"Empowering health systems for quality healthcare"

Primary Health Care Performance Management (PHCPM) Project

Subgrant N°: A0680-2023-FPSG-BSH

Quarterly Report (Oct-Dec 2024)

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 No.1128/RGB/NGO/OC/10/2022, and received legal personality (N° 954/RGB/NGO/LP/01/2024) in January 2024, BSH is a National Non-Governmental Organization that 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 of health facilities/Institutions pursuing national and international accreditation programs certification.

Training and mentoring health institutions and organizations to develop their institutional structures, and Human Resources for Health (HRH) workforce planning based WISN studies

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

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1. Introduction

Strong health systems and effective primary healthcare remain fundamental pillars in Rwanda's journey toward achieving Universal Health Coverage (UHC) by 2030. The Primary Health Care Leadership Development Program (PHC-LDP) in Gicumbi and Bugesera Districts has demonstrated significant progress in this quarter (October-December 2024), building upon the foundation laid in previous months. This initiative, supported by the Bill & Melinda Gates Foundation through Management Sciences for Health (MSH) in partnership with Building Systems for Health (BSH) and other local partners, continues to empower District Health Management Teams (DHMTs) to enhance healthcare delivery through improved leadership, data-driven decision-making, and strengthened management practices.

This 2024 has been particularly significant, marked by intensive leadership development training extended to lower health cadres such as heads of Health centers and health posts in Gicumbi District, and strategic planning sessions in Bugesera District. The activities implemented have directly addressed the core principle that primary healthcare should be responsive to address, and meet community needs while ensuring healthcare workers are well-equipped and supported. The comprehensive training programs conducted during this period especially in Gicumbi district have focused on essential aspects of healthcare management, including financial oversight, human resource management, and service delivery optimization.

As evidenced by the mid-point reviews and other DHMT meetings held during this quarter, both districts have shown promising advancement in developing robust health governance systems, and particularly Gicumbi DHMT understands that their mission needs companion of improved leadership at lower levels of healthcare. The implementation of action plans has particularly focused on strengthening antenatal care services, improving health facility reporting systems, leadership skills and enhancing data management capabilities. These efforts align with the project's broader goal of building sustainable, locally-led healthcare systems that can effectively serve their communities.

The progress observed in both districts during this quarter demonstrates the practical application of the PHC-LDP approach in strengthening Primary Health Care Performance Management. With new action plans developed by each DHMT in cycle II and continued improvement of cycle I indicators achieving higher targets, the districts are showing tangible progress toward better healthcare delivery. This quarter's activities and achievements continue to contribute valuable insights to national targets of improving PHC performance, ultimately supporting Rwanda's progress toward Universal Health Coverage by 2030, and global best practices of leveraging PHC data in performance management.

2. Main Activities Accomplished

The main activities implemented from October to December 2024 include:

- Coaching session to review and improve cycle II action plans in Bugesera

- Follow up meeting sessions with Bugesera team to accelerate implementation of their action plans
- Training of nurses/midwives and heads of HCs in Gicumbi on ultrasound scan for pregnancy confirmation.
- Preparatory meeting sessions with Gicumbi team to prepare their midpoint meeting
- Conducting a midpoint review meeting for PHC-LDP in Gicumbi District.
- Coaching session to review cycle II action plans
- Delivering PHC-LDP leadership training for Gicumbi District.
- Follow up sessions with Gicumbi team

3. Activities Implementation Details

3.1 Coaching session with Bugesera DHMT to review their cycle II action plans

On October 18, 2024, the DHMT in Bugesera convened a crucial meeting attended by the DHMT members to address ongoing health initiatives and challenges. This came following the review of cycle II action plans and inputs from the donor, where it was indicated that the DHMT action plans should be more focused to sounding challenges which once addressed will cause good impact to PHC. It was also important to consider taking few action plans in cycle II instead of developing many action plans yet their implementation rate is very low. The meeting focused on:

a. **Review of existing LDP Action Plan for both (Cycle II, Challenge I&II):** Because cycle I action plan to reduce institutional neonatal deaths was still a valid challenge to keep working, the DHMT was advised to continue dealing with it but the team insisted that they will keep monitoring the implementation of the interventions in place, and this time start to new challenges.
b. **Identification of key challenges facing primary health care:** Among the five challenges they had selected for cycle II that include increasing FP, increase ANC I, reducing neonatal deaths, and improving leadership and health facilities reporting and data accuracy, the team chose to deal with two challenges, namely Increasing ANC I from 35-45% and improving health facilities reporting from 80% to 100% with data accuracy of 80% and above. DHMT insisted that these two challenges were their challenges which can be easily fixed to give them results, and that they will keep monitoring the implementation of interventions to further reduce institutional neonatal mortality.
c. **Development of targeted interventions:** The DHMT with the support from TSI, MSH-Ireme and BSH, revisited their action plans, to further identify the root cause and obstacles that affect their performance, develop new priority actions and new action plans with their budget. The interventions developed were guided by the identified obstacles/root causes, and clearly target to alleviate or remove those obstacles.

