"Empowering health systems for quality healthcare"

Primary Health Care Performance Management (PHCPM) Project

Subgrant N°: A0680-2023-FPSG-BSH

Quarterly report (July-September, 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, 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 to the 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 on need/WISN

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

Contents

1. INTRODUCTION

Primary Health Care should deliver health services people say they need, rather than services someone else decides they should have. Health care workers need safety working environment, healthy life, supportive, and dignified conditions of work. Importantly, healthcare workers require the right skills set, resources, employment security, adequate and regular remuneration, and supportive environments that enables them to deliver respectful and quality care for all. Safe healthcare delivery cannot happen instantly without appropriate education and on-job training of staff and mentorship of young professionals. The development of leadership, management and governance principles in DHMT is very key at all levels. The District level though, should be considered fundamental to ensure that primary healthcare performance development efforts are successful. Issues of coordination, stewardship and steering of the health agenda in a systematic and coherent way can only be addressed by the District Health Management Teams (DHMTs) through good governance systems. The financial support from Bill & Melinda Gates Foundation through Management Sciences for Health (MSH) implemented by Building Systems for Health (BSH) will support and incentivize two Districts of Gicumbi and Bugesera to empower the capacity of their DHMTs to routinely use actionable and visible data for planning process to improve Primary Health Care performance. This investment in improving performance of primary health care (PHC) systems will lead to increased service provision within the public health facilities contributing to the achievement of better health outcomes for all. It's believed that the locally led initiative will help to influence national and global learning practices in PHC performance improvement management. BUGESERA and GICUMBI are considered the pilot districts supported by PHCPM project to build the capacity of the DHMTs to strengthen the Primary Health Care Performance Management using PHC-LDP approach.

2. MAIN ACTIVITIES ACCOMPLISHED

The main activities performed by the DHMTs from the two districts include the following:

a) Stakeholders meeting to fight against stunting and malnutrition in Gicumbi
b) Training of nurses and health center managers on the use of ultrasound machines by Bugesera DHMT
c) Supervision and mentorship of trained nurses and CHWs to reduce neonatal death in Bugesera
d) Continued supervision of the HCs to ensure continued improvement of ANC, anemia testing, reporting into HMIS and fighting malnutrition (stunting) in Gicumbi
e) Continued advocacy for recruitment of more midwives and drivers in Bugesera

BSH supported the DHMTs in conducting the following activities:

a) End of cycle 1 results workshop and developing cycle II action plans in Gicumbi
b) End of cycle 1 results workshop and developing cycle II action plans in Bugesera
c) Attending routine DHMT meetings
d) DHMT coaching sessions

3. DHMT ACTIVITIES IN GICUMBI DISTRICT

3.1. Routine DHMT meetings and coaching sessions

A DHMT meeting held in Gicumbi on July 5th 2024, addressed several critical components of the PHC-LDP project. The meeting's agenda included a detailed progress review, a coaching session aimed at enhancing team functionality, and an overview of the feedback received from MSH on the midpoint report. Additionally, the meeting focused on addressing the challenges encountered during the implementation phase, identifying new priority actions, which could be discussed when developing action plans for the second cycle. The introduction of new teams within the DHMT was also a key highlight, outlining their roles and expected contributions to the project's success.

DMHT meeting discussing cycle 1 progress and identifying priorities for the upcoming cycle

Coaching topics: During this session the facilitator refreshed the DHMT members on the following.

1) Experiential learning (Challenge, feedback and support)
2) Reflection on leading, managing and governing (practical approach)
3) Leaders shift, Managers paradigm shift and governance shift
4) Reflection on use of RCA for every challenge, and developing relevant actions

3.2. Stakeholders meeting to fight against stunting and malnutrition

The meeting was chaired by the Vice Mayor of Gicumbi District in charge of Social Affairs, Mr. MBONYINTWALI Jean Marie Vianney on 22nd July 2024, who in opening remarks highlighted the achievements in reducing stunting in children < 2 years, noting that the district, in collaboration with various partners, had reduced stunting from 42.2% (DHS, 2020) to 19.2% (MCH Week, June 2024).The Mayor also highlighted the opportunities Gicumbi District has in the fight against malnutrition and stunting in children, including: a) adequate milk supply and livestock products, b) favorable climate for agricultural productivity and food security, c) hygiene and sanitation campaigns and d) early childhood development centers (ECDs) in every village.

He urged the stakeholders that continued efforts are needed in hygiene and sanitation, encouraging parents to participate in ECDs, and recognizing and supporting health workers, particularly community health workers, in their role in reducing child malnutrition and stunting.

During this meeting as well, the district health unit did a review of nutritional status of children under 2 years in the district and the functionality of ECDs. In the statistics presented, in June 2024 Gicumbi district had 175 children (Red=11, Yellow=164) under 5 years old with stunting. Some of the strategies that will continue to be implemented to combat malnutrition include: i. enhancing the functionality of established structures to combat malnutrition (including regular reporting and monitoring by Sector Plan to Eliminate Malnutrition (SPEM), ii. Improving hygiene and sanitation standards, particularly in households. iv. Procuring necessary materials (e.g., village boards) to keep track of the status of stunting and malnutrition in community.

Different stakeholders following the presentation on the status of stunting and malnutrition in Gicumbi

Regarding ECDs, the director of health noted that even though the district has 694 centers caring for 31,692 children, they still face some challenges such as poor support in terms of learning materials, feeding children and paying the caregivers. The recommendations that were given include: a) continuing awareness campaigns to increase parental involvement in the functioning of ECDs, b) Collaboration between local authorities and partners in supporting services provided in these centers and c) advocating for additional support to address issues beyond the district's capacity.

On July 26th, 2025, BSH team organized another meeting with PHC-LDP focal persons of Gicumbi in form of coaching to prepare for results workshop. During which, these focal persons prepared PowerPoint presentations that were presented to the stakeholders during the Results Workshop.

3.3. End of cycle 1 results workshop

Gicumbi DHMT held a two-day meeting from July 30th to 31st 2024 to reflect on the four-month journey of implementing LDP cycle 1 action plans. The meeting included various district stakeholders such as representatives from the USAID-Ireme Project, Caritas Rwanda, the Ministry of Health, the representative of Sector Executive Secretaries, and other stakeholders including BSH, Zenysis and TSI. During the meeting, focal persons for each action plan presented the challenges the DHMT decided to deal with in cycle I, actions that were implemented, and the results obtained. A key part of the meeting was identifying top priorities for the next cycle, which will run from August to December 2024, and preparing their action plans.

