

REPUBLIC OF RWANDA



Eastern Province  
Nyagatare District  
Nyagatare District Hospital  
P.O.BOX 43 NYAGATARE

JULY 3, 2024

To the Chairmam Health committe

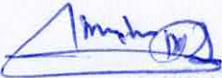
Dear Sir,

**RE: SUBMISSION OF ANNUAL ACTIVITY REPORT 2022-2023**

I would like to submit the Annual activity report of the year 2022-2023 ended 30/6/2023.

Thanks for your usual collaboration and support.

Sincerely yours,

  
**Dr NYAYAMBAJE K.Eddy**  
Director General of Nyagatare Hospital.

Cc:  
-The Mayor Nyagatare district



**REPUBLIC OF RWANDA**



**EASTERN PROVINCE  
NYAGATARE DISTRICT  
NYAGATARE DISTRICT HOSPITAL  
PO.BOX : 43 NYAGATARE  
email:nyagatare.hospital@moh.gov.rw**

**ANNUAL ACTIVITY REPORT OF YEAR 2022-2023**

**ACTION PLAN AND BUDGET PLAN EXECUTION 2022-2023 NYAGATARE  
DISTRICT HOSPITAL**

**1. Introduction**

Nyagatare District Hospital has an action plan which must guide its managers in carrying out priority activities in accomplishing the mission and vision that the hospital has set for itself. It is planned that after 12 months of exercises an annual evaluation will be made. This is how the planning team met in a working workshop during which simultaneously the evaluation of the 2023-2024 action plan, the budget review and the procurement plan will take place.

**MISSION**

The hospital is committed to enhance the wellbeing of the population it serves in the catchment area, through preventive, curative and promoting health care services.

**VISION**

Hospital's vision is to provide integral, equitable and qualitative healthcare services to our population, to ensure technical mentorship and oversight of healthcare facilities in our catchment area, for the reduction of morbidity and mortality rate

## CORE VALUES

- **Honesty and Integrity** - We act openly and truthfully with high standards of ethics.
- **Loyalty and privacy:** We value the inherent worth and dignity of human beings regardless of any discrimination
- **Patient Centered Care:** We put patient at the center of all planning activities and service provision.
- **Quality and safety:** we commit ourselves to provide high quality and safe services for both our patients and staff, in the total compliance with norms and standard.
- **Excellence:** Medical care service based on professionalism and evidence based practice
- **Cultural identity and gender sensitivity oriented:** We respect and value the culture and beliefs of each person and promote gender equality best practices

## GUIDING PRINCIPLES AND PHILOSOPHIES OF CARE

1. Hospital health care must create and maintain a social and physical environment that is as welcoming, unthreatening, and supportive as possible.
2. Medical Care should be patient-centered.
3. Trained staff and skilled personnel are necessary for quality patient care.
4. Continuous learning, evaluation, and research are means of health care improvement.
5. Continuous patient health education will promote behavior change and treatment compliance to produce long term results.
6. Patients are to be involved in decision-making regarding their individual medical problems and treatment.
7. Patients are a part of a family unit; therefore families will be involved in the health care process.
8. Quality principles are the underlying foundation of our health care system.

## GOALS

- To provide affordable, cost-effective, and efficient medical and surgical health care services to our patients.
- Provide the highest level of quality health care based on established standards and evidence-based medicine.
- To be the primary peripheral center of excellence in clinical skills development and operational research activities.
- To provide sounding technical and formative supervision to lower level health facilities.
- To create an environment that includes patients in decision making regarding their holistic medical care.
- To create a safe and a good working environment to our staff.



## **DESCRIPTION OF HOSPITAL**

The Nyagatare District Hospital is a public Hospital located in Eastern Province, Nyagatare District, and 175 km from Kigali. It was founded in 1983 as a public hospital. It has the capacity of 200 beds and offers a variety of outpatient, inpatient services, and supervision of health centers.

Nyagatare District Hospital has 12 Health centers, 1 Dispensary of Nyagatare Prison, 2 private clinics, 9 private dispensary, 18 Health posts, 6 Pharmacy.

Nyagatare District Hospital has in total 194 employees including 28 Para medicals, 68 Nurses A1, 1 Nurse A2, 28 Midwives, 14 Medical Doctors (General practice), 6 Specialists Doctors, 48 Administrative supports and other technicians. It has a catchment area of 436,362.

## **ORGANIZATION OF THE SERVICE**

The health care provided is divided into four types of services including an ambulatory service within the Outpatient Department (OPD), inpatient services, emergency services and clinical support services. Each is divided into functional units including:

### **Ambulatory/Out Patient Department**

- General OPD
- Stomatology services
- Ophthalmology services
- ARTs
- Mental health/clinical psychology
- Physiotherapy services
- Nutrition and rehabilitation service

### **Inpatient**

- Internal Medicine wards (50 beds)
  - Female ward (20 beds)
  - Male wards (20 beds)
  - Isolation room ( 10 beds)
- Surgery Department
  - Surgery ward (35 beds)
    - Female ward (16 beds)
    - Male wards (16 beds)

- Isolation room (3 beds)
- Theatre room and recovery room ( 2 beds)
- Sterilization room
- Pediatrics Department
  - General Pediatric ward (27 beds)
  - Neonatology room (8 incubators and 17 beds) and Kangaroo room (7 beds)
- Gynecology/Obstetrics department (62 beds)
  - Waiting room (9 beds)
  - Cesarean ward (11 beds)
  - Post-partum and gynecology ward (26 beds)
  - Private room (16 beds)

Each ward has:

- a) Nursing station

### **Emergency**

- Observation Care (5 beds)
- Minor surgery (2 beds)
- Ambulance
- GBV (2 beds)
- Private rooms (16 beds)
- VIP (4 beds)

### **Clinical Support Services**

- Registration and Medical records filing
- Laboratory, including biochemistry, hematology, microbiology, serology and molecular biology
- Imaging services including digital X-ray and ultra sound
- Pharmacy
- Family planning
- Social service
- Laundry
- Environmental health

**The Support departments are the following:**

- Administration
- Accounting
- Procurement
- Logistics and stock
- Recovery
- Cashier
- Information and Technology Management
- Public relation
- Customer care
- Monitoring and Evaluation
- Secretariat, video conference room and archive.
- Maintenance and infrastructure service
- Quality improvement and accreditation unit.
- Research and Education
- Internal auditor

Each department and service has a set of policies and procedures describing to guide its operations, a description of the department and services provided, organization of the services, admission, discharge, and transfer policies.

Responsibilities and accountability will follow delegation as seen in the administrative organizational chart

- The Hospital Director General is accountable for the overall quality of services of the hospital.
- The Director of Administration and Financial is responsible for hospital operations and ensuring that supplies and equipment necessary for patient care are available and functional.