3.1.1. Key intervention Areas for cycle II in Bugesera District:

3.1.1.1. Improving Antenatal Care I Coverage

The team recognized the need to focus efforts on a specific area to maximize impact within the remaining three months. After careful discussion, they decided to prioritize improving Antenatal Care (ANC) coverage, which was at 35%, and aimed at increasing it to 45% within that specified period. The key obstacles identified for ANC improvement were:

1. Insufficient community mobilization on ANC
    - Root causes included CHWs not being well involved in community mobilization on the importance of ANC I services, and lack of supportive supervision from health centers to improve CHWs skills and remind them their role, as well as limited resources to implement the CHWs supervisions.
2. Lack of essential medical equipment like HEMOCUE for hemoglobin testing at health centers (HCs) and Doppler to provide quality ANC services.
    - The root cause was that health centers did not have a budget to purchase these items.
3. Insufficient skilled staff in health facilities to provide ANC services
    - Root causes included lack of/delays in recruitment of staff with the right ANC skills, as well as current staff not trained on the new ANC protocol.

To address the obstacles of Cycle II, Challenge I action plan, the DHMT included the following key activities:

- Improve CHW supportive supervision and involve CHWs in ANC-related community education at the HCs
- Purchase HEMOCUE and Doppler devices for health centers
- Advocate for recruitment of new staff within HCs, and train current staff on new ANC protocol

The desired measurable result was to increase ANC 1 coverage from 35% to 45% between November 2024 and January 2025.

3.1.1.2. Improving Health Facilities Reporting and Data Accuracy

With Challenge II, the DHMT shifted focus to improving health facility reporting and data accuracy, which were facing the following obstacles:

1. Insufficient number of data managers in health facilities

- Root causes included a prolonged recruitment process and not getting the required candidates on the market.

2. Limited skills of currently acting data managers

    - The root cause was the lack of induction training for acting data managers. They are just appointed to do that task with no guidance.

3. Lack of motivation and official appointment for those nurses acting as data managers.

    - The root causes were that data management is not their primary task and they are not officially appointed (no official appointment letter) to do that role.
4. Insufficient data quality assurance mechanisms

    - Root causes included lack of data validation within facilities and limited involvement of responsible authorities to do quality data check.

3.1.1.3. Action plans:

- Advocating to restart the recruitment process for data manager positions
- Provide induction training for currently acting data managers
- Issuing official appointment letters for nurses serving as data managers
- Implementing data quality assurance (DQA) and data validation activities
- Training DHMT members on their roles and responsibilities, and data use

The desired measurable result was to improve health facility reporting from 80% to 100%, with data accuracy of 80% or above, between October 1, 2024 and January 31, 2025.

Each of these action plans developed included detailed activities, timeline, responsible parties, how to measure the progress (activity indicators) and resource requirements.

ATTACHMENT I

Completed LDP Action plans for cycle II-ANC I Coverage,

DISTRICT: Bugesera	LDP CYCLE #: 2 START DATE: 1st November 2024 END DATE: 31st January 2025
CHALLENGE STATEMENT: How will we achieve improved ANC1 coverage in Bugesera District in light of insufficient community mobilization on ANC, insufficient of enough skilled staff and materials to provide quality ANC?	
DESIRED MEASURABLE RESULT: Between 1st November, 2024 and Jan 31, 2025, ANC 1 coverage in Bugesera will increase from 35% to 45%.	

