PHC PERFORMANCE MANAGEMENT (PHC-PM) ACTIVITY, 2023-2026

STRENGTHENING FOUNDATIONS, DRIVING IMPACT: A MODEL FOR DISTRICT-LED PHC TRANSFORMATION

Rwanda and Ghana | August 2025

Primary health care (PHC) is the foundation of resilient and equitable health systems. Realizing this vision depends on strong local leadership which is essential to ensuring accessible, high-quality care that responds to community needs. In Ghana (Akuapim South, North Tongu) and Rwanda (Bugesera, Gicumbi), national and district health authorities are strengthening health system performance through the PHC Performance Management (PHC-PM) Activity—an initiative led by government partners and implemented with local institutions, with support from the Gates Foundation and technical partners including Management Sciences for Health (MSH).

One year into implementation, District Health Management Teams (DHMTs) in both countries are:

- Taking greater ownership of PHC performance—setting priorities, allocating necessary resources, and leading local improvements
- Using data systematically to reveal systems and service gaps that inhibit performance, track outcomes, and support evidence-based decision-making
- Strengthening coordination with communities and health providers, ensuring care is more responsive and better aligned with local needs
- Driving tangible results in areas such as maternal and newborn health, essential medicine availability, and data quality
- Demonstrating a scalable model of district-led leadership and adaptive management with potential to inform national policy.

This bulletin highlights the PHC-PM model, early achievements, and priorities for scaling impact.

Early Results: District-Driven Change

District-led efforts are contributing to stronger PHC system performance—and early results suggest meaningful improvements in service delivery toward improved health outcomes:

- Rwanda (Bugesera): The DHMT focused on strengthening the quality and use of facility-level data—ensuring decisions and actions were grounded in timely, accurate information—with 100% of facilities providing a monthly report. These efforts improved service coordination and strengthened community outreach and referral systems. Trends also point to improved antenatal care (ANC) coverage.
- Rwanda (Gicumbi): To improve ANC, DHMTs trained health workers and equipped facilities with tools to detect and manage anemia in pregnancy. As a result, ANC1 coverage rose from 63% to 71%, and 88% of health centers now routinely offer anemia screening.
- Ghana (North Tongu): District leaders strengthened maternal health services by expanding access to anemia testing and improving follow-up for pregnant women, contributing to a 25% reduction in anemia prevalence among expectant mothers.
- Ghana (Akwapim South): To reduce frequent stockouts of essential medicines, DHMTs improved supervision and enhanced delivery readiness. Infrastructure upgrades, such as renovating midwife accommodations and adding storage, contributed to reducing stockouts from 90% to 61%.

ABOUT PHC-PM

In many low- and middle-income countries, DHMTs are tasked with translating national policies into local action—often operating with limited data, decision-making authority, or financial resources. The PHC Leadership Development Program (PHC-LDP) addresses this challenge by equipping DHMTs with tools and skills, while empowering them with the autonomy and support to lead performance improvement.

Through adaptive performance improvement cycles, DHMTs continuously analyze, monitor, learn, and adapt—maturing over time into effective stewards of district health systems.

The PHC-PM Activity is a collaboration between MSH, Ubora Institute (Ghana), Building Systems for Health (Rwanda), Three Stones International (Rwanda), HISP Ghana, Zenysis, and district and national health authorities.

CORE COMPONENTS OF THE PHC-PM MODEL

At the heart of the model are four interlinked components, each designed to reinforce district leadership, evidence-based decision-making, and sustained PHC system improvement.

1. LEADERSHIP DEVELOPMENT:

Using the Challenge Model, DHMTs and facility teams define a shared vision for stronger PHC, then assess the current situation and identify opportunities and obstacles. Based on this analysis, they define their Desired Measurable Results (DMRs), clarify their challenge, and select priority actions to achieve meaningful improvements.

- Every 6 months, DHMTs lead performance improvement cycles: define priorities, implement actions, review data, and adapt their strategies based on lessons learned.
- Local partners provide coaching at the district level, ensuring that learning translates into day-to-day planning, supervision, and service delivery.

> *"The grants let us test solutions our data identified—like neonatal kits—without waiting for central approval."*
>
> **— Bugesera DHMT Finance Lead**

2. OPERATIONAL DATA AND INTEGRATED DASHBOARDS:

District teams are using a combination of operational data and integrated dashboards—built on national platforms like Ghana's DHIMS2 and Rwanda's RHAP—to identify service gaps, guide realistic planning, and track progress over time. Designed in collaboration with DHMT members, these tools support more informed decision-making and foster a culture of shared accountability.

- Leverage national systems while incorporating locally relevant data sources
- Co-designed with DHMTs to reflect district priorities and improve usability
- Used to identify bottlenecks, monitor performance, and guide corrective actions to identify bottlenecks, track indicators, and adjust workplans

3. ONGOING MONITORING, EVALUATION & LEARNING (MEL)

The MEL approach is built for learning and adaptation—as a tool for improving accountability and focusing improvement efforts. These practices ensure that districts can use evidence not only to report results, but to improve them and the approaches for achieving them.