## SCOPE OF SERVICES

| S / N   | Department/ Unit | Number of Staff                                  | Services available  | Hours of services  | Requirement to obtain service   |
|---|------------------|--|---|--|---|
| <b>1. AMBULATORY (OUT PATIENTS) DEPARTMENTS (OPD)</b> |                  |  |   |  |   |
| 1   | General OPD      | 3 Doctors<br>4 Nurses                            | <ul style="list-style-type: none"> <li>- The outpatient service offers services to patients whom the conditions are not critical then they are evaluated and treated by the physician and go back to home. They are given an appointment to come back again for evaluating the evolution of the illness. It's also possible to transfer patient for further management to the referral level if the case cannot be handled in our facility as we do for emergency and other inpatient clients.</li> <li>- Act billing</li> </ul>                    | Monday to Friday<br>7am to 5pm and<br>closes on holidays | <p><b>If use of Community insurance (Mutuelle de santé)</b></p> <ul style="list-style-type: none"> <li>- Transfer from a Health Center</li> <li>- Community insurance card.</li> </ul> <p><b>Other health insurances:</b></p> <ul style="list-style-type: none"> <li>- Insurance card.</li> </ul> <p><b>Without insurance (100%) or Private</b></p> <p>Proof of ability to pay all hospital bills</p> |
| 2   | Stomatology      | 3 Dental Therapist<br>1 Doctor<br>Surgeon dental | <ul style="list-style-type: none"> <li>- Receiving, taking and keeping records of patients</li> <li>- Oral health education</li> <li>- Consultation</li> <li>- Extraction of deciduous and permanent teeth</li> <li>- Temporary filling by excavation/cavity preparation</li> <li>- Permanent filling</li> <li>- Amalgam filling</li> <li>- Composite/glass ionomer fillings</li> <li>- Fluoride application</li> <li>- Extraction of partial impacted teeth</li> <li>- Scaling</li> <li>- Partial denture repair</li> <li>- Act billing</li> </ul> | Monday to Friday<br>7am to 5pm and<br>closes on holidays | <p><b>If use of Community insurance (Mutuelle de santé)</b></p> <ul style="list-style-type: none"> <li>- Transfer from a Health Center</li> <li>- Community insurance card.</li> </ul> <p><b>Other health insurances:</b></p> <ul style="list-style-type: none"> <li>- Insurance card.</li> </ul> <p><b>Without insurance (100%) or Private</b></p> <p>Proof of ability to pay all hospital bills</p> |
| 3   | Ophthalmology    | 2 Ophthalmic Technicians<br>1 Nurse<br>1 Cashier | <ul style="list-style-type: none"> <li>- Receiving, taking and keeping records of patients</li> <li>- Ophthalmic consultation</li> <li>- Refraction and prescription of eye glasses</li> <li>- Fundoscopy if required</li> <li>- Tonometry if required</li> </ul>   | Monday to Friday<br>7am to 5pm. Closed<br>on holidays    | <p><b>If use of Community insurance (Mutuelle de santé)</b></p> <ul style="list-style-type: none"> <li>- Transfer from a Health Center</li> <li>- Community insurance card.</li> </ul> <p><b>Other health insurances:</b></p>   |

|                                 |   |   |   |  |  |
|---------------------------------|---|---|---|--|--|
|                                 |   |   | <ul style="list-style-type: none"> <li>- Information, education, and communication on ocular pathologies</li> <li>- Prescription of drugs for ophthalmic conditions.</li> <li>- Transfer all those who need surgical intervention or further management</li> <li>- Act billing</li> </ul> |  | <ul style="list-style-type: none"> <li>- Insurance card.</li> </ul> <p><b><u>Without insurance (100%) or Private</u></b></p> <p>Proof of ability to pay all hospital bills</p>   |
| ARTs                            | <ul style="list-style-type: none"> <li>- 1 Doctor</li> <li>- 3 nurses</li> <li>- 1 social worker</li> </ul> | <ul style="list-style-type: none"> <li>- Enrollment Stratification</li> <li>- Prophylaxis program</li> <li>- ARTs programs for different categories</li> <li>- History, physical, biological and examination</li> <li>- Psychosocial care</li> <li>- PF &amp; infection &amp; VIH</li> <li>- Follow up of all cases</li> <li>- Counseling</li> <li>- Act billing</li> </ul> | <ul style="list-style-type: none"> <li>- Mental health care</li> <li>- Psycho clinic care</li> <li>- Mobile clinic services to all HCs</li> <li>- Follow up of all out and inpatients cases</li> <li>- Act billing</li> </ul>   | <p>Monday to Friday<br/>7am to 5pm. Closes on holidays</p> | <p><b><u>If use of Community insurance ( Mutuelle de santé)</u></b></p> <ul style="list-style-type: none"> <li>-Transfer from a Health Center</li> <li>- Community insurance card.</li> </ul> <p><b><u>Other health insurances:</u></b></p> <ul style="list-style-type: none"> <li>- Insurance card.</li> </ul> <p><b><u>Without insurance( 100%) or Private</u></b></p> <p>Proof of ability to pay all hospital bills</p> |
| Mental Health                   | <ul style="list-style-type: none"> <li>- 2 mental nurses</li> <li>- 1 psychologist</li> </ul>               |   |   | <p>Monday to Friday<br/>7am to 5pm. Closes on holidays</p> | <p><b><u>If use of Community insurance ( Mutuelle de santé)</u></b></p> <ul style="list-style-type: none"> <li>-Transfer from a Health Center</li> <li>- Community insurance card.</li> </ul> <p><b><u>Other health insurances:</u></b></p> <ul style="list-style-type: none"> <li>- Insurance card.</li> </ul> <p><b><u>Without insurance( 100%) or Private</u></b></p> <p>Proof of ability to pay all hospital bills</p> |
| <b>2. INPATIENTS DEPARTMENT</b> |   |   |   |  |  |
| 1                               | Internal medicine   | <ul style="list-style-type: none"> <li>- 1 Internists</li> <li>- 1 Medical Doctor</li> <li>- 10 Nurses</li> </ul>   | <ul style="list-style-type: none"> <li>- Internal medicine care: Treatment, palliatives care and preventives care</li> <li>- Patient education</li> <li>- Act billing</li> </ul>  | <p>Monday – Sunday<br/>24 hours/day</p>                    | <p><b><u>If use of Community insurance (Mutuelle de santé)</u></b></p> <ul style="list-style-type: none"> <li>-Transfer from a Health Center</li> <li>- Community insurance card.</li> </ul> <p><b><u>Other health insurances:</u></b></p>   |

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|---|-------------|---|---|---------------------------------|---|
|   |             |   |   |                                 | <p>- Insurance card.</p> <p><b><u>Without insurance( 100%) or Private</u></b></p> <p>Proof of ability to pay all hospital bills</p>   |
| 2 | Surgical    | <p>1 Medical Doctor</p> <p>7 Nurses</p>                       | <p>- Minor surgical consultation</p> <p>- Hospitalization</p> <p>- Dressing wound and burn management</p> <p>- Treatment, palliatives care and preventives care ,Patient education</p> <p>- Act billing</p>   | Monday – Sunday<br>24 hours/day | <p><b><u>If use of Community insurance (Mutuelle de santé)</u></b></p> <p>-Transfer from a Health Center</p> <p>- Community insurance card.</p> <p><b><u>Other health insurances:</u></b></p> <p>- Insurance card.</p> <p><b><u>Without insurance( 100%) or Private</u></b></p> <p>Proof of ability to pay all hospital bills</p>                   |
| 3 | Pediatrics  | <p>1 pediatrician</p> <p>1 Medical Doctor</p> <p>8 Nurses</p> | <p>Curative care :</p> <p>- General pediatric consultation</p> <p>- Care of admitted patient&lt;16 yrs.</p> <p>- High dependence service</p> <p>- Nutritional rehabilitation.</p> <p>- Preventive care, treatment for new born</p> <p>- Community outreach</p> <p>- Education and follow up</p> <p>- Feeding of newborns</p> <p>- Act billing</p>   | Monday – Sunday<br>24 hours/day | <p><b><u>If use of Community insurance ( Mutuelle de santé)</u></b></p> <p>-Transfer from a Health Center and in Maternity</p> <p>- Community insurance card.</p> <p><b><u>Other health insurances:</u></b></p> <p>- Insurance card.</p> <p><b><u>Without insurance( 100%) or Private</u></b></p> <p>Proof of ability to pay all hospital bills</p> |
| 4 | Neonatology | <p>1 pediatrician</p> <p>1 Medical Doctor</p> <p>8 Nurses</p> | <p>- Neonatal providers provide complete care for babies.</p> <p>- They attend deliveries, weigh and measure infants, bathe them and monitor their health.</p> <p>- They also teach new parents about newborn care and breastfeeding.</p> <p>- Neonatal Providers certainly have their work cut out for them.</p> <p>- Newborns today face some challenges -- addiction, HIV infection, premature birth. And it's</p> | Monday – Sunday<br>24 hours/day | <p><b><u>If use of Community insurance ( Mutuelle de santé)</u></b></p> <p>-Transfer from a Health Center</p> <p>- Community insurance card.</p> <p><b><u>Other health insurances:</u></b></p> <p>- Insurance card.</p> <p><b><u>Without insurance( 100%) or Private</u></b></p> <p>Proof of ability to pay all hospital bills</p>                  |