PRIORITY ACTIONS:

1. Improve CHWs supervision
2. Reinforce ANC in monthly CHWs coordination meetings
3. Involve CHWs in conducting IEC sessions at the health centers
4. Purchase of HEMOCUE and dopplers for health centers
5. DHMT to advocate for recruitment of staff with right skills in ANC
6. Train current staff of health centers on new protocol of ANC

INDICATOR(S):

- % of pregnant women who attended ANC 1 standard
- Number of health centers with functional HEMOCUE and dopplers
- Number of health facilities with staff trained on new ANC protocol

Obstacle	**Root cause (5 whys approach…)**	**Priority Action**
✓ Insufficiency of community mobilization on ANC	✓ CHWs are not well involved ✓ Insufficiency of CHWs supervision to remind them about their role ✓ Low budget for CHWs supervision ✓ Limited resources	✓ Improve CHWs supervision ✓ Reinforce ANC in monthly CHWs coordination meetings ✓ Involve CHWs in IEC at health centers
✓ Insufficient of HEMOCUE and doppler materials to provide quality ANC services	✓ Health centers did not buy them ✓ Limited budget of health centers	✓ Purchase of HEMOCUE and dopplers for health centers
✓ Insufficient of enough skilled staff in health facilities	✓ Staff with right skills in ANC are not recruited ✓ There are not available on the market and current staff have no sufficient skills	✓ DHMT to advocate for recruitment of staff with right skills ✓ Train current staff of health centers on new protocol of ANC

	✓ They are not trained on new protocol of ANC ✓ Limited budget	

Activity #*	Activities	Person Responsible	Start Date	End Date	Resources
1	Conduct weekly supportive Supervisions for CHWs to improve their capacity to mobilize their communities on ANC	Representative of heads of health centers	1st October 2024	31st January 2025	1,620,000 Frw
2	Conduct monthly Meetings with CHWs to emphasis on ANC	Representative of heads of health centers	1st October 2024	31st January 2025	11,739,500Frw
3	Involve CHWs in the morning health talks (patient education) twice a week at the HCs to support IEC activities.	Representative of heads of health centers	1st October 2024	31st January 2025	1,620,000 Frw
4	Purchase of HEMOCUE and dopplers for health Facilities ✓ Prepare procurement documents ✓ Publicize ✓ Evaluation ✓ Notification and contract sign	Hospital DAF	15th November 2024	31st December 2024	20,400,000 Frw
5	DHMT to advocate for recruitment of staff with ANC right skills	V/Mayor SA	1st November 2024	31st January 2025	No budget required
6	Train current staff of health centers on new protocol of ANC ✓ Preparation of concept notes ✓ Invitation letter to facilitators and participants ✓ Provide Training data on new ANC protocol	Director of Nursing and Midwifes	4th November 2024	22nd November 2024	10,175,400 Frw

7	✓ Practice of healthcare provides on basic obstetric ultrasound for Cycle 1	Director of Nurse and Midwifes	1st November 2024	30th November 2024	3,958,700 Frw
	Total Amount				49,513,600 Frw

ATTACHMENT II

Completed LDP Action plan for cycle II- Health facility reporting and data quality

DISTRICT: Bugesera	LDP CYCLE #:2 START DATE: 1st November 2024 END DATE: 31st January 2025
CHALLENGE statement: How will we achieve improved health facilities reporting and accuracy of data reported in light of insufficient data managers, and limited skills of currently acting data managers?	
DESIRED MEASURABLE RESULT: Between 1st November, 2024 and Jan 31, 2025, health facilities reporting will improve from 80% to 100% with data accuracy of 80% and above.	
PRIORITY ACTIONS: 1. DHMT to advocate to the District Executive Committee to restart the recruitment process 2. Provide induction Training for data managers 3. Provide official appointments for nurses acting as data managers 4. Implement DQA and mentorship 5. Conduct health facility data validation	
INDICATOR(S): 1. Proportion of Health Facilities with officially appointed data managers 2. Proportion of Health Facilities with trained data managers 3. Number of Health Facilities with Data Managers recruited	

4. Percentage of health facilities that provide monthly report
5. Percentage of Health Facilities with DQA score > or = 80%

Obstacle	**Root cause (5 whys approach…)**	**Priority Action**
✓ Insufficient data Managers	✓ First recruitment did not get all the required candidates for the 13 vacant positions ✓ Prolonged recruitment process	✓ DHMT to advocate to the District EC to restart the recruitment process
✓ Limited skills of currently acting data managers	✓ No induction training for new data managers	✓ Provide induction Training for acting data manager
✓ Acting data manager not motivated	✓ Not the primary task ✓ Not officially appointed to work as data manager ✓ Was recruited as a nurse not as data manager	✓ Provide official appointment for nurses acting as data mangers
✓ Insufficient data quality assurance mechanisms	✓ No data validation within health facilities ✓ No data quality audit and mentorship ✓ Limited involvement of responsible authorities	✓ Develop and implement DQA and mentorship ✓ Conduct health facility data validation ✓ Training of DHMT members on roles and responsibilities

