Gates PHC Performance Management - Subaward Reporting Template

Subaward Name: Building Systems for Health

Reporting period: January through March 2025

Date: March 31, 2025

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Key learning this quarter: Document lessons learned during project implementation and explore necessary pivots for the intervention.

During this quarter, the DHMT members of Gicumbi and Bugesera implemented different activities which provided great learning lessons for documentation.

Gicumbi District: Gicumbi DHMT members conducted four main interventions that include:

1. *Mentorship and supervision of health centers implementing learned skills in PHC PM project*
2. *End of cycle 2 results workplan and planning for cycle 3*
3. *Inter-country learning workshop*
4. *Cross-country learning workshop*

a) Challenges and recommended next steps for adaptation: List of challenges or programmatic aspects needing improvement/adaptation and recommendations for next steps.

Challenge & Main Takeaway *What part of implementation has been noted as a challenge? What is the main lesson learned as a result?*	**How was this challenge identified?** *How was this challenge identified? What feedback did you get from stakeholders or DHMT participants?*	**Recommended Next Step** *What would you recommend doing differently? Why?*
PHC PM implementation challenges and lessons learned	***Challenge identified***	**Recommended Next Step**
- Long waiting time of mothers coming for ANC services	-Most HCs not able to provide quick ANC services to pregnant women which results in overstaying at the	-All HCs have created two consultation offices at HCs and whenever a pregnant woman comes will be prioritized and seen within the ANC

	HCs leading to poor turned up for ANC services	consultation office different from the general consultation office.
- Clinical staff with Low skills and attitude in providing ANC following services protocol/guidelines	-Limited resources could not allow the newly recruited or staff re-allocated to different services get training on ANC guidelines leading to poor services	-Training of 58 health care providers on essential ANC skills like basic ultrasound and ANC protocol/guidelines was key
- Limited supervision and mentorship to CHWs to follow-up pregnant mothers by CHOs from HCs	-There was no budget allocated to support the transportation of the CHWs supervisors and it affected the commitment and quality of work of CHWs	-Conducting monthly supervisions and mentoring the CHWs on ANC services with the support of catalytic funds was essential
- Lack of dental and eye care services and infrastructure within HCs which are close to the communities limits the community accessibility to quality care services	-Lack of Qualified staffs and equipment to provide dental and eyecare services within HCs due to lack of budget	- Conducting outreach interventions was a best option within some HCs to treat patients who were identified as priority cases as well as purchasing needed medical equipment
Institutional audit queries by the general auditor on the general management and leadership gaps within health centers especially in areas of finance, staff management and other resources in HCs that are repeatedly raised during audits and have not been addressed due to limited skills among the HC managers	- Inappropriate payment procedures - No compliance with ministerial instructions on management of cashless payments due to lack of leadership enforcement and no reconciliation report between momo pay, IFMIS system and the Bank statement	- Orientation training for new accountants on payment procedures, ministerial instructions on management of cashless payments, and monitor compliance with policy and regulations on financial management
	- Lack of inventory and stock management systems within HCs due to leaderships gaps	- HCs to designate responsible personnel for stock management, train them on stock management, develop inventory procedures and plans to conduct regular inventories -The HC managers should conduct regular supervision on stock management
	- Inexistence or dysfunctional receiving committees at the HCs due to leadership gaps	- HCs to establish receiving committees with clear TORs of their

		functions and give them orientation training on their work
	- Incomplete and outdated personnel files with insufficient knowledge to establish operational plans	- HCs to nominate responsible personnel for development of policies and operational plans for their HCs and give them orientation on developing those policies and plans -Managers to update the personnel files And monitor the completeness and compliance with policy and procedures of staff management.
	-Lack of policy and procedures on filing and Record-Keeping System	- Establish institutional policies and procedures in each HC for receiving goods, communication and filing of laws and regulations; and ensure compliance with established procedures

b) Successes: List of successes and recommendations for scale up.