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|  |  | <p>not just medical care these infants need.</p> <ul style="list-style-type: none"> <li>- They need care and comfort to survive and thrive.</li> <li>- Neonatal Providers give them the care and compassion they deserve.</li> <li>- We work as a team with the doctors and nurses to help the babies.</li> <li>- Hospital work requires Providers to be composed, caring and in control every second of their shift.</li> <li>- Although neonatal Providers witness the miracle of birth every day, they also view untimely infant deaths.</li> <li>- Intensive-care demands sharp monitoring skills and special care immediately after birth.</li> <li>- Typical duties include starting and maintaining IV lines, managing ventilators, assessing vital signs and drawing blood. New parents also require special care during this time, so neonatal Providers are in frequent contact with worried families.</li> <li>- Neonatal Providers work with needles, feeding pumps, incubators and ventilators. "We use thermometers, stethoscopes, baby warmers...and cardiac monitors for special care babies," says Early.</li> <li>- This means neonatal Providers must keep current with the latest instruments, procedures and research through continuing education and medical journals. As Providers take on increasing responsibilities previously restricted to physicians, a strong educational background is a must.</li> </ul> <p>Neonatal Providers must be physically fit with adequate vision, hearing, dexterity and mobility.</p> |  |
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| 5                              | Gyneco-Obstetrics                   | 3<br>gynecologists<br>1 Medical Doctors<br>24 Midwives | <p>Breast Feeding Clinic Monitoring</p> <p>Maternity services are available for the women experiencing the :</p> <ul style="list-style-type: none"> <li>- Difficult, complicated labor</li> <li>- Bleeding complications, pre/post delivery</li> <li>- Pre-eclamptic and sedated eclamptic cases</li> <li>- Other emergency gynecological conditions</li> <li>- Gynecological and obstetrical consultation</li> <li>- Delivery.</li> <li>- New born care &amp; resuscitation</li> <li>- Post-partum care</li> <li>- Surgical Intervention</li> <li>- Caesarian</li> <li>- Gynecological surgery</li> <li>- Pre-operative assessment</li> <li>- Preparation of patients for surgery</li> <li>- Perform anesthesia during surgery</li> <li>- Surveillance of patient peri-operative</li> <li>- Preparation of drugs and medications for anesthesia</li> <li>- Post-operative care</li> <li>- Reanimation</li> <li>- Recovery care</li> <li>- Family Planning</li> <li>- Insertion and removal of intra uterine contraceptive device (IUCD)</li> <li>- Consultation préventive (screening du cancer du col)</li> <li>- PMTCT &amp; PIT</li> <li>- Post abortion care</li> <li>- Formative supervision</li> <li>- Discharge of patient</li> <li>- Act billing</li> </ul> | Monday – Sunday<br>24 hours/day | <p><b><u>If use of Community insurance ( Mutuelle de santé)</u></b></p> <ul style="list-style-type: none"> <li>-Transfer from a Health Center</li> <li>-Community insurance card.</li> </ul> <p><b><u>Other health insurances:</u></b></p> <ul style="list-style-type: none"> <li>- Insurance card.</li> </ul> <p><b><u>Without insurance( 100%) or Private</u></b></p> <p>Proof of ability to pay all hospital bills</p> |
| <b>1. EMERGENCY DEPARTMENT</b> |                                     |  |  |                                 |   |
|                                | Emergency care unit and Observation | 1 Medical Doctor<br>15 Nurses                          | <p>Emergency care is provided in the Emergency Department</p> <ul style="list-style-type: none"> <li>• To provide optimum nursing care in conjunction with the medical plan of care to patients treated in the Emergency Department.</li> </ul>  | Monday – Sunday<br>24 hours/day | <p><b><u>If use of Community insurance ( Mutuelle de santé)</u></b></p> <ul style="list-style-type: none"> <li>-Transfer from a Health Center</li> <li>-Community insurance card.</li> </ul>  |

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|                                  |  | <ul style="list-style-type: none"> <li>• To assess and treat those patients with a medical condition who present to the Emergency Department</li> <li>• To assist in establishing priorities for the care of patients.</li> <li>• To promote good public relations and participate in community planning for emergency services.</li> <li>• To provide a safe environment for victims of sexual assault and provide an expert clinical forensic examination.</li> </ul> |                                 |   | <p><b>Other health insurances:</b></p> <ul style="list-style-type: none"> <li>- Insurance card.</li> </ul> <p><b><u>Without insurance( 100%) or Private</u></b></p> <p>Proof of ability to pay all hospital bills</p> |
| Ambulance                        | 6 Nurses<br>7 Drivers  | <ul style="list-style-type: none"> <li>- Emergency triage according to the calls</li> <li>- Transporting patients</li> <li>- Resuscitation care on road</li> <li>- Act billing</li> </ul>   | Monday – Sunday<br>24 hours/day | <p><b><u>If use of Community insurance ( Mutuelle de santé)</u></b></p> <ul style="list-style-type: none"> <li>-Transfer from a Health Center</li> <li>- Community insurance card.</li> </ul> <p><b>Other health insurances:</b></p> <ul style="list-style-type: none"> <li>- Insurance card.</li> </ul> <p><b><u>Without insurance( 100%) or Private</u></b></p> <p>Proof of ability to pay all hospital bills</p> |   |
| GBV                              | 1 nurse<br>1 Doctor<br>1 investigator<br>1 psychologist<br>1 social worker | <ul style="list-style-type: none"> <li>- Reception of victims of GBV</li> <li>- Physical Treatment</li> <li>- Psychological support</li> <li>- Psychological &amp; social rehabilitation</li> <li>- Liaise with police for justice follow-up</li> <li>- Act billing</li> </ul>  | Monday – Sunday<br>24 hours/day | <p><b><u>If use of Community insurance ( Mutuelle de santé)</u></b></p> <ul style="list-style-type: none"> <li>-Transfer from a Health Center</li> <li>- Community insurance card.</li> </ul> <p><b>Other health insurances:</b></p> <ul style="list-style-type: none"> <li>- Insurance card.</li> </ul> <p><b><u>Without insurance( 100%) or Private</u></b></p> <p>Proof of ability to pay all hospital bills</p> |   |
| <b>2. SUPPORT SERVICES</b>       |  |   |                                 |   |   |
| Registration and medical records | 5 receptionists  | <ul style="list-style-type: none"> <li>- Ensure preparer welcoming and registration patients;</li> <li>- Distribute identification cards/numbers for new patients;</li> <li>- Orient all customers;</li> <li>- Comply with central archiving system;</li> <li>- Submit daily, monthly, quarterly and annually report to the supervisor;</li> <li>- Perform other related duties as required.</li> </ul>   | Monday – Sunday<br>24 hours/day | <p><b><u>If use of Community insurance ( Mutuelle de santé)</u></b></p> <ul style="list-style-type: none"> <li>-Transfer from a Health Center</li> <li>- Community insurance card.</li> </ul> <p><b>Other health insurances:</b></p> <ul style="list-style-type: none"> <li>- Insurance card.</li> </ul> <p><b><u>Without insurance( 100%) or Private</u></b></p> <p>Proof of ability to pay all hospital bills</p> |   |