Mr. Jean Marie Vianney Hafashimana, the Health Sector Strategic Planning Specialist, delivered the opening remarks as the representative of the Ministry of Health. He commended the DHMT on the progress made so far and urged them to select interventions that would lead to significant changes, emphasizing the importance of data-driven and evidence-based decision-making in identifying key indicators to focus on. Hafashimana highlighted the necessity of carefully choosing challenges that would have the most impact on improving primary healthcare. He stressed the importance of accountability in various aspects and encouraged the Gicumbi DHMT to serve as a model for other DHMTs, making themselves available to participate in this project.

Gicumbi DHMT and other invitees during the Results Workshop

a) Improving ANC I services coverage in Gicumbi District

The district aimed to increase the percentage of ANC1 visits from 59% to 63% by June 2024, a target that was successfully reached. In the next cycle, the district aims to further raise this percentage from 63% to 68%. To achieve this, activities will include continued supportive supervision for CHWs and training health center staff to use ultrasound machines, which will encourage pregnant women to visit health centers.

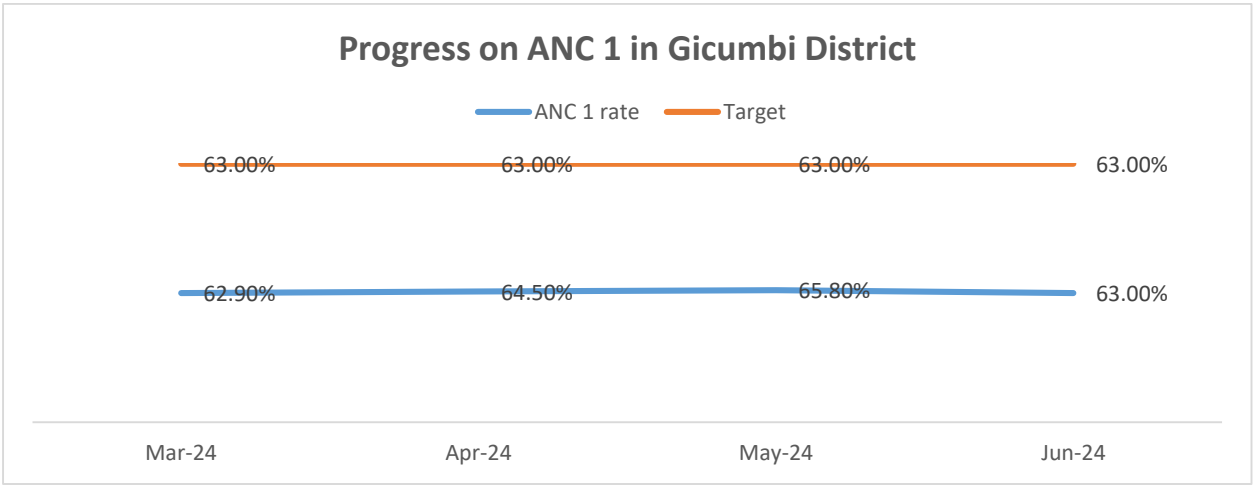
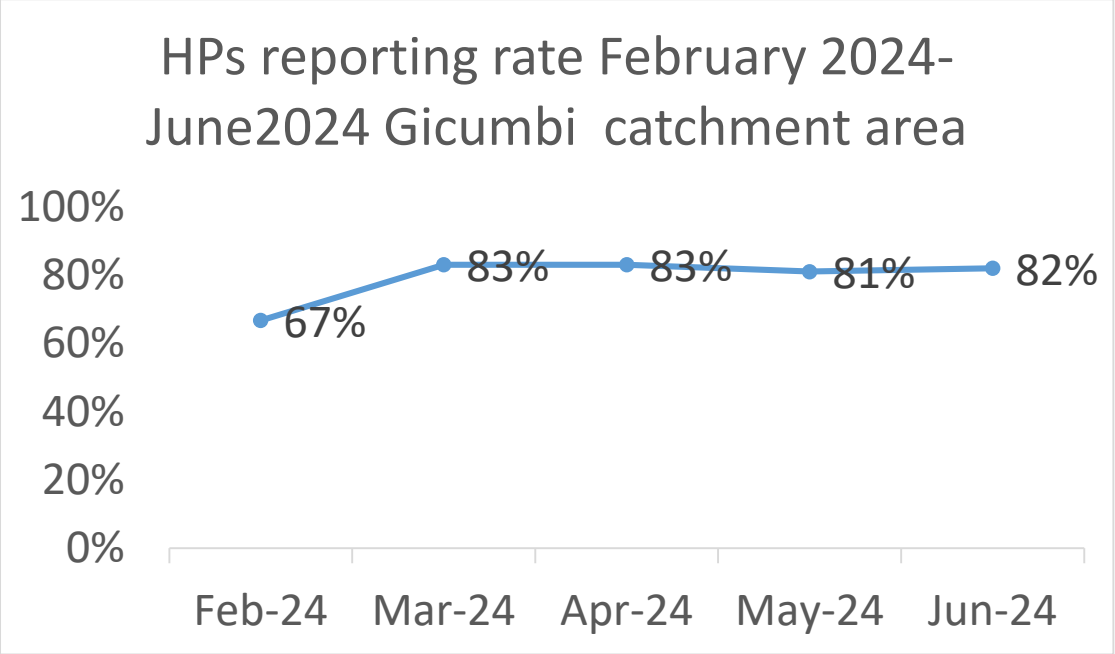


TABLE SHOWING PROGRESS OF ANC 1 FROM JUNARY TO JUNE 2024

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Target
64%	59%	62.9%	64.5%	65.8%	63.0%	63%

b) Health Posts reporting

The challenge was to improve reporting at health posts and private clinics from 66.7% to 100% between March and June 30, 2024. Although the target was not fully achieved, significant improvements were made. Issues that were being addressed include delays in receiving user registration credentials from MOH, replacement of data managers at some health centers to mentor the trained HP staff, and internet connectivity issues in remote areas.



