introduce PHC performance management project (Deliverable #1.1)

In collaboration with the MSH team, BSH organized and conducted introductory meetings for the project in Gicumbi and Bugesera Districts. In these meetings, a lot concerning the project implementation strategy was discussed, and the district teams and the hospital DGs received well the project after the orientation on the design and objectives. The implementation approach was discussed at length in both districts and the DHMT representatives appreciated the focus of the project especially the new approach of LDP+ in capacity building.

Picture 1. Stakeholders Meeting with the Director of Good Governace and JADF Secretary in Bugesera District

Picture 2. Stakeholders Meeting with the Director of Good Governace and JADF Secretary in Bugesera District

The Gicumbi district team requested to have the Health Centers (HC) heads and the heads of departments in the hospital participating in the capacity building training for leadership, management and governance skills. They also suggested to have community radio used in health prevention messages.

***Picture 3*. MSH and BSH engagement meeting with the District Authorities in Gicumbi District**

The Gicumbi team also requested that the first training of LDP+ be conducted outside the district environment to allow them full participation and concentration without moving out of the training every time for other activities.

Picture 4. Stakeholders Meeting with the Director of Good Governace and JADF Secretary in Bugesera District. BSH and MSH Team

In the District of Bugesera, the DG of Nyamata Hospital welcomed the LDP+ approach for quality improvement. He indicated that there is a lot to fix in quality improvement and accreditation and believed in new approaches to make staff shift their think and respond to the quality service demands. The DG of the hospital went even further and identified the health center and the health post which will participate in the Key Informant Interviews (KIIs) for the project information as the baseline information during start up. The district health Director of Bugesera district together with the Director of good governance who also represented the secretary of JADF (Joint Action Development Forum) also had the orientation on the project strategic approach of capacity building in leadership, management and governance based on results and appreciated the project. The District Team concurred with the hospital team on the identified Health Center and health post for the KIIs but advised that BSH and MSH should first send a letter to the district authorities requesting to conduct KIIs before the start. The team also advised that the action plan should be revised to reflect all the activities and the budget because the plan that was shared first had only BSH activities and the budget was too small for the district to commit her partnership.

3.2. PDSA alignment meetings with DHMTs to identify methodology and get their buy-in and support (Deliverable # 3.1)

In this month of June and July, 2023, BSH together with MSH team had brainstorming sessions to understand how the challenge model in leadership development program plus (LDP+) will be aligned with the PDSA methodology to facilitate the PHC to improve

indicators. The team agreed that LDP+/challenge model will be adopted to the country context and the priority indicators identified with the DHMTs, create shared vision and then facilitate them in implementation of PDSA cycles with training which will mainly focus on challenge model.

Picture 5. Joint MSH and BSH brainstorming session at BSH Boardroom.

The baseline data will be established and the measurable indicators will be developed alongside those priority areas. The team also developed a generic power point presentation which was used in the orientation meetings with DHMTs, and will be continuously improved based on the need. The MSH team also organized a meeting with Three Stones International (TSI) to discuss how their activities will be implemented in partnership with BSH and MSH. The TSI team was given an overview on the functionality of the DHMTs, and the sources of data they will be using. They were informed that they will be the lead in data management and their actions will be data driven without any influence to show the impact of the project. Most of the data sources for them will be coming from the HRH, financing, and service delivery which should all be well-aligned with the deliverables and payments. The payment of the activities will be catalytic approach rather than PBF approach which is the method used to pay the government institutions public money (i.e. health facilities). The planned assessments will be organized and led by three stones and the achieved results from these measurements should be displayed on the dashboard that will be agreed up on between the Zynesis and the three stones. The key indicators for the glass-box desired by

the Gates foundation will be determined after the baseline survey and assessment, and they will be showing the DHMTs improved management and improved performance of the PHC services on the dashboards created by Zynesis.

3.3. Integrate the steps of the identified PDSA methodology (i.e., Challenge Model/LDP+) to fit the current rhythm that DHMTs meet or convene in (Deliverable #3.2)

The brainstorming session between BSH and MSH, and later with TSI, agreed that measurable indicators for the challenges identified by DHTMs will be taken up in the challenge model of every team will be their PDSA cycle to improve performance in PHC. After the full startup of the implementation of the activities, a further strategic direction and actions will be elaborated.