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| Laboratory | 12 Lab technicians | <ul style="list-style-type: none"> <li>- Ensure the execution of requests for laboratory examinations signed by a hospital doctor</li> <li>- Ensure Samples collected in good condition</li> <li>- Perform laboratory tests specified in the list of Complementary Package of Activities (PCA)</li> <li>- Participate in meetings and other activities of the hospital</li> <li>- Participate in the medical/clinical staff</li> </ul> <ol style="list-style-type: none"> <li>1. Hematology <ul style="list-style-type: none"> <li>• FBC</li> <li>• ESR</li> <li>• Blood thin smear</li> </ul> </li> <li>2. Parasitology <ul style="list-style-type: none"> <li>• Stool</li> <li>• Blood</li> <li>• Urine</li> </ul> </li> <li>3. Clinical chemistry <ul style="list-style-type: none"> <li>• Urea</li> <li>• Creatinine</li> <li>• Glucose</li> <li>• Transaminase</li> <li>• Amylase</li> <li>• Total and direct bilirubin</li> <li>• Ionogram</li> </ul> </li> <li>4. Serology <ul style="list-style-type: none"> <li>HIV test</li> <li>RPR</li> <li>CRP</li> </ul> </li> <li>5. Hematology <ul style="list-style-type: none"> <li>• FBC</li> <li>• ESR</li> <li>• Blood thin smear</li> </ul> </li> <li>6. Parasitology <ul style="list-style-type: none"> <li>• Stool</li> <li>• Blood</li> <li>• Urine</li> </ul> </li> <li>7. Clinical chemistry <ul style="list-style-type: none"> <li>• Urea</li> </ul> </li> </ol> | Monday – Sunday<br>24 hours/day | <p><b><u>If use of Community insurance ( Mutuelle de santé)</u></b></p> <ul style="list-style-type: none"> <li>-Transfer from a Health Center</li> <li>-Community insurance card.</li> </ul> <p><b><u>Other health insurances:</u></b></p> <ul style="list-style-type: none"> <li>- Insurance card.</li> <li><b><u>Without insurance( 100%) or Private</u></b></li> </ul> <p>Proof of ability to pay all hospital bills</p> |
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|         |               | <ul style="list-style-type: none"> <li>• Creatinine</li> <li>• Glucose</li> <li>• Transaminase</li> <li>• Amylase</li> <li>• Total and direct bilirubin</li> <li>• Ionogram</li> </ul> <p>8. Serology</p> <ul style="list-style-type: none"> <li>• HIV test</li> <li>• CRP</li> <li>• RPR</li> <li>• Pregnancy test</li> </ul> <p>9. Microbiology</p> <ul style="list-style-type: none"> <li>• Gram staining</li> </ul> <p>10. TB microbiology</p> <p>11. Immuno hematology</p> <ul style="list-style-type: none"> <li>• Blood grouping</li> <li>• CD4 count</li> <li>• Blood cross match</li> </ul> <p>12. Effusion fluid</p> <p>Cerebral spinal fluid</p> <p>Peritoneal fluid</p> <p>Pleural fluid</p> <p>13. Act billing</p>   | Monday – Sunday<br>24 hours/day | <p><b><u>If use of Community insurance ( Mutuelle de santé)</u></b></p> <ul style="list-style-type: none"> <li>-Transfer from a Health Center</li> <li>- Community insurance card.</li> </ul> <p><b><u>Other health insurances:</u></b></p> <ul style="list-style-type: none"> <li>- Insurance card.</li> <li><b><u>Without insurance( 100%) or Privale</u></b></li> </ul> <p>Proof of ability to pay all hospital bills</p> |
| Imaging | 2 technicians | <ul style="list-style-type: none"> <li>❖ General radiographic examinations</li> <li>- Assessing patients and their clinical requirements to determine appropriate radiographic techniques;</li> <li>- Performing a range of radiographic examinations on patients to produce high-quality images;</li> <li>- Observing and maintaining contact with patients during their waiting, examination and post-examination stay in the department;</li> <li>- Providing support and reassurance to patients, taking into account their physical and psychological needs;</li> <li>- Recording imaging identification and patient documentation</li> <li>- Supervising assistant practitioners, students and other staff, and delivering appropriate education and training;</li> </ul> |                                 |  |

|               |                          |  |   |   |  |
|---------------|--------------------------|--|---|---|--|
|               |                          |  | <ul style="list-style-type: none"> <li>- Understanding and observing health and safety at work and welfare issues, including ionizing radiation regulations, to protect yourself and others;</li> <li>- Ensuring that equipment is regularly checked for malfunctions and any faults are reported.</li> <li>- Provide ultrasound services</li> </ul> <ul style="list-style-type: none"> <li>❖ Special radiographic investigations: <ul style="list-style-type: none"> <li>- Barium swallow through</li> <li>- Barium meal</li> </ul> </li> <li>Barium enema <ul style="list-style-type: none"> <li>- Act billing</li> </ul> </li> </ul> |   |  |
| Pharmacy      | 1 Pharmacist<br>7 nurses | <ul style="list-style-type: none"> <li>Procurement of medicines, medical consumables, lab commodities: <ul style="list-style-type: none"> <li>- Selection</li> <li>- Ordering</li> <li>- Purchase</li> <li>- Reception</li> </ul> </li> <li>Dispense medicines, medical consumables, lab commodities: <ul style="list-style-type: none"> <li>- Distribution to hospital departments</li> <li>- Medical order approval at dispensing pharmacy</li> <li>- Preparation of medicines to patient or next of kin</li> <li>- Give advice related to drugs.</li> </ul> </li> <li>Monitoring and evaluation of drug utilization in hospital: <ul style="list-style-type: none"> <li>- Drug therapeutic committee activities</li> <li>- Pharmaco vigilance activities.</li> <li>- Act billing</li> </ul> </li> </ul> | Monday – Sunday<br>24 hours/day   | <p><b><u>If use of Community insurance ( Mutuelle de santé)</u></b></p> <ul style="list-style-type: none"> <li>-Transfer from a Health Center</li> <li>-Community insurance card.</li> </ul> <p><b><u>Other health insurances:</u></b></p> <ul style="list-style-type: none"> <li>- Insurance card.</li> <li><b><u>Without insurance( 100%) or Private</u></b></li> </ul> <p>Proof of ability to pay all hospital bills</p> |  |
| Physiotherapy | 2 technicians            | <ul style="list-style-type: none"> <li>Assess patient's condition and physical status, and prepare a treatment program according to findings, using recognized treatment procedures suitable to patient's condition.</li> <li>So we <ul style="list-style-type: none"> <li>- Decreasing pain</li> <li>- Increasing joint movement and flexibility</li> </ul> </li> </ul>   | Monday to Friday<br>7:00 am – 5:00 pm   |   |  |

|                   |             |   |  |  |
|-------------------|-------------|---|--|--|
|                   |             | <ul style="list-style-type: none"> <li>- Building muscle strength and endurance</li> <li>- Improving balance and coordination</li> <li>- Enhancing tolerance in exercise and daily activities, and</li> <li>- Educating about the condition and therapy program.</li> </ul> <p>And we provide</p> <ul style="list-style-type: none"> <li>- Electrotherapy</li> <li>- Heat and cold therapy</li> <li>- Exercise therapy</li> <li>- Stimulation therapy</li> <li>- Deformity correction</li> <li>- Joint manipulation.(mobilization and massage techniques )</li> <li>- Rehabilitation</li> <li>- Acupuncture</li> <li>- Ergonometry</li> </ul> <p>Each and lecture to nursing staff and other medical personnel on the principles of body mechanics, patient positioning and ambulation and scope of relevance of Physical Therapy in the overall case of patients.</p> <p>Advise patients and relatives on exercises to be carried out by patients at home</p> <p>Community outreach “To make sensitization on physiotherapy treatment in the community (one day a week)”</p> |  |  |
| Planning familial | 1 midwifery | <ul style="list-style-type: none"> <li>- Act billing</li> <li>• Patient education</li> <li>• Implementation of Planning family methods and follow up</li> <li>• Community outreach</li> <li>• Act billing</li> </ul>  |  |  |