Activity #	Activities	Person Responsible	Start Date	End Date	Resources
1	Conduct advocacy on recruitment of data managers in health facilities	VM Social Affairs	1st November 2024	31st January 2025	No Budget is required

2	Implement DQA activity first and second round ✓ Concept Note (Team, Schedule…) ✓ Prepare Logistics (Transport, Checklist and Budget) ✓ Conduct DQA activity	Hosp Data Manager	11th Nov 2024 18th Nov 2024 and 13th Jan 2025	11th Nov 2024 22nd Nov 2024 and 17 Jan 2025	1,800,000 Frw
3	Provide induction Training for data managers ✓ Preparation of concept notes ✓ Invitation letter to facilitators and participants ✓ Provide induction Training data manager	Hosp Data Manager	09th Dec 2024 16th Dec 2024	13th Dec 2024 20 Dec 2024	10,658,000 Frw
4	Write official appointments letter for nurses acting as data managers	Director of health	21th October 2024	1st Nov 2024	No Budget is required
5	Training of DHMT members on roles and responsibilities	Director of health	12st Nov 2024	15st Nov 2024	5,108,400 Frw
6	Conduct Mentorship in data quality ✓ Concept Note (Team, Schedule…) ✓ Prepare Logistics (Transport, Checklist and Budget) ✓ Conduct Mentorship	Hosp Data Manager	6th Jan 2025	10th Jan 2025	920,000 Frw
7	Conduct health facility data validation	Representative of Head of Health Centers	Monthly	Monthly	No Budget is required
	Total amount				**18,486,400 Frw**

Fig 1: Bugesera DHMT Members discussing the key challenges facing PHC and revising their cycle II action plans.

3.1.2. Follow up meeting sessions with Bugesera team to accelerate implementation of their action plans.

During this quarter, Bugesera DHMT was characterized by significant challenges and delays in implementing their cycle II action plans. However, BSH and other partners especially TSI did not tire to awaken them up through calls and follow up meetings to keep the team aware of the commitment they made. After the development of the cycle two action plans, follow up calls and meetings started to get them finalize the developed action plans and submit them together with the cycle one final reports. More calls and physical meetings also took place after they received feedback from the donor (MSH) to improve their action plans, till a coaching session to revise their action plans took place on Oct 18, 2024. This is when they reviewed the action plans that they had submitted in Sept, 2024. On Nov 13th, 2024 Bugesera cycle II funds were disbursed to their account to enable them start on activities that required funds. But, from that time the team received the funds, it became hard for BSH and MSH-Ireme through its PTA in the Eastern province to convince the DHMT team of Bugesera to move on because of their internal communication challenges. From this time, BSH decided to keep track of the follow up discussions and meetings with the responses from the team. The table below is a tracker of the calls and physical meetings with Bugesera team after they received their cycle 2 catalytic funds.

Tracker of follow-up conversations with Bugesera team:

Date	BSH staff following up	Person contacted	Follow up question (s)	Response given
Nov 21,2024	Justine	Valens: Health	Regarding the ANC Materials Procurement	The hospital's contract already covers Hemocue purchasing but Dopplers are

		promotion and proposed second person as focal person	Update. "I had a conversation with Valens regarding the procurement status of ANC materials.(Hemocue & dopplers)	Currently not included in the existing contract of the hospital to buy equipment). The team plans to revise the hospital contract and add dopplers to the contract so that they can be able to purchase them in December). DG on 2/12/2024 will discuss with DAF the equipment to be purchased.
Nov 21,2024	Justine	valens	About the training of data managers;	The team is working on a concept note for training of data-managers which will take place on (25-29 Nov 2024).
Dec 2,2024	Justine	valens	About the training of data managers;	The team is working on a concept note for the training of nurses and midwives on Emonc to be conducted next week. Data managers trained was cancelled.
Dec 02, 2024	Dr. Moses	Dr. JVM DG, Nyamata Hospital	About the training of nurses and midwives on EMNOC	DG promised that training will start in the week of Dec 09-13, 2024
Dec 5,2024	Dr. Moses	Director of health	About implementation progress and what is planned for coming week,	Nothing yet in progress! She promised to have a meeting to discuss with chairperson and to discuss the challenging issue the following week.
Dec 6,2024	Justine	DAF	About purchasing ANC materials	The request had been sent to the RMS pharmacy
Dec 9, 2024	Justine	valens	About the training on Emonc	They are planning to meet and discuss about it, but there is a hope that it will take place. Will give update after meeting.
Dec 9, 2024	Justine	DG	About purchase of dopplers and hemocue	He told me that last Friday they made a request for hemocue, dopplers with Director of Health, and he promised me that this week they will finalize those materials.
Dec 9,2024	Justine	DG	About the training of nurses and midwives	He told me that they are working on a concept note, and maybe next week it will happen. He told me that the reason behind the training not happening this week was that they were working on the general hospital budget revision.
Dec 10, 2024	Justine	DH	About concept note of training and purchasing hemocue, dopplers	By next week, dopplers and Hemocue devices will be delivered. A concept note will be provided by today or tomorrow
Dec 11,2024	Justine	DH	About concept note Purchasing materials (hemocue, dopplers) and Emonc training	Still in progress searching for the training venue, but she promised me that by tomorrow she will give me the concept note after getting it signed and stamped by the DG. RMS will supply the materials by the end of this week.