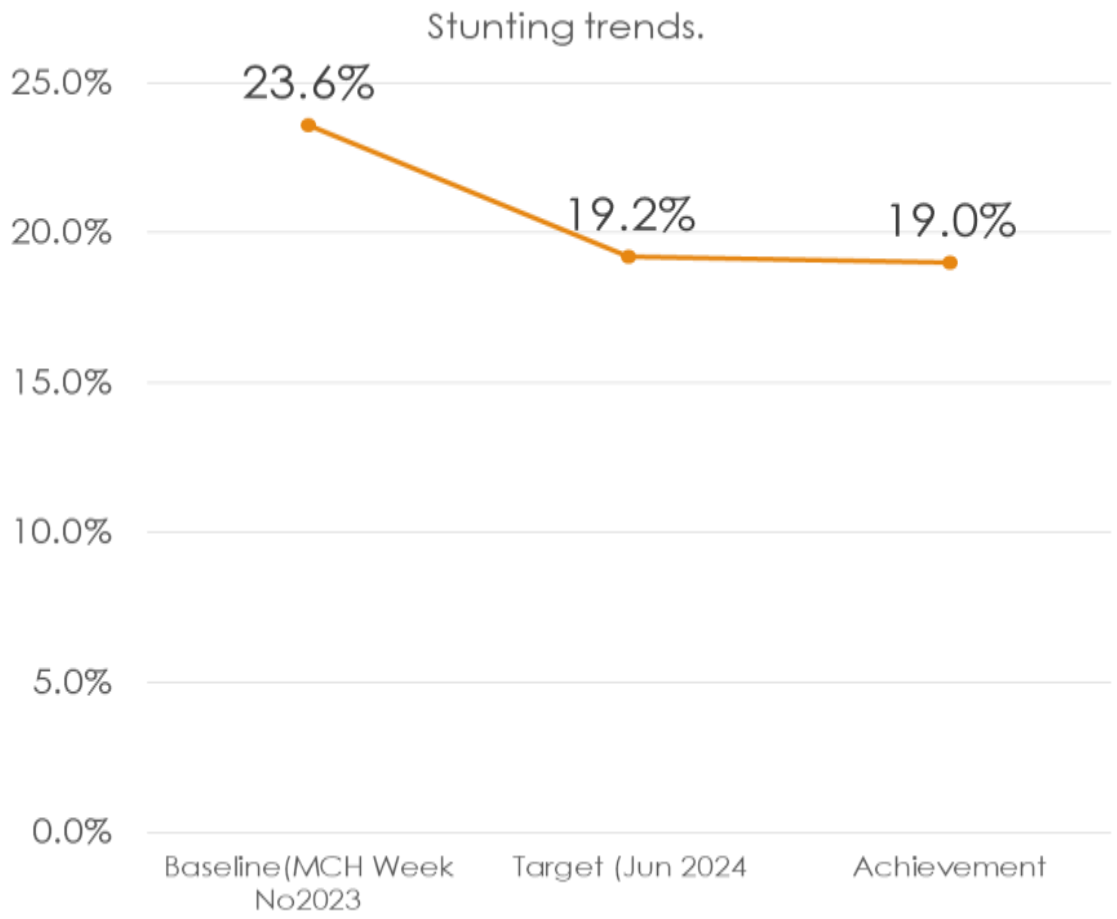
The top priorities to ensure improvement in the next cycle are:

- Continue to increase reporting from 82% to100%
- Continue Mentorship on data management
- Train PH staff to data analysis and use

c) Reducing malnutrition (stunting in children < 2years)

The challenge addressed was reducing stunting rate of children under two years old in Gicumbi from 23.6% to 19% between March 2024 and June 30, 2024. Although the target was not fully achieved, significant progress was made, as reflected in the following result tables. This effort involved coordinated actions and strategic interventions aimed at improving the nutritional status and overall health of young children in Gicumbi as mentioned in 7.6.

Indicator	Baseline	Achieved	Responsibility
% of CHWs that received refresher training	2,520	2,404 (95%)	Director of Health
Number of stakeholders reached and accepted to support interventions to reduce malnutrition/stunting	??	102	Director of Health

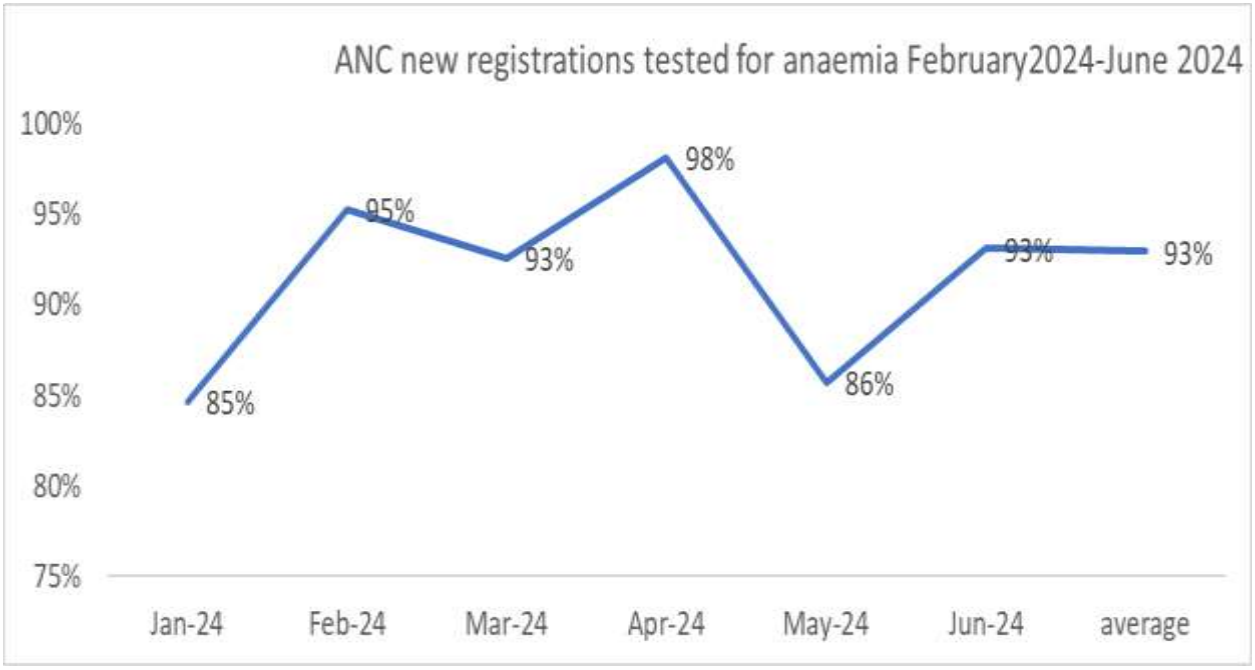


Top priorities for next improvement cycle:

- To continue to strive to achieve far below 19.2% of children stunted
- Continue supervision of activities and strategies for reducing stunting and promote good nutrition
- Reaching out to more stakeholders to consolidate efforts in reducing malnutrition

d) Lack of functional machines for anemia testing during ANC visits

The challenge was to improve anemia testing during ANC visits in health centers which had indicated that their issues include lack of functional testing machines to increase the testing rate from 78% to 100% between March and June 30, 2024. Efforts to address this issue included regular maintenance of existing and acquiring of new Hemocue machines which contributed to increasing the testing rate to 93%.