EVALUATION THE ACTIVITIES OF ACTION PLAN 2022 - 2023

| NYAGATARE DISTRICT HOSPITAL INTEGRATED ANNUAL REVISED ACTION PLAN 2022-2023  |   |   |                    |                |        |   |   |   |   |   |   |   |   |   |   |   |                           |   |   |
|--|---|---|--------------------|----------------|--------|---|---|---|---|---|---|---|---|---|---|---|---------------------------|---|---|
| Programme  | Activities to Deliver output                  | Indicators                                    | Baseline execution | Annual Targets | Timing |   |   |   |   |   |   |   |   |   |   |   | % of execution activities |   |   |
|  |   |   |                    |                | J      | A | S | O | N | D | J | F | M | A | M | J |                           |   |   |
| <b>HEALTH</b>  |   |   |                    |                |        |   |   |   |   |   |   |   |   |   |   |   |                           |   |   |
| <b>HEALTH STAFF MANAGEMENT (ADMINISTRATIVE AND SUPPORT SERVICES)</b>   |   |   |                    |                |        |   |   |   |   |   |   |   |   |   |   |   |                           |   |   |
| <b>OUTCOME 1: Management of the hospital organs and staff ensured</b>  |   |   |                    |                |        |   |   |   |   |   |   |   |   |   |   |   |                           |   |   |
| <b>Output 1: Effective Planning, Coordination, M&amp;E, Data use and operational research of Health Activities</b> |   |   |                    |                |        |   |   |   |   |   |   |   |   |   |   |   |                           |   |   |
|  | Conduct quarterly meeting of Health Committee | Number of meetings done and minutes available | 4                  | 4              |        |   |   | X |   |   | X |   |   | X |   |   |                           |   | X |
|  | Conduct monthly Management Committee meeting  | Number of meetings done and minutes available | 12                 | 12             | X      | X | X | X | X | X | X | X | X | X | X | X | X                         | X | X |

**HEALTH**



|  |   |    |    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|----|----|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Conduct monthly coordination meeting with heads of HC and data managers(Mission)   | Number of meetings done and minutes available (Mission) | 8  | 8  |  | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Conduct quarterly meeting with Direction and all staff   | Number of meetings done and minutes available           | 3  | 4  |  |   |   | X |   |   | X |   |   |   |   |   |   |   | X |   |   |
| Conduct monthly coordination meeting with heads of HC and data managers(Mission)   | Number of meetings done and minutes available (Mission) | 4  | 4  |  | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Conduct monthly meetings in services   | Number of meetings done and minutes available           | 12 | 12 |  | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Conduct monthly meetings with heads of departments on hospital data review   | Number of meetings done and minutes available           | 12 | 12 |  | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Quarterly steering committee meeting and monthly evaluate the quantity and quality of health care delivery in health centers | Minute of meetings and PBF invoice                      | 12 | 12 |  | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| To organise a meeting on data analysis after death audit   | Number data analysis meeting reported                   | 6  | 12 |  | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Conduct quarterly meeting of drugs and therapeutic committee (DTC)   | Number of meetings done and minutes available           | 3  | 4  |  |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Conduct quarterly meeting of maternal and child death audit (MCDA) and near miss   | Number of meetings done and minutes available           | 4  | 4  |  |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   |



**Output 2: Increase CBHI Coverage**

|   |   |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
|---|---|----|----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------|
| Reinforce in BCC about MUSA in the hospital | Number of session of BCC about MUSA done and reported | 12 | 12 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X     |
| Support social activities                   | Number of cases supported                             | 12 | 12 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X     |
| <b>Total output</b>                         |   | 24 | 24 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 100 % |

**Output 3: All activities of disciplinary committee coordinated**

|  |  |     |     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
|--|--|-----|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------|
| Prepare and coordinate discipline committee and produce the report for every cases discussed (100% cases handled ) | % of cases handled by disciplinary committee | 100 | 100 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X     |
| <b>Total output</b>  |  | 100 | 100 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 100 % |

**Output 4: Performance of all hospital staff evaluated**

|  |  |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
|--|--|----|----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------|
| Evaluate Performance of hospital staff,    | Number of employees with monthly evaluated                         | 12 | 12 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X     |
| The performance based initiatives are paid | Number of employees with monthly paid performance based incentives | 12 | 12 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X     |
| <b>Total output</b>                        |  | 24 | 24 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 100 % |

**Output 5: Health data improved and available to support planning and management of health services**









**OUTPPT 11 : Improvement knowledge and skills for clinical staff and appropriate care for critical patients**

|   |  |     |     |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |   |
|---|--|-----|-----|--|---|---|---|---|--|--|--|--|--|--|--|--|--|--|---|
| Organise training on BLS to clinical staff (Clinical & )  | Available of training report and attendance list | 180 | 180 |  | x |   | x |   |  |  |  |  |  |  |  |  |  |  |   |
| Training on proper counselling (on Job training)  | Available of training report and attendance list | -   | 28  |  |   | x |   |   |  |  |  |  |  |  |  |  |  |  |   |
| Training on Tender committee and Contract manager   | Available of training report and attendance list | -   | 17  |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  | x |
| Training on Resuscitation ( Advanced Cardiovascular life support)   | Available of training report and attendance list | 16  | 16  |  |   |   | x |   |  |  |  |  |  |  |  |  |  |  |   |
| Training on Resuscitation ( Pediatric basic life support )  | Available of training report and attendance list | 16  | 16  |  |   |   | x |   |  |  |  |  |  |  |  |  |  |  |   |
| Training on Paediatric emergency triage assessment and treatment (ETAT)   | Available of training report and attendance list | 34  | 34  |  |   | x |   | x |  |  |  |  |  |  |  |  |  |  |   |
| Training of hospital managers and leader on Quality improvement Issues about development of Quality improvement project in their respective services, Staffing plan and Training plan | Available of training report and attendance list | 1   | 1   |  |   |   | x |   |  |  |  |  |  |  |  |  |  |  |   |
| Training on Staffing Plan (Wisin)   | Available of training report and attendance list | -   | 1   |  |   | x |   |   |  |  |  |  |  |  |  |  |  |  |   |

















| Total output   |   | 868 | 1 060 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 82% |
|--|---|-----|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----|
| <b>Output 22: Fight against HIV activities coordinated and Reduced new cases of HIV positive infected and improvement of welfare of people living with HIV</b> |   |     |       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |
| Ensure monthly technical supervision at the health centers on HIV/AIDS activities  | Available mission paid and supervision report | 12  | 12    | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |     |
| Conduct weekly clinical mentorship in each health center   | Available mission paid and supervision report | 12  | 12    | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |     |
| Provide incentive to Peer Educators (Transport fee/Patient/ Quarter)   | List signed by peer educator                  | 12  | 12    |   |   | X |   |   |   | X |   |   |   | X |   |   |   |   | X |   |     |
| Conduct outreach visits for family and other sexual partners counselling and testing (Transport fee)   | Number of home visits made                    | 12  | 12    | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |     |
| Plan and conduct home visits for stable and unstable patients who have missed appointments   | Number of reports and visit done              | 12  | 12    | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |     |
| Conduct outreach visit for index sexual partners counselling and testing   | Number of reports and visit done              | 12  | 12    | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |     |
| Provide Quarterly reports to be submitted to central level (Management, Clinical,..) Travel  | Number of reports transmitted                 | 4   | 4     |   |   | X |   |   |   | X |   |   |   | X |   |   |   |   | X |   |     |
| Provide technical support for VMMC activities at HF  | Number of Male Circumcision                   | 12  | 12    | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |     |
| Conduct quarterly support group meeting for special categories(PMTCT,FSW, Children...) as defined by the National Guidelines                                   | Number of meeting done and report             | 4   | 4     |   |   | X |   |   |   | X |   |   |   | X |   |   |   |   | X |   |     |

8

|  |   |    |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|----|----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| To request HIV/AIDS drugs and reagents   | Ensure availability of HIV/AIDS drugs and reagents                                    | 12 | 12 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Conduct home visit for lost to follow up   | Number of home visit done   | 12 | 12 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Conduct supervision and DQA from District Hospitals to Health Centers  | Number of DQA done  | 12 | 12 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Conduct sample transportation from District Hospitals to Referral Hospitals/NRL  | Number of order mission done and report   | 12 | 12 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Provide support for DHs and HCs for maintenance of medical/office equipments.  | Report  | 12 | 12 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Conduct integrated clinical mentorship from District Hospital to Health centres to support Treat All and DSDM implementation | Report  | 12 | 12 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Procurement of Internet data bundle for management of LIS in 9 sites   | Provision of internet data bundle for 4G modems dedicated to LIS management in site - | 12 | 12 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Monthly meeting to peer educators  | List of payment and report  | 12 | 12 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| To Organize home visits in of PLWHIV   | Number of home visits made  | 12 | 12 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Multidisciplinary team meeting with 7 health centers supported by CDC and DH staff   | Number of meetings done and minutes available (Mission)                               | 4  | 4  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