Success & Main Takeaway *What part of implementation has been noted as a success? What is the main lesson learned as a result?*	**How was this success identified?** *How was this success identified? What feedback did you get from stakeholders or DHMT participants?*	**Recommended Next Step** *Do you have recommendations on next steps?*
Mentorship and supervision of health centers implementing learned skills in PHC PM project	***There has been DHMT driven initiatives to improve HCs performance:*** Using skills gained during training, the DHMT members were motivated to support the HC managers to improve their performance because they found it's possible, and they developed a mentorship plan for the HCs by themselves and implemented it successfully.	Continuous empowerment of DHMT with leadership skills and financial resources to keep them with that moral of being more innovative to find solutions/means to support HCs to improve their PHC performance.
	Improved financial management systems: Following the mentorship and supervision activities conducted, 8HCs improved their financial management system and have started to report their daily revenues	Making this action a performance-based indicator in PBF for the monthly reports can accelerate this improvement much higher and all the HCs can achieve it.

	to the opened HC bank accounts linked with mobile money payment system.	
End of cycle 2 results workplan and planning for cycle 3. *The catalytic fund turned out to be a source of solutions to outstanding community needs that have remained un*	***Telling your story:*** *When teams presented their cycle 2 achievements, they did so with proudness of what they achieved. The commitment of the team leads to prepare well the presentations of their achievements was never seen before. It was clear that some of the DHMT members when assigned to lead their colleagues in implementing their action plans and monitoring the action plans implementation progress. At the end, they owned results and became proud and confident of what they were telling others as their achievements.*	Introducing recognition certificates for the teams that successfully implemented 100% of the activities indicated in their action plans within the timeframe of that cycle can make the teams own the process more and be more focused to better results as well.

attended by the district because of competing priorities with limited financial capacity. There is no doubt if the DHMTs continue to get empowered both skillfully and financially, they will always try to be bold in their thinking and find solutions to the real problems affecting PHC.	**Selecting the DMRs by the DHMTs during cycle planning***: During the selection process of the desired measurable results (DMRs), the DHMTs based on several factors including dashboards from RHP, DHIS-2 data provided directly by the data managers, electronic logistics management information system (e-LMIS) for medical products and supplies operated by the Director of RMS, as well community needs raised through Vice mayor from the weekly community meetings with the Vice Mayors. The selection of DMRs raises a lot of discussions and debate among the DHMT members during the planning session for the next cycle. This step is seen as a crucial and a tough period to the extent that DGs starts lobbying members to support what they are indicating as the main challenges based on data and complaints from the district health coordination meetings while the Director of health with the support of district team tend to convince the DHMT to focus on the imihigo challenges. The focus for challenge selection/DMR selection is supposed to be guided by use of RHP data, but DHMTs sometimes opt to mix both evidence-based challenge selected from RHAP and the pressing communities needs frequently posed to the Vice Mayors during community meetings and have not been able to give solutions to those complaints.*	Same as above recognition of the teams that fully and successfully achieved their DMR after each cycle can improve the teams focus on SMART DMR indicators.
Inter-district learning workshop	The motivation generated by the inter-district learning was such high that the district teams started making comparisons of what they achieved in form of competition. E.g. the representative of the heads of	I recommend to have at least two inter-district learning

	health centers in Bugesera was quoted saying "Gicumbi has out-competed us because they did a lot of things yet they had less money compared to us. Our team needs to improve its collaboration".	sessions per cycle. One immediately after the Midpoint review session and another after the end of the cycle. This can create more avenues to learn from each other.
	This learning period also provided an opportunity for one-on-one discussions, such as the DG of Bugesera was making consultations with the DG of Gicumbi asking him how he does it to get the Vice Mayor's availability to attend to most of the meetings, which is not always ease for the Bugesera team.	
Cross-country learning workshop: *Cross-country learning was an eye opening for the DHMT members of Rwanda. They realized that its possible for the DHMT to talk and influence resources allocation at the district level as it's done in Ghana.*	*Participants were open and actively participating in experience sharing. In addition to experience sharing on how to deal with challenges differently, the cross-country learning participants made commitments at the end of the workshop to improve their performance and put up schedules of when they will implement different tasks. This was a demonstration of how the workshop was fruitful in shaping them to refocus on PHC performance.*	It would be very helpful if another cross-country learning opportunity can be organized in Ghana next time.

Bugesera District: The DHMT members of Bugesera worked on different major activities including;

1. *Training of health workers on ANC new protocol to address the challenge of low ANC coverage and reduce neonatal deaths*
2. *Training of data managers from health facilities to address the challenge of poor data*
3. *Midpoint review meeting for cycle 2*
4. *Inter-district learning workshop*
5. *Training of DHMT members on their roles and responsibilities*
6. *Cross country-learning workshop*

c) Challenges and recommended next steps for adaptation: List of challenges or programmatic aspects needing improvement/adaptation and recommendations for next steps.