Dec 12, 2024	Justine	DH	About any training of the training to be conducted	Still in progress
Dec 16, 2024	Dr. Moses	Vice Mayor and DH	About the implementation delays and the issues that caused delays	Vice Mayor indicated she hardly communicates with the Hospital team. That Hospital team prepares activities without informing the district authorities including planning to take the health centers managers outside the district for workshops, and the authorities have decided to cancel those workshops.
Dec 19, 2024	Dr. Moses	Mayor of Bugesera	Update the Mayor on the PHCPM project and implementation challenges	Mayor recognized the challenges presented and apologized for note taking close follow-up of what was taking place. Stated that he cancel one workshop that was planned outside Kigali for the health centers managers and their staff without his consent. Requested to have a revamping strategy to catch up in implementing activities that delayed.

3.1.3. Challenges encountered and lessons learned in Bugesera DHMT.

While trying to do a follow up on Bugesera team to accelerate the implementation of their cycle II action plans, the following were challenges encountered and lessons learned.

a. Challenges:

- It was difficult to have the team work in Bugesera because the health facility team (Hospital team) is used to plan and execute independently and not waiting for the district to approve. This is affecting the implementation of the DHMT action plan since the hospital team and the district team headed by the vice Mayor are not used to these frequent consultations. It is taking time for each team to remember to consult the other and this has seriously affected the implementation of the activities planned together.
- It was difficult for the team to appoint a focal person for the PHCPM project and this has also made it too difficult to get the teams focused resulting into lack of ownership of the PHCPM activities.
- There was limited involvement of the other core DHMT members like the Directors of RMS, CHBI and RSSB in the follow–up of implementation of the PHCPM activities yet they ought to be present and make contributions on some of the challenges especially in their respective areas.
- The challenges mentioned above have contributed to failure to utilize the funds located to the DHMT of Bugesera for cycle II, and it's now 3 months of no implementation. This is a high risk that will likely lead to loosing cycle III funds because of lack of proper timing for the implement of cycle II activities.

b. Lessons learned:

- There is always a need to have the district leadership follow-up and push to the district health unit to encourage the team to work with the health facility based team (especially the hospital team).

- The MOH will only give instructions to the DHMT when there is a particular issue or action required regarding the health intervention, but whenever, there is a governance compliance issue or leadership gaps even if it's in the hospital, the district leadership and Minaloc have to work together to help MOH to deal with that issue.

3.1.4. Conclusion

The Bugesera DHMT has made significant progress in identifying key challenges and developing comprehensive action plans for cycle II challenges. The focus on improving ANC coverage and data management demonstrates a strategic approach to strengthening their primary health care services. This comprehensive planning process involved several key sequential steps, beginning with adjusting timeline to ensure realistic implementation schedules. The team then refined the challenge statements to accurately reflect current issues, followed by setting specific, measurable results to track progress. This structured approach ensured that the cycle II action plans had clear actions with accountability measures in place. Implementation of these plans remain a challenge though!

3.2.1. Training of nurses and midwives on use of ultrasound in Gicumbi

From October 14 to 17th, 2024, with the support of catalytic fund from MSH, DHMT Gicumbi conducted the ultrasound training for the nurses/midwives and heads of health centers working in ANC services. ANC I was identified by the DHMT as one of the key challenges that Gicumbi must keep dealing with to improve their PHC performance. During the training, participants received both theory and practical sessions conducted by the gyno-obstetricans of Byumba Hospital in Gicumbi. This physical training was followed by the mentorship activities where the doctors made mentorship schedule to visit all the health centers to ensure that the trained team masters the use of these ultrasound machines. During these mentorship activities one of the heads of health centers from Gisiza health center said that he was able to do an ultrasound for a pregnant women and confirmed she had twins, and when the doctor came for mentorship he confirmed his findings, and the nurse was very happy to have gained that skill. The woman was heard saying after confirmation of twin pregnancy. "Our doctors here can see what the doctors in Byumba hospital can see in the womb on the TV! Thank God we will always have our ANC services here" she said.