4

| Total output | 204 | 204 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 100<br>% |
|--------------|-----|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|
|--------------|-----|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|

**Output 23: Fight against malaria activities coordinated**

|  |  |    |    |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|--|--|----|----|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Conduct joint planning meetings with district                              | Number of meeting done and report                              | 0  | -  |  |  | X |   |   | X |   |   | X |   |   | X |   |   |   | X |  |
| Organize quarterly meeting to discuss data quality and use                 | Number of meeting done and report                              | 4  | 4  |  |  | X |   |   | X |   |   | X |   |   | X |   |   |   | X |  |
| To purchase mineral water  | Availability of purchase                                       | 4  | 4  |  |  |   |   |   |   |   |   | X | X | X | X | X | X | X | X |  |
| Monthly Supervision of Malaria Program Activities carried out at HCs level | Available mission paid and supervision report                  | 12 | 12 |  |  | X | X | X | X | X | X | X | X | X | X | X | X | X | X |  |
| IRS activities   | Number of activities done and report                           | 1  | 1  |  |  |   |   |   | X |   |   |   |   |   |   |   |   |   |   |  |
| Follow up the malaria cases: mission allowances                            | Number of travel clearance and report                          | 12 | 12 |  |  | X | X | X | X | X | X | X | X | X | X | X | X | X | X |  |
| Strengthen Information, education and Communication about Malaria          | Number of IEC done   | 12 | 12 |  |  | X | X | X | X | X | X | X | X | X | X | X | X | X | X |  |
| Standardized treatment of Malaria at DH                                    | Number of Malaria cases treated according to national protocol | 12 | 12 |  |  | X | X | X | X | X | X | X | X | X | X | X | X | X | X |  |
| Health education on using of LLINs   | Number of health education done                                | 12 | 12 |  |  | X | X | X | X | X | X | X | X | X | X | X | X | X | X |  |
| Preparation meeting of LLINs distribution                                  | Number of meeting report                                       | 12 | 12 |  |  | X | X | X | X | X | X | X | X | X | X | X | X | X | X |  |
| Hospital Supervision   | Supervision Report   | 12 | 12 |  |  | X | X | X | X | X | X | X | X | X | X | X | X | X | X |  |











|   |  |           |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |              |
|---|--|-----------|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------|
| Reduced number of teenage pregnancies:  | Number of under 19 deliveries at the end of the year | 12        | 12        | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X            |
| Conduct outreach visits to most affected sectors and counselling of victims           | Report   | 12        | 12        | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X            |
| Follow up of perpetrators and organise a campaign against SGBV, unplanned pregnancies | Report   | 12        | 12        | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X            |
| <b>Total output</b>   |  | <b>78</b> | <b>78</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>100 %</b> |

**Output 33: Strengthen Family planning services**

|   |  |           |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |            |
|---|--|-----------|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------|
| To maintain IEC about FP in the Hospital  | Number of IEC on FP/month                  | 46        | 52        | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X          |
| Conduct mentorship on family planning from Hospital to HCs  | Number of report of supervision done       | 12        | 12        | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X          |
| Ensure the availability of contraceptives products  | Absent of stock out of FP product          | 12        | 12        | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X          |
| Promote chirturgical family planning methods(Tubal ligation and Vasectomy)                          | Family planning prevalence rate            |           | 1         | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X          |
| Encourage PPFPP to the women after delivery   | Family planning prevalence rate            |           | 1         | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X          |
| Maintaining and extending the integration of family planing in maternity, neonatology and pediatric | Number of clients received in the services | 12        | 12        | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X          |
| <b>Total output</b>   |  | <b>36</b> | <b>37</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>96%</b> |

**Output 34: Increased ANC standard visit**



|   |                                      |           |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |            |
|---|--------------------------------------|-----------|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------|
| Support the mentorship of mentors in ANC  | Number of report done                | 12        | 12        | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X          |
| Reinforce the supervision on ANC from Hospital to Health Centers  | Number of report done                | 12        | 12        | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X          |
| Conduct data quality assessment   | Number of report done                | 12        | 12        | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X          |
| Conduct quarterly meeting with all mentors, Head of HC and Hospital staffs                                    | Number of report done                | 4         | 4         |   |   | X |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | X          |
| Motivate women to attend ANC in First three month in order to attend 4 standard visits                        | Number of report done                | 27        | 52        | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X          |
| Strength message on Antenatal care in the first 3 month   | Number of IEC on Antenatal care done | 8         | 12        | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X          |
| <b>Total output</b>   |                                      | <b>51</b> | <b>80</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>64%</b> |
| <b>Output 35: Assisted deliveries at HF is increased and reduced home deliveries</b>                          |                                      |           |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |            |
| Close monitoring of women during labour   |                                      | 12        | 12        | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X          |
| Mentorship of nurses and midwives on B-EMOC and essential newborn care  | Number of report done                | 12        | 12        | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X          |
| To reduce maternal mortality rate (Post Cesarean infection, Post-partum hemorrhage, FP and Reduce eclampsia.) | Number of assisted delivery          | 12        | 12        | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X          |
| To oriente ambulance in the sites   | Number of ambulance oriented         | -         | 2         |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |            |
| Conduct monthly mentorship on maternal services   | Number of women reported             | 12        | 12        | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X          |
| <b>Total output</b>   |                                      | <b>48</b> | <b>50</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>96%</b> |





➤ **Implementation of the Action plan 2022-2023**

The workshop was officially opened by the Director General of the hospital. After welcoming the participants, he explained the ultimate objective of the workshop which is: "To have a evaluation preparation of action plan for the 2022-2023 fiscal year for the remainder of the year in Classes "

➤ **Evaluation of the action plan and budget 2022-2023.**

We have evaluated the action plan for the past period (July 2022 to June 2023). Execution was estimated at 90% of planned activities