- MEL partners support data interpretation, guide documentation, and facilitate reflection
- Insights are shared across learning platforms—informing decision-making within districts, sparking peer learning across districts, and shaping cross-country exchange and national policy dialogue.
- Outcome harvesting helps DHMTs connect improvements to the intervention (what's working and why)

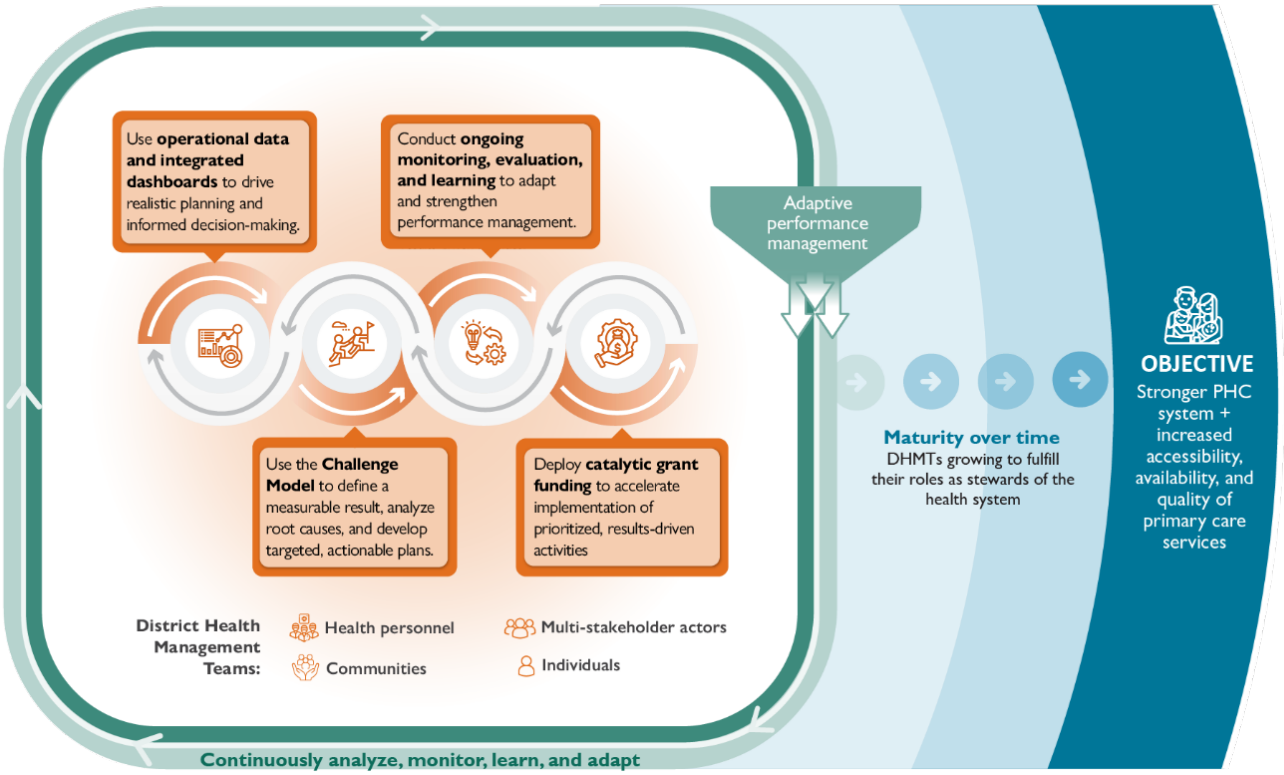
4. CATALYTIC GRANTS FUNDING

Each district deploys catalytic grant funding to accelerate implementation of their action plans to address system gaps identified through data and planning.

- Grants are flexible but tied to clear, measurable milestones within each six-month improvement cycle and aligned with approved action plans.
- DHMTs manage procurement, implementation, and reporting with clear requirements
- Funds support a range of activities, including outreach, supervision, training, and essential equipment.

The model shifts power to districts, fostering local ownership while ensuring alignment with national priorities and local realities.

Primary Health Care Leadership Development Program (PHC-LDP) in Ghana & Rwanda



PHC-PM PARTNERS

- **DHMTs:** lead the PHC-LDP by using data, driving targeted action, engaging communities, health personnel, and multi-stakeholder actors, and continuously adapting to improve performance and system stewardship.
- **MSH:** Grants administration & cross-country coordination
- **Ubora Institute (GH):** PHC-LDP coaching & MEL
- **Building Systems for Health (RW):** Performance improvement
- **Three Stones International (RW): MEL**
- **HISP/Zenysis:** Dashboard integration
- **MOHs:** Policy alignment & scale-up

CROSS-CUTTING ACHIEVEMENTS

- Strengthened peer learning across countries and districts
- Improved data literacy and use (district level)
- Institutionalized routine performance reviews using PHC data
- Aligned district actions with national health priorities
- Contributed to global PHC knowledge through abstracts and thought leadership

LOOKING AHEAD: PRIORITIES FOR SUSTAINING AND SCALING THE PHC-LDP APPROACH

1. **Reinforce District Capacity and Learning:** Continue coaching support and facilitate peer learning exchanges to help DHMTs build on lessons learned, adapt their strategies, and sustain improvements in leadership and performance.
2. **Strengthen Data Use for Decision-Making:** Enhance and expand operational dashboards, incorporating additional data to support more effective planning, tracking, and action across new districts and regions.
3. **Document and Communicate Impact:** Complete outcome harvesting to assess how the approach is strengthening leadership, management, and governance—and support DHMTs to communicate successes and challenges, especially with national stakeholders.
4. **Engage National Stakeholders for Scale-Up:** Share district-level results and lessons with national decision-makers to inform institutionalization and scale-up of effective performance management practices.
5. **Contribute to Global PHC Knowledge:** Disseminate tools, experiences, and evidence with global partners to inform broader efforts to improve PHC systems and adaptive management worldwide.