Fig2: Nurses/midwives and heads of HCs in Gicumbi District in closing speeches after ultrasound training. Head of clinical services in MOH giving closing remarks.

3.2.2. Preparatory meeting sessions with Gicumbi team to prepare their midpoint meeting

After closing speeches for the end of ultrasound training on Oct 17th, 2024, BSH held a meeting to discuss the preparation of the midpoint review meeting with the DHMT team represented mainly by the Byumba Hospital team. From this meeting, the agenda for the Midpoint review meeting was prepared including preparation of the templates for the midpoint power point presentations and agreed on the timing, venue, and preparation of the teams' presentations. In the same meeting, the team also discussed about the next activities to be implemented which was the training of the health centers managers on leadership and management. The aim of this training was to empower the health center staff to address the audit queries from the auditor of the District and the Auditor general. The team agreed that the training will be attended by the head of the health center and the accountant who is the second in command in the health center leadership. The PHCPM project focal person with the help of the accountant of Byumba Hospital were then tasked to put these audit issues into five groups and wait for the training day when the HC staff will be asked to belong to one group. Below is a table of how all the audit issues were grouped and are being addressed using the action plan approach of LDP. Each group of questions was analyzed using the coot cause approach and the actions to deal with those issues were suggested by the HC team with corresponding activities which will be being implemented in cycle II and III if possible.

List of audit issues that HCs have discussed and are being resolved:

Administration Procedure	Poor management of vehicle use
	Lack of fleet logbook, and/or monthly reports
	Lack of services/departments technical reports
	Lack of fuel consumption reports
	Lack of implementation of recommendations from Supervisors (DHMT, DH, RBC, MOH, Partners)

Finance Management	Lack of financial supporting documents
	Lack of compliance with financial management procedures, rules and regulations
	Lack of a qualified HC staff (accountant)
	Lack of compliance with Payment of mission orders
	Lack of compliance with procurement plans
	Lack of payment justifications
	HCs make payments out of payment system
Human Resources Management	None compliance with staff recruitment procedures
	Missing of key/qualified staff
	Missing of documents in staff's files
Service Delivery	Poor record keeping of pharmacy products and drugs
	Poor documentation in registers (services FP, OPD, Immunization, …)
	Lack of key equipment in Laboratory, and testing kits
Data management	lack of registers
	Lack of internet
	Missing data and poor documentation
	Missing monthly reports in box files

3.2.3. Delivering PHC-LDP leadership training to HC managers.

The training took place from Nov 13-17th, 2024 days, with each day focused on a specific aspect of leadership and management. Effective primary health-care is essential, especially in regions with limited resources, as it directly influences the quality of health outcomes. Gicumbi District in Rwanda faces numerous health-care challenges, including poor service quality at health centers, high malnutrition rates (19.2%), inadequate financial management practices, and delays in reporting. These issues contributed to inefficiencies in the health-care system and undermined efforts to address basic health needs. For example, the audit conducted in health centers in 2023/2024 revealed a troubling lack of adherence to public financial management (PFM) regulations, with less than 5% of health centers in compliance with established financial norms. Such gaps in leadership and management created a need for more robust systems, better oversight, and a culture of continuous improvement.

Vice Mayor officially opening the training of HC heads and accounts of HCs

3.2.4. Challenges and Desired Measurable Results (DMR)

In light of these challenges identified by the audit, it was clear that health centers in Gicumbi had to adopt improved management practices, streamline operations, and use available resources more effectively. Key areas requiring attention included maternal and child health, malnutrition prevention, communicable disease management, and strengthening leadership at health centers. "Leaders can drive organizational change, improve decision-making, and enhance staff performance". Vice Mayor asserted!

The Mayor of Gicumbi giving his presentation to the HC staff as an orientation on leadership and management in their daily roles.