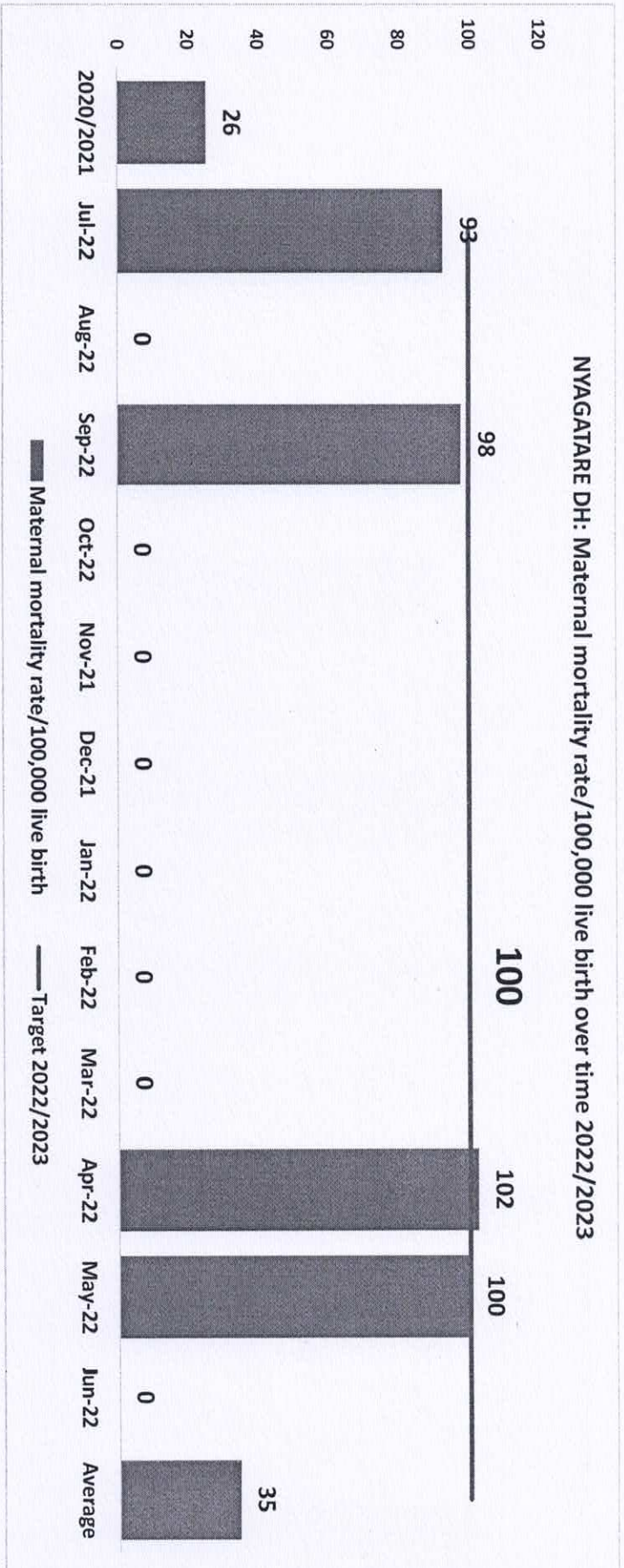
✓ The budget was executed at .....%

The low budget execution rate is explained by the expected revenues have not been fully realized where some expenses have not been incurred As for the high execution of activities is justified by activities planned and executed without any expense.

➤ **Recommendations**

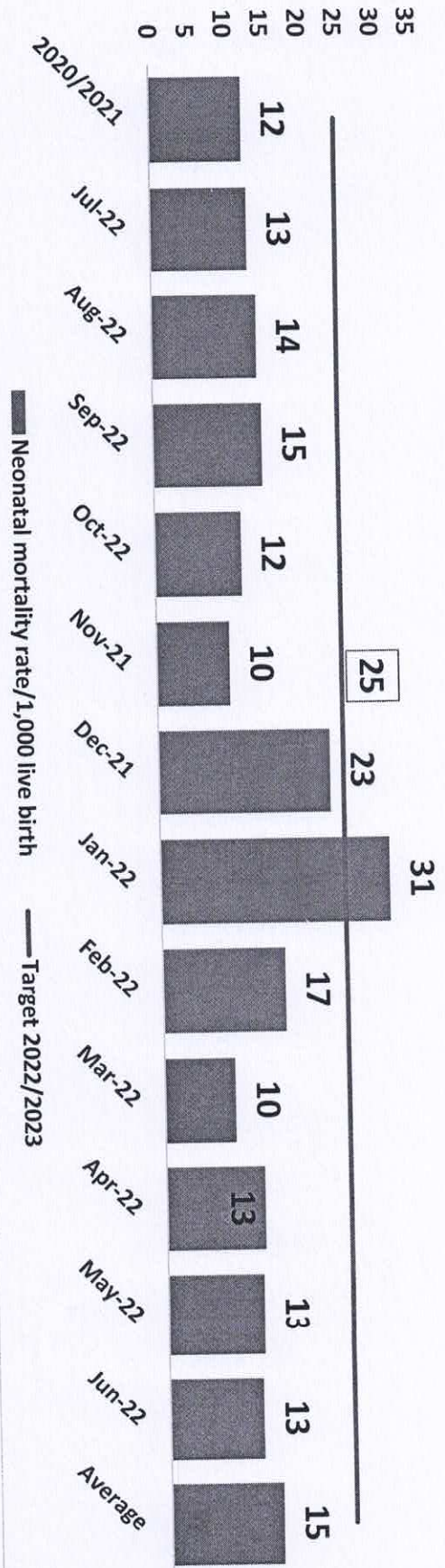
- ✓ Male circumcision will continue to be done {**BABONANGENDA J Paul**}
  - Ask the heads of health centers to plan circumcision campaigns during the holidays. Outside the holidays, schedule the activity Friday and Saturday to avoid encouraging absenteeism from schoolchildren.
  - Form a team of expert in circumcision (Hospital and HC) for the advanced strategy in HC which has no providers.
  - Plan a circumcision campaign at the hospital to sell off the end of life stock.
- ✓ Prepare the community need assessment in August 2023 {**Kayiranga Vital**}
- ✓ The preparation of the action plan will be done with the team of health centers {**M&E Planner Officer**}.
- ✓ Vehicle and fuel management {**DAF**}
  - **Vehicle:** The vehicle movement register must contain a column for the signature of the head of mission.
- ✓ Set up a filing system for implementing the action plan for each indicator. {**M&E Planner Officer**}
- ✓ The multidisciplinary committee (activity funded by CDC) will be held in accordance with the project instructions. {**Gerard accountant**}
- ✓ Implement recommendations from the last workshop that were not carried out which are:
  - Evaluate the action plan every quarter {**responsible is M&E Planner Officer** }
  - Lebellng of the equipment was not done while it was still being planned, Tuyisenge Higiyo is responsible for the activity. {**DAF**}

MORBIDITY AND MORTALITY IN NYAGATARE DISTRICT HOSPITAL 2022-2023



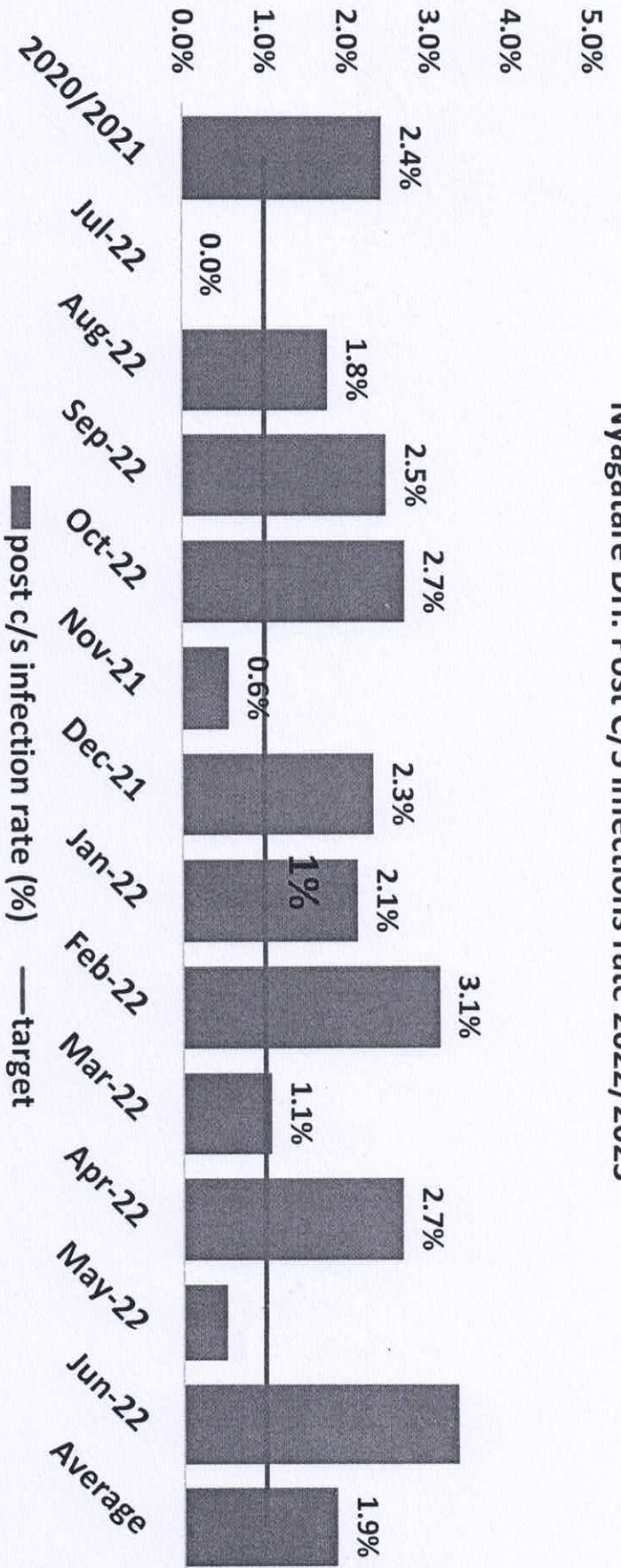
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Nyagatare DH: NEONATAL MORTALITY RATE 2022/2023