Challenge & Main Takeaway *What part of implementation has been noted as a challenge? What is the main lesson learned as a result?*	**How was this challenge identified?** *How was this challenge identified? What feedback did you get from stakeholders or DHMT participants?*	**Recommended Next Step** *What would you recommend doing differently? Why?*
PHC PM implementation challenges and lessons learned	***Challenge identified***	**Recommended Next Step**
Low ANC I coverage, with poor service delivery at HCs and persisting high neonatal deaths	-Insufficient skills of healthcare workers in health facilities to provide quality ANC services	-In addition to fifty-six nurses and midwives from Nyamata hospital and HCs training more nurses and midwives from HCs on neonatal protocol and to operate ultra sound scan will improve on the ANC I coverage. We recommend continuous follow-up of the trained staff in supervision and mentoring them
	-Lack of basic equipment to aid provision of quality ANC services	-In additional to equipping seven ambulances in cycle one with required emergency items like oxygen cylinders and oximeters to resuscitate neonates during transfers, providing key equipment required mainly the HEMOCUE and dopplers to the health centers will accelerate improvement of quality of ANC services. Recommendation is to put in place maintenance plan to ensure that equipment remain functional.
	-Insufficient and weak supervision and mentorship program for CHWs to reach communities and mobilize mothers to seek for ANC services	-Strengthen supervision and mentorship of CHWs and reinforce ANC messaging in monthly CHWs coordination meetings

Poor quality of data from health facilities that affects DHMT's evidence-based decisions.	-Insufficient number of data Managers within the district with insufficient skills in data management and use	-Recruiting the missing data managers to fill vacant positions and giving them induction and refresher training on data collection, management and use
	-Lack of data validation mechanisms to ensure quality data collection due to insufficient budget to conduct supervision and mentorship at HCs	- Develop and implement a plan to conduct regular HCs-based data validation sessions through supervision and mentorship of data managers
Strengthen the DHMT capacity to conduct their business as required by the DHMT guidelines	-Limited knowledge on the DHMT's roles and responsibilities	-Giving orientation training of the DHMT members on their roles and responsibilities as described in their guidelines
		-Giving DHMT a functional budget to allow them implement some of the key decisions taken in the DHMT forum and have no planned budget
Significant delay of midpoint review meeting. DHMT members can improve their commitment with leadership reinforcement	Lack of team work spirit in DHMT members affects implementation progress of the PHC PM activities	Planning progress update session of PHC PM activities implemented with the district authorities

d) Successes: List of successes and provide recommendations for scale.

Success & Main Takeaway *What part of implementation has been noted as a success? What is the main lesson learned as a result?*	**How was this success identified?** *How was this success identified? What feedback did you get from stakeholders or DHMT participants?*	**Recommended Next Step** *Do you have recommendations on next steps?*
Providing the HCs with key equipment to improve neonatal care and ANC services was a success. This made the HCs understand the existence of the DHMTs and realized that the forum can	The HC staff were impressed by solutions to some challenges they were facing e.g. they got training to use ultrasound scan which had been lying in their stores for	Continuing mentorship and supervision for the HC staff by the doctors from the hospitals is necessary to ensure that the HC staff can gain enough skills on ultra scan pictures

provide solutions to some of the PHC challenges that affect Performance improvement	over a year without use yet highly needed! Pregnant women that visit the HCs get ultrasound scan when they visit HCs and go back impressed.	interpretation and limit errors.
Inter-district and cross-country learning workshops. The two events were successful and Bugesera team gained a lot from experience shared by other teams and team work	The comments shared by some of the members of Bugesera DHMT. E.g. saying that Bugesera had money given to DHMT and yet they had few activities done was a sign that they need do more. The DHMT team made a commitment plan to improve their PHC PM activities implementation	Increasing the number of inter-districts learning workshop from one to two can improve the team's participation and focus to improve PHC PM activities, much as inter-country learning session can do if another one is organized in Ghana.
DHMT orientation training on their roles and responsibilities. Unpacking the details of the DHMT roles and responsibilities enabled the DHMT to understand what they are tasked to complete	DHMT members grouped the tasks they have to accomplish into 3 categories (i.e. 27% need MOH support to be accomplished, 18% require district council support and the rest 55% as within the capacity of the DHMT members to be resolved without any consultations for support). This left DHMT with an improved understanding of what they should accomplish in their roles and responsibilities to improve PHC performance.	Providing a functional budget for the DHMT will make the team focus consistently on improving the PHC performance though improved planning, management and coordination of the health services.

Other activities implemented:

Inter-country partners monthly meeting: The monthly inter-partners meeting with MSH has significantly contributed in the improvement of coordination and facilitation of the DHMT's through coaching and experience sharing. The continuation of these meetings and extending them to include MOH and the district representatives of DHMT can make further improvement in strengthen the PHC performance system.