Picture 6. MSH staff in a brainstorming session with BSH staff at the New BSH offices.

3.4. Hold PDSA kick off meeting with DHMTs and bodies that play oversight role of DHMTs (Deliverable #3.3)

The activities start-up commenced with development of the action plans, and sharing them with the District Teams for review and approval. The last month of June and July were mainly focusing on strategizing and planning with the district teams. Key activities of the project were reviewed jointly. The bodies with the oversight role of the DHMTs were not reached. This activity will be undertaken in our next steps.

3.5. Support DHMTs to develop action/performance improvement plans (del #3.4):

Given that this quarter was mainly a period for the project start-up, the technical aspect and key activities with the DHMTs such as developing the action plan could not be possible. This activity has not yet kicked off and maybe undertaken in the upcoming quarter.

3.6. Facilitate initial/baseline data review meeting (DR1) and make suggested revisions to MAQ-PHC dashboard based on DHMT input (Deliverable # 4.1)

The initial/baseline data collection activities commenced and the review to develop the benchmarking indicators for the project have been initiated. In collaboration with MSH, the counterpart districts and hospital managers especially the Directors of Health at the district level and the DGs of the hospitals, BSH started the discussions with both districts and hospitals including selection of the KIIs participants for data collection. Below are the groups of KIIs participants selected from the district, hospital, health center and the health post levels including CHWs and their cooperative members.

Positions	Time slot for interview
- Vice Mayor Social Affairs - Director of planning - Director of health + his team	1h30
- Chief budget Manger - Director of Administration & HR - Director of finance in the Hospital	1h
- Director General of the Hospital - Planning & M&E officer - CHWs' supervisor - 2-3 members of Hospital health committee	1h30
- Titulaire of Health center - Accountant	1h
- CHWs supervisor - 2-3 members of Health center committee - 2-3 members of CHWs	1h30
- Head of the health post - 2-3 members of CHWs volunteers - 2-3 members of health post committee	1h

After the KIIs, data will be cleaned, analysed and a report will be generated subsequently submitted for final review and application as required.

4. BSH Administration and Office set-up

BSH has been operating from a limited office space that could not have enough space for the growing team designated to the implementation of the PHC performance improvement project. As such, a decision was taken by the management team of the project to relocate from the organization's office in Diamond House in Kicukiro to the organization's new office in Gikondo property plot N°246, KK 525 Street, opposite Mironko Plastic Industries. BSH has secured an office which is actually fit for the activities it's running and the size of the staff it has including the consultants that will be recruited soon.

Picture 7. Kate Henderson in a working session with BSH staff at BSH offices

5. Challenges encountered

Since this is the beginning of the project, the challenges encountered are usually common for the start-up process. They include issues associated with office supplies and start-up budget because part of what the organization needed, includes the right office with necessary office equipment and supplies. All these required adequate funds which the organization did not have. Thanks to the generosity of its members that had to make contributions and secure some of these needs addressed. As we get the funds from the donors, BSH will identify the budgeted items such as projectors, printers, laptop, etc for PHC performance improvement project activities

6. Conclusion

PHC performance improvement project is a response to the real issues of leadership, management and governance which the health managers are facing. Health Managers showed a deep desire to have a lasting solution to these challenges. The meetings conducted with the Ministry of Health officials, the District Health management Teams and the Directors of the hospitals all echoed on the usefulness of such a project based on the orientations that they were given on the challenge model approach. There is no doubt therefore that this project will be impactful once the real activities start, especially once they are trained and coached on the LDP+/challenge model approach as a lasting solution to addressing the current and future challenges.

7. Upcoming activities

In the coming months, BSH will work on other project activities as mentioned above to implement mainly the following key tasks:

7.1. Conduct and complete all the Key informant Interview (KIIs) in all the selected areas and provide the report accordingly.

7.2. Follow up and obtain the collaboration letters from the project counterparts/beneficiaries

7.3. Organize and hold PDSA kick off meetings with the DHMTs and the bodies that play the oversight role of DHMTs

7.4. Organize and implement LDP+/challenge model orientation sessions with the DHMTs

7.5. Procure important items to support the implementation of the project activities such as printers, projects and other consumables.

7.6. Facilitate or participate in the initial/baseline data review meetings, data collection and analysis activities.

7.7. Organize and conduct the LPD+/challenge model training with the DHTMS.

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