The District Mayor also visited the training and gave a presentation reinforcing the importance of transparency, ethical decision-making, and teamwork. He made his own presentation on the four day of the training. His theme focused on key leadership competencies such as decision-making, resource management, financial oversight, and promoting a positive work environment. "By improving the leadership and management abilities of health center managers, we believe it's the best way to enable you to achieve a better performance which will be our performance as we well", the Mayor of Gicumbi added. He concluded by saying that he will do a follow-up by himself to know if the HCs are committed to improve performance and to identify by himself any continued challenges. He promised the participants that anytime they call him, he will listen to their concerns, and help them to find solutions to their complaints. The Mayor appreciated the district partners who enabled him to get this opportunity of meeting all the heads of HCs and their accountants in

one meeting. He said he tried one time to have them for this orientation but did not become successful, but finally it has happened.


Health centers teams in group work developing their action plan (pic 1); Vice Mayor soc affairs presenting to the team some leadership aspects that they need to consider in their day-to-day practice.

The main topics that were covered during the training include;

- Overview of the PHCPM program's objectives.
- The role of leadership in transforming the healthcare system and improving the quality of life for residents.
- Key issues discussed and included in the action plans were mainly from audit reports of health centers (i.e. financial management, human resource management, procurement practices, and compliance with public finance regulations).

Participants worked in small groups to identify root causes for those issues presented. These groups developed a vision for each action plan developed for the next six months, prioritized actions to achieve this vision, and creating detailed action plan activities.

As they had received good explanations on the operational, financial, and staffing challenges they face, they were also asked to develop monitoring and evaluation plans that they will use to track the implementation progress of their action plans. This hands-on approach encouraged participants to take ownership of the changes they hope to see in their health centers and committed to implementing those changes.


The DG of Hospital giving leadership scenarios & different challenges, Teams being supported during development of their action plans to address audit challenges

The Director of health shading light on the tasks ahead of the HC managers

3.2.3. Challenges Encountered and Lessons Learned

While the training was largely successful, several challenges arose during its implementation. One issue had been the late arrival of some participants, many of whom had to travel long distances to reach the training venue. This caused delays and disrupted somehow the flow of the training. Additionally, some of the scheduled presentations were not delivered in full due to time constraints. This particularly affected some topics like communication skills, financial management and procurement which were given in a rash. Another challenge was the frequent changing of the training agenda, which led to confusion and difficulty in maintaining a consistent pace throughout the training. Despite these challenges, the training mood was very good, and the delivery of topics was effective with good engagement of participants.

3.2.4. Recommendations

Several recommendations emerged from the training. To improve the overall healthcare management in Gicumbi, participants gave the following recommendations.

- Advocate for the availability of both clinical and non-clinical staff training in health centers to support service delivery.
- Regular audits and follow-up visits should be conducted to ensure that health centers are implementing the recommendations made from this training, and progress should be monitored.
- The District Health Management Team (DHMT) should be encouraged to organize regular refresher courses to maintain the momentum of the PHCPM program and continue to build the leadership capacities of health center managers.
- The health facilities themselves, should ensure that the administrators implement timely the audit recommendations and best practices.
- Health center managers should promote ethical leadership, foster a sense of teamwork, and ensure that all staff members are clear on their roles and responsibilities.
- Health center managers should emphasize on building a positive work environment where staff are motivated and empowered to deliver quality care.

3.2.6. Conclusion

In concluding the training, the DG of Byumba Hospital appreciated the opportunity that was given through the decision of the DHMT to orient the health center managers on improved knowledge and skills where they will be able to improve healthcare delivery, comply with regulatory requirements, and create more efficient and accountable systems. The DG also encouraged the HC

managers to implement the developed action plans because that is when they will get the value of the training they received. He promised that DHMT will monitor the implementation of those activities to be sure that there is progress. With continued support and regular follow-up, Gicumbi District will have long-term achievements impacting the quality and efficiency of healthcare services, benefiting the community as a whole.

The DG also took a moment to express gratitude to the BSH (Building system for Health) team. He acknowledged the persistent efforts in organizing this training, noting that while similar attempts to do this orientation had failed in the previous years, BSH's dedication ensured the event was successfully planned and executed.

4. Conducting a midpoint review meeting for PHC-LDP in Gicumbi District

On 25/11/2024, the Gicumbi District Health Management Team (DHMT) held a pivotal mid-point review meeting to evaluate the progress of healthcare initiatives under the Primary Health Care-Leadership Development Program (PHC-LDP). The meeting brought together key stakeholders, including DHMT members and action plan leaders, with the goal of assessing implementation progress, sharing experiences, and identifying strategies to enhance healthcare delivery across the district.

The meeting was officially opened by the Director General of Byumba Hospital, who welcomed participants and emphasized the importance of their active engagement in the discussions. The DG encouraged open dialogue and collaboration, recognizing these as essential for identifying practical solutions and driving improvements in healthcare services across Gicumbi District.