	Period	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	average
	ANC new re	85%	95%	93%	98%	86%	93%	93%

Top priorities for next improvement cycle:

- Ensure continuous maintenance of the testing machine through supportive supervision by the maintenance Officer
- Advocacy on RSSB to resolve the problem of low tariff for anemia testing when tested using other hematology machines

e) Discussion from the results workshop in Gicumbi

After the results of addressing each challenge were presented, Mr. Hafashimana questioned why the DHMT prioritized reporting over the functionality of health posts. In response, Mr. Marcel Gatokarakura, the Health Promotion and Disease Prevention Officer, explained that they selected a challenge within the DHMT's sphere of influence, considering the available timeline. He stressed that most of functionality issues are more of the owners' problems that the DHMT can be able to deal with in such short period of time. Mr. Hafashimana then reminded the participants to establish a sustainability plan to ensure

"This is a very impressive achievement made by the DHMT. I am an employee of USAID-Tubeho project, my name is GASAMAGERA Jean Claude. We have been trying to address this issue of anemia testing during ANC visits in Gicumbi and other Districts but we have failed to get good results like these! Even during Ingoboka project with Intrahealth we tried for 5 years but we never reached where the DHMT have reached! This is very impressive, I commend this project"

continuous improvement of the PHC indicators. He also emphasized the importance of documenting success stories to facilitate knowledge exchange and peer learning with other DHMTs. Additionally, Mr. Gasamagera Jean Claude, from USAID-TUBEHO project praised the DHMT for being able to address such longstanding issue of anemia testing, which has persisted for many years. In his own wards he said

Mr. Randy Wilson expressed his admiration for the significant progress made within just three months and reflected on the origins of the project, which was initiated by Bill Gates, who believed that analyzing available data could solve complex problems, a principle at the core of the PHC-LDP approach. He noted that in the past, the LDP was implemented without any financial support. However, now that the DHMT is receiving funding, there is an expectation for tangible change and measurable impact.

Mr. Randy Wilson, giving his speech to participants of the results workshop

In concluding the discussion, Mr. Mbonyitwali JMV, Vice Mayor in charge of Social Affairs, expressed his gratitude to all partners and emphasized the importance of his DHMT colleagues' commitment to the PHC improvement process and its long-term sustainability.

3.4. Action plans for PHC-LDP cycle II

The DHMT decided to take on the following challenges for the next cycle:

1. Improving leadership and management skills at health centers
2. Improving the accessibility of dental and eye care services at the HCs
3. Continue increasing ANC1 visits
4. Continue to reduce the rate of stunting and malnutrition in children < 2 years

DHMT members working in teams to carry out root cause analysis of the challenges for cycle 2

On September 6th, 2024, BSH team also met with the focal persons of Cycle II action plans in Gicumbi to share and discuss the feedback from the donor on the submitted report of cycle I and action plans for cycle II. After discussing the comments provided, the team committed to finalize the plans and align the budget according to the feedback received from the donor (MSH). The DHMT had initially proposed developing a five-year strategic plan; however, it was not approved due to the difficulty in measuring it against Desired Measurable Results.

Cycle II Action Plans for PHC Performance Improvement in Gicumbi

DISTRICT: GICUMBI	LDP CYCLE #: 2 START DATE: August 1, 2024 END DATE: December 31st, 2024
CHALLENGE: How will we improve efficiency in service delivery through improved record-keeping and contract/asset management in health centers in Gicumbi in light of insufficient skills, lack of resources, and inadequate leadership and management capacity to respond to audit queries and implement audit recommendations?	
DESIRED MEASURABLE RESULT: Between August 1, 2024, and December 31, 2024, all health centers will implement audit recommendations from Auditor general by 50%, from 0% to 50% of the audit issues and improve service delivery efficiencies.	
PRIORITY ACTIONS: 1. Address auditor's queries of inadequate Record-Keeping and Reporting, and inadequate Management of Contracts and Assets. 2. Provide training for health center leaders and managers on leadership and management (conflict resolution, public finance management, effective prioritization and enforcement of record-keeping, contracts/asset management practices). 3. Equip health center staff with tools (registers, guidelines and filing system) necessary for record-keeping, asset management, and public Finance Management tools. 4. Set up systems to monitor compliance with audit recommendations, evaluate performance, and provide regular feedback to health centers.	

INDICATOR(S):

1. % of Health Centers' audit queries addressed through implementation of audit recommendations.
2. % of health centers' staff that received leadership and management training in record-keeping, contract/asset management, and public finance management.
3. % of HC leaders and managers who complete LDP and Public Finance Management training.
4. % of health centers' staff that are assessed and are using provided tools and resources.
5. % of health centers with appropriate record-keeping and reporting, and assets management according to the guidelines and audit recommendations.

Activity #*	Activities	Person Responsible	Start Date	End Date	Resources
1	Conduct a quick gaps assessment to identify the training needs	DG	19/08/2024	23/08/2024	0 **Rwfs**
2	2.1. Prepare modalities (concept note, invitations, funds) for providing training	Leonard	19/08/2024	23/08/2024	0 **Rwfs**
	2.2. Identify the trainer to provide training on leadership and management skills	Leonard	26/08/2024	30/08/2024	0 **Rwfs**
	2.3. Identify training venue.	Leonard	09/09/2024	10/10/2024	0 **Rwfs**
	2.4. Conducting training of health center managers on leadership and management	DG	16/09/2024	10/10/2024	8,640,400 **Rwfs**
3	Supervision, on site mentorship and monitoring application of the learnt knowledge/skills	DG	20/09/2024	15/12/2024	1,378,480 **Rwfs**
4	Provide the required tools for recording and reporting	DG	01/08/2024	31/12/2024	0 **Rwfs**
	GRAND TOTAL				**10,378,480 Rwfs**

DISTRICT: GICUMBI	LDP CYCLE #: 2 START DATE: August 1, 2024 END DATE: December 31st, 2024

CHALLENGE:

How will we continue to improve District coverage of first antenatal care visits in light of a lack of awareness and behavior change of communities, limited access to care due to lack of health insurance coverage in some families, inadequate follow-up of pregnant women by CHWs, limited supervision of ANC services, and a lack of training for healthcare providers on essential skills like ultrasound use?

DESIRED MEASURABLE RESULT:

Between August 1, 2024 and December 31st, 2024, ANC1 visits in Gicumbi will increase by 5% from 63% to 68%.

PRIORITY ACTIONS:

1. Improve Awareness/ mobilize of community for behavior change
2. Increase mobilization of communities to get health insurance
3. Sensitize CHWs adequately to improve their involvement in follow up of pregnant women at the community level
4. Conduct supervision on ANC services provision
5. Provide training for midwives and nurses on how to use ultrasound

INDICATOR(S):

1. Number of sessions conducted to have behavior change on pregnancy and ANC perception at community level.
2. Number of sessions conducted to mobilize the community for the acquisition of health insurances
3. % of health care providers/CHWs sensitized to adequately follow with pregnant women in the community.
4. % of Health centers and CHWs supervised for ANC services.
5. % of health care providers (nurses, midwives) trained to use ultrasound

Activity #*	Activities	Person Responsible	Start Date	End Date	Resources
1	Provide health education sessions on behavior change about pregnancy and perceived ANC services seeking behavior.	Titulaire	1/08/2024	31/12/2024	0 Rwfs
2	Provide health education sessions aimed to mobilize the community for the acquisition of health insurance	Marcel/Titulaire	1/08/2024	31/12/2024	0 Rwfs
3	Sensitize health care providers/CHWs to adequately follow up pregnant women in the community.	CHWs Supervisor/DNM	1/08/2024	30/09/2024	0 Rwfs
4	4.1. Revise checklist to use in supervision of ANC services.	DNMU	1/08/2024	15/08/2024	0 Rwfs
	4.2. Conduct supervision and mentorship to HC and CHWs to refresh their skills on ANC 1 services provision	DNMU	1/08/2024	31/12/2024	3,000,1600 Rwfs
5	5.1. Identify participants and prepare concept note for the health care providers	DNMU	1/08/2024	31/08/2024	0 Rwfs
	5.2. Identify the training venue	DNMU	1/09/2024	10/09/2024	0 Rwfs
	5.3. Send out invitation to the trainees.	DNMU	1/09/2024	10/09/2024	0 Rwfs
	5.4. Provide training to health care providers on use of Ultrasound.	DNMU	11/09/2024	31/10/2024	5,011,200 Rwfs
6	Perform mobilization of communities to improve ANC services	VMASOC	1/08/2024	31/12/2024	None
	GRAND TOTAL				**8,011,360 Rwfs**

DISTRICT: GICUMBI

LDP CYCLE #: 2
START DATE: August 1, 2024
END DATE: December 31st, 2024

CHALLENGE:
How will we improve the accessibility of dental and eye care services at the HCs in the light of lack of qualified staff and dental chairs and accessories, and inconsistent in services delivery?

DESIRED MEASURABLE RESULT:
Between August 1, 2024 and December 31st, 2024, dental and eye care services accessibility will be improved from 5.7% and 3.5% to 11.5% and 7.0% respectively.

PRIORITY ACTIONS:
1. Advocate for recruitment of qualified staff (MOH)
2. Purchase dental chairs and accessories
3. Improve accessibility to dental and eye services
4. Monitor & supervise interventions to improve accessibility to dental and eye care services.

INDICATOR(S):
1. % of qualified staff recruited to provide dental and eye services
2. Number of dental chairs and accessories purchased
3. Number of patients reached and received care services in outreach activities conducted
4. % of health facilities that provide dental and eye services

Activity #*	Activities	Person Responsible	Start Date	End Date	Resources
1	Advocacy for recruitment of dental therapists	DG	1-Aug-24	31-Dec-24	0 Rwfs
2	Purchase required medical equipment (dental chair with accessories, dental kit)	RMS Branch Manager	9/1/2024	9/30/2024	11,271,540 Rwfs
3	Engage the available staff to conduct outreach services at different HCs	Director of Health	1-Aug-24	30-Sept-24	0 Rwfs
4	Establish/designate and prepare HCs that will be used for the provision of dental and eye care outreach services	DG	1-Aug-24	30-Sep-24	0 Rwfs
	Establish calendar of outreach activities for dental and eye care services	Dental surgeon at the hospital	1-Sep-24	20-Sep-24	0 Rwfs
	Provide facilitation to staff during outreach activities to provide dental care services (transport, mission allowance, refreshments)	Dental surgeon at the hospital	1-Aug-24	31-Dec-24	1,504,008 Rwfs
	Provide facilitation to staff during outreach activities to provide eye care services (transport, mission allowance, refreshments)	Ophthalmology clinical officer at the hospital	1-Aug-24	31-Dec-24	They will travel with dental surgeons as team and budget is combined
	Engage different stakeholders to increase awareness of the outreach program for dental and eye cares services provided at HCs	Vice Mayor	1-Sep-24	30-Sep-24	0 Rwfs
TOTAL					12,775,548 Rwfs

DISTRICT: GICUMBI	LDP CYCLE #: 2 START DATE: August 1, 2024 END DATE: December 31st, 2024

CHALLENGE:
How will we continue to reduce the rate of stunting in Gicumbi District in light of inappropriate behaviors of community on nutritional balanced diet, inappropriate use of nutritional commodities (FBF, Ongera,..), ineffective implementation of existing strategies to reduce stunting, low utilization of nutritional centers at health facilities and ineffective ECDs.

DESIRED MEASURABLE RESULT:
Between August 1, 2024 and December 31st, 2024 stunting/malnutrition in children < 2years of age will be reduced from 19.2% to 17%.

PRIORITY ACTIONS:
1. Increase the level of knowledge in the community on the balanced diet and nutritional awareness.
2. Improve the adherence of beneficiaries on the appropriate use of nutritional commodities.
3. Supervise and monitor the activities and interventions aimed to reduce stunting and malnutrition at all levels of care.
4. Purchase kitchen utensils to support nutritional centers at health centers for cooking demonstrations.

INDICATOR(S):
1. Number of sessions provided to mobilize the community for balanced diet and nutritional awareness.
2. Percentage of families educated on the appropriate use of those complementary foods
3. Number of supervisions conducted to monitor the activities and interventions
4. Percentage of ECDs and Nutritional Centers equipped with the required equipment/tools to support nutritional centers at health centers.