Fig 3: The DHMT team meeting in Byumba Hospital for the Midpoint review workshop.

BSH Director, expressed that the Primary Health Care Leadership Development Program (PHC LDP) aims to strengthen healthcare service delivery in Gicumbi district through improved leadership and management capabilities. The project objectives include:

- Improving implementation of Action Plans through regular assessment and adaptation
- Facilitating knowledge sharing among healthcare teams
- Enhancing data analysis and monitoring of key performance indicators
- Building capacity through quality improvement tools and coaching
- Strengthening primary healthcare service delivery

4.1. Challenges and Desired Measurable Results (DMR)

Several key challenges are being addressed:

In Leadership and Management; the Challenge was inconsistent implementation of action plans in health centers, and its DMR was to increase implementation rate of the action plans.

In Health Facility Reporting; the Challenge was incomplete reporting from private health facilities into HMIS but the rate by now is 84% from 82%, and its DMR was to increase private facility reporting rate from 84% to 100%

In Maternal Health; the Challenge was Low First Antenatal I coverage rates which has increased to 72%, and its DMR was to increase ANC 1 coverage from 72% to target percentage.

In Nutrition; the Challenge was Limited monitoring of children in malnutrition program, especially for children under 2 years, and its DMR was to implement comprehensive nutrition monitoring system for all children under 2 years

4.2. Activities Implemented, Challenges Encountered and Lessons Learned

a. Key activities included:

1. **Leadership Training:**
   - Training of health center leaders
   - Monitoring activities implementation
   - Action planning for identified issues
2. **Maternal Health Initiatives:**
   - Training of 57 ANC staff members
   - Implementation of MMS services and ultrasound
   - Service integration improvements
3. **Financial Management:**
   - Total funds managed: 65,362,346 RWF
   - Phase 1 Cycle II funds received: 28,720,700 RWF
   - Total funds used: 34,381,804 RWF
   - Remaining balance: 2,725,846 RWF

b. Challenges:

- Staffing gaps in key positions (Community Health Worker Supervisor, Nutrition Officer)
- Budget constraints for health centers implementing action plans
- Equipment shortages affecting service delivery
- Space limitations for training activities
- High turnover of facility managers affecting continuity

c. Lessons Learned:

- Need for better coordination in equipment procurement
- Importance of comprehensive monitoring for all age groups in nutrition programs
- Value of data verification and regular progress tracking

d. Recommendations

1. Administrative:

- Expedite appointment of missing team members
- Improve coordination with private facilities

2. Clinical:

- Implement comprehensive nutrition monitoring for all children under 5
- Strengthen antenatal care service integration

3. Financial:

- Review and adjust budget allocations based on actual needs
- Explore alternative funding sources for critical equipment

4.3. Coaching session to review cycle II action plans


Coaching session after the Midpoint review discussions

After the presentations, and discussions with the team on the way forward and tasking the team members the next activities to focus on, BSH did some coaching especially discussing the teamwork but also on the monitoring aspect of what the teams are doing. The action plans for cycle II were also reviewed with the team to understand the comments that were provided by MSH. This session took 45 minutes and the meeting was closed because it was becoming too late and participants wanted to go home.

4.4. Conclusion

The midpoint review meeting including coaching session was conducted at Byumba Hospital from 09 AM to 6 PM with DHMT members and action plan leaders participating. The midpoint review revealed significant progress in several areas, particularly in leadership development and maternal health services. Continued monitoring and adaptation of strategies will be crucial for achieving the desired outcomes. This quarter showed measurable progress in key areas, particularly in health facility reporting (improvement from 82% to 84%) and the establishment of structured training

programs. Focus will remain on achieving the set targets, particularly in ANC coverage and data accuracy, while maintaining the improvements already achieved.

5. Follow up sessions with Gicumbi team

Although Gicumbi team is working well, there is still a need to do regular follow ups and make sure they stay focused. Regular phone calls, whatsapp messages and email communications remain our main methods of following up these teams. We hope if no interruption that Gicumbi team will probably end their cycle II activities by the end of Jan 2025.

6. Upcoming Activities

The following are the main activities to be completed in the next quarter, BSH plans to:

- Continue to facilitate Bugesera to implement their planned activities

- Facilitate teams monitoring activities implementation.
- Facilitate midpoint review meeting for Bugesera team
- Support additional training for CHWs and health center staff.
- Follow-up review of action plans in both districts.

Signed by:

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