Activity #*	Activities	Person Responsible	Start Date	End Date	Resources
1	To conduct health education sessions /meeting to educate the communities on balanced diet and nutritional awareness (ECD, mobilization, health education,…).	Marcel/Titulaire	15/08/2024	31/12/2024	5,300,200 Rwfs
2	To conduct health education sessions /meeting at HCs and homes to improve on the appropriate preparation and use of those complementary foods	Marcel/Titulaire	15/08/2024	31/12/2024	0 Rwfs
3	4.1. Establish checklist to use in supervision	Marcel/Titulaire	15/08/2024	31/08/2024	None
	4.2. Conduct supervision and monitoring of activities and interventions at all levels	Marcel/Titulaire	01/09/2024	31/12/2024	2,384,352 Rwfs
4	4.1. Identify Nutritional centers lacking required equipment	Marcel/Titulaire	15/08/2024	31/08/2024	0 Rwfs
	4.2. Purchase the equipment/tools to support nutritional centers at health centers.	Marcel/Titulaire	01/09/2024	31/12/2024	5,838,360 Rwfs
5	Behavior change communication	Marcel	01/09/2024	31/12/2024	1,291,600 Rwfs
	GRAND TOTAL				**14,815,512 Rwfs**

4. DHMT ACTIVITIES IN BUGESERA DISTRICT

4.1. Training of nurses, midwives and Health Centre Managers on the use of ultrasound machines

A one week training session was held from 12th -16th August 2024 to enhance nurses and midwives skills in using ultrasound technology. The program aimed at improving their proficiency in performing ultrasound scans, interpreting results, and integrating these skills into patient care which includes early detection of anomalies and high risk pregnancies. The hands-on workshop focused on both theoretical knowledge and practical application, ensuring that nurses could confidently use ultrasound devices. This initiative plays a crucial role in expanding nurses and midwives diagnostic capabilities and improving patient outcomes. It is expected to have a contribution in improving ANC services and overall maternal and new-born care.

Nurses and HC Managers receiving theoretical training on how to use ultrasound

Health Care providers receiving training on how to operate ultrasound machines

4.2. End of cycle 1 results workshop

Bugesera DHMT held the results workshop from the 3rd to 5th September 2024. They presented results of cycle 1, and continued with preparation of cycle II action plans. It was initially supposed to be a two day workshop but due to the delay in starting the meetings the team decided to take a third day so that they could be able to finish the planned activities that were on the agenda.

In her opening remarks, the Vice Mayor in charge of Social Affairs, Mrs. Yvette Imanishimwe, extended her heartfelt congratulations to the DHMT for their commendable efforts in successfully implementing and achieving the targets set for the first cycle of the PHC-LDP. She emphasized that this accomplishment was particularly remarkable given the short timeframe in which it was achieved and the numerous challenges the team had to overcome throughout the process. Mrs. Imanishimwe acknowledged the team's dedication and perseverance in driving progress despite these obstacles.

Bugesera vice Mayor In charge of Social Affairs delivery opening remarks for the results workshop

Dr. Moses Ahabwe, Executive Director of BSH, in his opening remarks, he reiterated by echoing on the primary purpose of holding the result's workshop. He indicated that it's a time to share what the team was able to walk through and what has been achieved. He emphasized that it's important to evaluate and document the key actions that contributed to their successes, identifying the areas where objectives were not fully met, and outlining the next steps for continued improvement for future success. Another key objective was to apply the challenge model again in order to develop a new set of desired measurable results and targeted actions to improve more on the PHC performance.

Dr. Moses Ahabwe giving a brief overview of the workshop's purpose

a). Presentation of cycle I results

Mrs. Marie Grace Murebwayire, the Director of Nursing and Midwifery in Nyamata Hospital, presented the results of cycle I and outcomes related to their goal of reducing the institutional neonatal mortality rate from 11.6 per 1,000 live births to 10 per 1,000. She reported that the target had been successfully met; however, she noted that the rate could have been reduced further if they didn't face a bad time of getting Klebsiella outbreak in the Hospital that occurred in May, 2024. This outbreak hindered their steady progress of implemented their action plan, and they had to switch to emergency interventions first that could work so rapidly to remove the bacteria which was causing havoc in the Hospital. She highlighted that the training on neonatal protocols had a huge impact in reducing neonatal deaths.

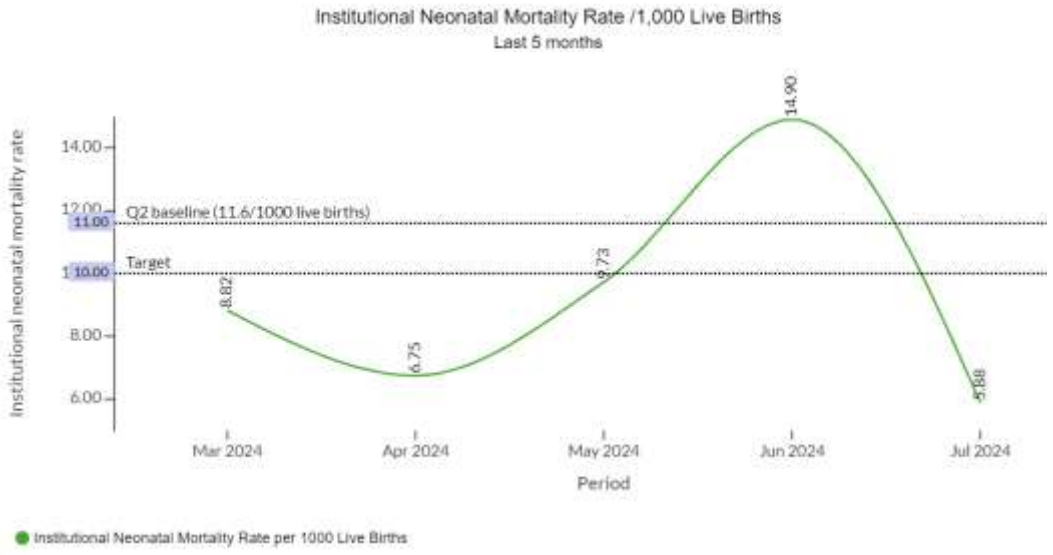
The key obstacles to achieving the desired results included insufficient skills among nurses and midwives in neonatal care, a lack of ultrasound use during antenatal care at the health center level, unequipped ambulances for emergency care during patient transfers, and an overall shortage of healthcare providers, particularly midwives were worked on at a different wave length. To address the challenges, several priority actions were undertaken. These included strengthening ambulance management at the hospital and replacing damaged equipment in health center ambulances to strengthen the referral system. Advocacy efforts were made to speed up the recruitment of drivers and midwives, addressing the staff shortage. Additionally, nurses and midwives received training on neonatal care protocols, and in addition, they were trained together with heads of health centers on the use of ultrasound technology to improve antenatal care services.

Medical equipment to improve neonatal care during transfers

b). Results

The following table illustrates the trend of neonatal mortality rates at Nyamata level II Teaching hospital rates from March to July 2024.

Period	Institutional Neonatal mortality rate Per 1000 live births	Deaths of hospitalized patients DH Neonatology	Baseline =11.6	Target, <10
Mar-24	8.8	13	11.6	10
Apr-24	6.7	10	11.6	10
May-24	9.7	13	11.6	10
Jun-24	14.9	17	11.6	10
Jul-24	5.9	8	11.6	10
Average	**9.2**			



The baseline was the average of neonatal mortality rate in quarter 2 (October-December 2023) which was 11.6/1000 live births

Top priorities for next improvement cycle:

- Continue to reduce neonatal mortality rate from 10.2/1000 live births (Average of last three consecutive months) to 8/1000 live births
- To increase new ANC registrations
- To increase family planning

C). Discussion from the results workshop in Bugesera

During the open discussion, several key points were raised. The delay in executing the action plan was addressed, with Mr. Emmanuel Nkubiri Branch Manager of RSSB in Bugesera District reminding the DHMT to conduct regular meetings. He emphasized on the importance of preparing and sending invitations at least a week in advance to ensure timely coordination.

He also inquired about the possibility of preparing annual action plans to allow for a longer implementation period but Mrs. Murebwayire explained the structure of the catalytic grant cycles, clarifying that action plans must be implemented within a six-month period, in line with the requirements of the grant.

Gaspard Harerimana the Dean of Health Center Managers noted the positive impact of recent ultrasound training, highlighting its contribution to improving ANC services and overall maternal and child health. He shared a specific example of a woman who, thanks to the new ultrasound capabilities, learned she was pregnant with twins. He said

> "The nurse did the ultrasound and identified that the pregnant woman had twins. She then called the head of the health center to check and also found the same, and they confirmed to the pregnant woman that she had twins. The woman was astonished to know that even at the health center they can be able to see twins. She commended the teams work and said I will be coming back many times so that you can tell the progress of my twins"

The group discussion also addressed the pricing of ultrasound services. It was proposed that patients contribute a nominal fee, not more than 200 RWF as an additional fee for ultra sounds services. This will further be discussed in the DHMT meeting and the district council to give a general guidance to the health centers to use it as a standard service charge for ANC ultrasound services. This fee will be used to cover the cost of purchasing ultrasound gel and maintaining the ultrasound equipment. The reason behind this suggestion is that the machines were donated and are not covered under the government's maintenance plan, unlike those provided by the Ministry of health or Rwanda Biomedical Center through their contracted suppliers.

4.3. Action plans for PHC-LDP cycle II

The DHMT agreed on 5 top priorities to be addressed in cycle 2, which are:

1. Low ANC1 coverage in the district
2. Poor reporting of health data (low quality data)
3. High institutional neonatal mortality
4. Low family planning services utilization
5. Low participation of DHMT in setting district health priorities

Members of the DHMT were split into three groups, in which they conducted root cause analysis and developed action plans for the abovementioned challenges. It became evident that issues of low ANC coverage, high institutional neonatal mortality rate and low family planning services utilization share several common contributing factors, and the team reached a consensus to develop a single, comprehensive action plan that would address all three challenges in a coordinated manner.

DHMT members conducting root cause analysis in groups

Cycle II Action Plans for PHC Performance Improvement in Bugesera

DISTRICT: Bugesera	LDP CYCLE #: START DATE: 1st Sept 2024 END DATE: 31st January 2025
CHALLENGE STATEMENT: How will we increase ANC1 coverage, and how will we improve family planning utilization, and how will we continue to reduce institutional neonatal mortality rate in Bugesera in light of insufficient mobilization and supervision of CHWs, conditional provision of ANC and FP, insufficient skills of health workers, and insufficient delivery kits in HCs and lack of fetal heart monitors delivery kits in HCs and lack of fetal heart monitors	
DESIRED MEASURABLE RESULT: Between Sept 1, 2024 and Jan 31, 2025, ANC 1 coverage in Bugesera will increase from 34%-54%, Family planning utilization will increase from 51%-53%, and institutional neonatal death will decrease from 9.2/1000 to 8/1000 live births	
PRIORITY ACTIONS: - Community mobilization on Family Planning, Antenatal care, and reduction of neonatal mortality - Purchase of delivery kits for health centers to reduce neonatal mortality resulting from delayed deliveries. - Train the health workers on pregnancy danger signs to reduce fetal and neonatal death	
INDICATOR(S): - Percentage of targeted staff trained on pregnancy danger signs to reduce fetal and neonatal death - Number of delivery kits and fetal heart monitors purchased - Proportion of Communities targeted that are reached by CHWs and were sensitized on the importance of ANC, FP and prevention of neonatal conditions that can lead to loss of life	

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, FP and reduction of neonatal conditions that can lead to fetal death	- Heads of Health Centers	- 23/09/2024	- 31/12/2024	- **3,600,000** frws
	- Develop sensitization messages to improve delivery of key message to the community	- CHWS officer	- 16/09/204	- 30/09/2024	- Budget is - **2,160,000** frws
	- Conduct monthly Meetings with CHWs to emphasis on ANC, FP and neonatal trends. (2 days)	- Heads of health centers	- 16/09/2024	- 31/12/2024	- No Budget required
	- Involve CHWs in the morning health talks (patient education) twice a week at the HCs to support HCs in IEC.	- Heads of health centers	- 23/09/2024	- 31/12/2024	- Budget is **1,080,000** frws
	- Prepare the concept to purchase HCs' delivery kits and Doppler and have it approved	- DNM	- 01/10/2024	- 04/10/2024	- No Budget
2	- Purchase order to have HCs' delivery kits and Doppler delivered	- DNM	- 05/10/2024	- 01/11/2024	- Budget is **2,807,400** frws
	- Prepare concept note for the training of Healthcare workers on EmNOC	- DNM	- 07/10/2024	- 09/10/2024	- No Budget
	- Prepare invitation letters, for participants and facilitators including venue and other training materials	- DNM	- 10/10/2024	- 11/10/2024	- No budget
3	- Conduct training of 32 healthcare workers on Emergency Obstetric and Neonatal care. (EmNOC)	- DNM	- 14/10/2024	- 25/10/2024	- Budget is - **10,952,200** - frws

DISTRICT: Bugesera	LDP CYCLE #:2 START DATE: 1st August 2024 END DATE: 31st December 2024
CHALLENGE STATEMENT: How will we improve health facilities reporting in light of Lack of Qualified data Managers, Lack of skills of acting data managers and Inconsistence of Data reported?	
DESIRED MEASURABLE RESULT: Between Sept 01, 2024 and Jan 31, 2025, health facilities reporting will improve from 0% to 100%.	
PRIORITY ACTIONS: 1. Advocacy on recruitment of new data managers 2. Training of New Data Managers from health centers and health posts 3. Monitoring and Evaluation for data Validation	
INDICATOR(S): 1. Proportion of New Data Mangers recruited 2. Percentage of new data managers trained 3. Proportion of health facilities that provide Quarterly report with > 80% Data	

Activity #	Activities	Person Responsible	Start Date	End Date	Resources
1	Advocacy on recruitment of news data manager (9)	Director of Health	September 2024	October 2024	No Budget is required
	-Preparation of concept notes - Invitation - Venue -Budget	Representative of HCs	15th September 2024	20th September 2024	No Budget is required
	Training of 16 Data manager of Health Centers and Other Health Facilities on new version of HMIS.	Hospital Data Manager	14th October 2024	18th October 2024	This will be supported by catalytic fund, **The Budget is 6,511,000Rwf**
2	Monitoring and Evaluation -Identify Team - Prepare Logistics (Transport, Checklist and Budget)	Director of Health	1st November 2024	6th November 2024	No Budget is required
3	Conduct Supervision	DG Nyamata Level Two Teaching Hospital	18th November 20224 16th December 2024	22rd November 2024 20th December 2024	Be supported with catalytic fund, you should have budget for it, **Budget is 2,500,000**

DISTRICT: Bugesera	LDP CYCLE #: 2 START DATE: 1st August 2024 END DATE: 31st December 2024

CHALLENGE: statement**:** how will we improve DHMT participation in setting district health priorities during planning in light of lack of knowledge in their roles and responsibilities, lack of guiding documents on planning, lack of quality health data/reports and lack of DHMT fixed meeting schedules?

DESIRED MEASURABLE RESULT: Between September 01, 2024 and Jan 31, 2025, DHMT participation in decision making on district health priorities will increase from 20% to 30%

PRIORITY ACTIONS:

-Capacity building of DHMT members to perform their roles and responsibilities;
-Advocacy for Funding allocation for the DHMT activities;
-Field Visits for Data Validation;
-Organize DHMT Periodic Meeting.

INDICATOR(S):

-Proportion of DHMT members trained no their roles and responsibilities
-Proportion of DHMT activities funded from the district resources
-Number of field visits conducted for health data validation
-Proportion of DHMT scheduled meetings conducted on that date without change
-Proportion of district health issues proposed by DHMT that were addressed through district planning through district planning

Activity #*	Activities	Person Responsible	Start Date	End Date	Resources
1	Conducting training of DHMT members on roles and responsibilities for efficiently	DG of Nyamata L2TH	07/10/2024	11/10//2024	BSH, Budget is **3,000,000**
2	a. Identify required budget for DHMT sessions/activities. b. Meet with District authorities to discuss sustainable Budget allocation to DHMT activities (CBM; Mayor; Exec Sec)	DAF Hosp. V/Mayor SA.	17/09/2024 1st week of November,2024	18/09/2024 1st Week of November,2024	No budget required
3	Conducting Field Visiting for Data Validation & **Identify top 10 Health threats.** (Checklist)	Director Health	16/12/2024	20/12/2024	TUBEHO, Budget is **3,330,000**
4	Plan - Quartely meeting to be conducted every 2nd Week of Quarter/Or When deemed	Director Health	17/09/2024	31/12/2024	BSH/Tubeho, Budget is **3,330,000**

5. CHALLENGES ENCOUNTERED

During the months of July- September, the challenges that were faced include the following:

a) Difficulty in finishing cycle I and organize the Results Workshops on time
b) Difficulty in finishing the results workshop on time because participants were arriving late and the actual starting time was not respected
c) Having more work for cycle II planning to be condensed in two days only.
d) Poor team collaboration especially in Bugesera DHMT, which caused a delay in having their results workshop in July and August
e) Poor team collaboration again in Bugesera DHMT that has took too much time to finalize their cycle I reports and the action plans for cycle 2

6. LESSONS LEARNED

a. Vice Mayor voices when he/she becomes proactive in coordinating the DHMT members day by day brings some commitment from the team

b. When the DG of the Hospital involves the Hospital team and asks them to be seriously engaged in project activities, the action plans are completed

7. UPCOMING ACTIVITIES

The next quarter, BSH will focus on the following activities

a) Collaborating with the DHMTs in implementing PHC-LDP cycle 2 action plans
b) Monthly coaching sessions
c) Conducting mid-point review meetings in both Bugesera and Gicumbi districts
d) Facilitating Leadership, governance and management training in Gicumbi
e) Training facilitation for the DHMT's roles and responsibilities in Bugesera
f) DHMT quarterly meetings

8. CONCLUSION

This previous quarter was marked by the completion of the first cycle of the PHC-LDP project. Both districts successfully presented the outcomes of the first cycle of the project, highlighting key achievements as well as identifying new challenges that will need to be addressed in the upcoming cycle. These challenges present opportunities for further improvement and refinement of the strategies in place. Moving forward, continuous monitoring and evaluation will be a central focus to ensure that the gains made during the first cycle are not only sustained but also built upon. It is evident that as the activities of PHC-LDP performance improvement continue, the DHMT members are improving more to understand the importance of taking monitored using data

Signed by:

Ahabwe Moses

Digitally signed by Ahabwe Moses
DN: CN=Ahabwe Moses, O=Building Systems for Health, OU="", E=ahabwem@bsh.org.rw, C=RW
Reason: I am the author of this document
Location: Kigali
Date: 2024.09.30 19:37:29+02'00'
Foxit PDF Reader Version: 2024.2.3

Moses AHABWE, MD, MPH
Executive Director
Building Systems for Health (BSH)

Email: info@bsh.org.rw

Website: www.bsh.org.rw

KK 525 Street
Enviroserve Building
Gikondo
Opposite Mironko Plastic Industries