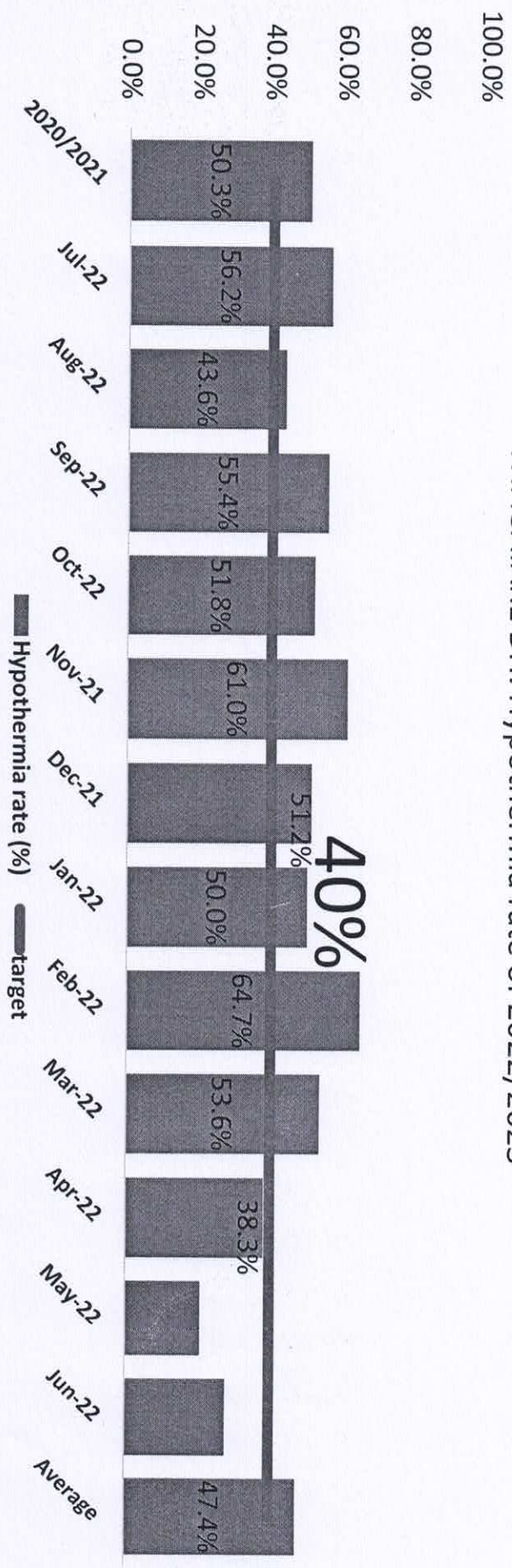


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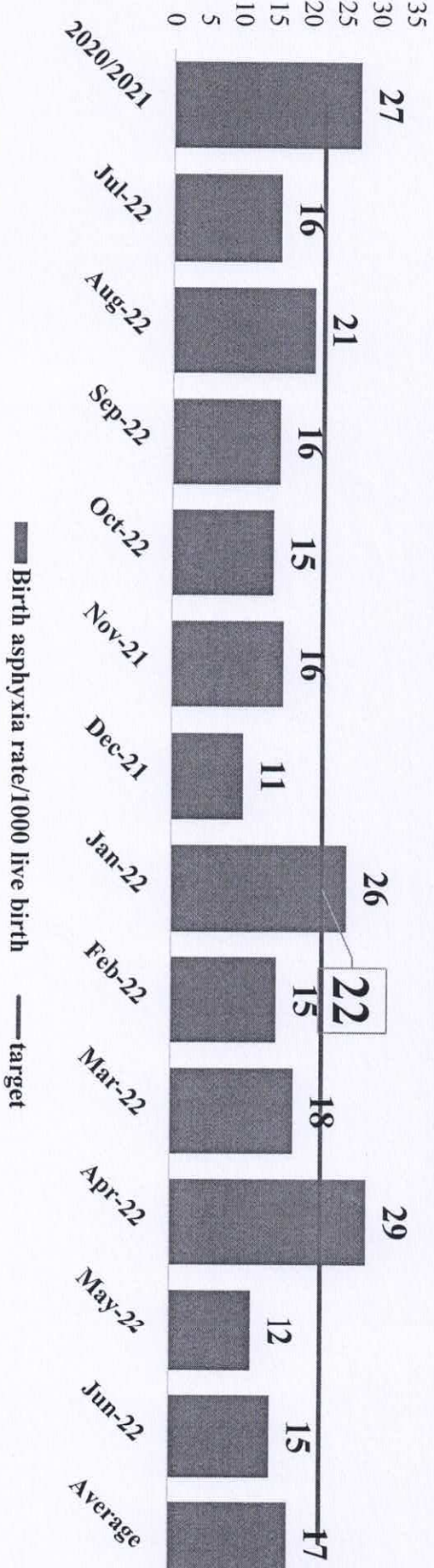
### Nyagatare DH: Post C/S infections rate 2022/2023



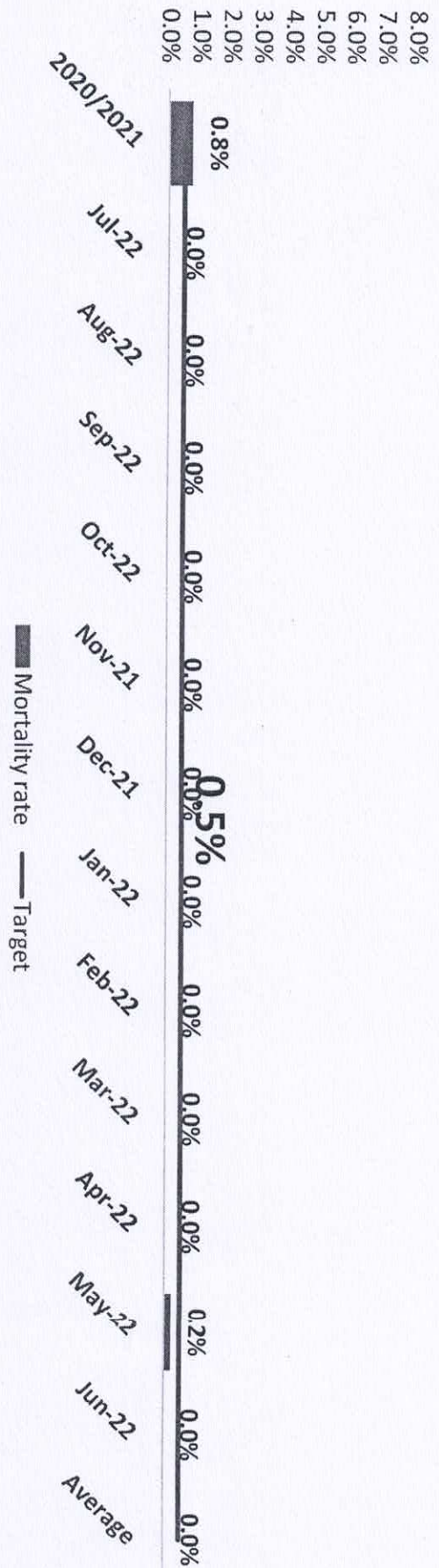
### NYAGATARE DH: Hypothermia rate of 2022/2023



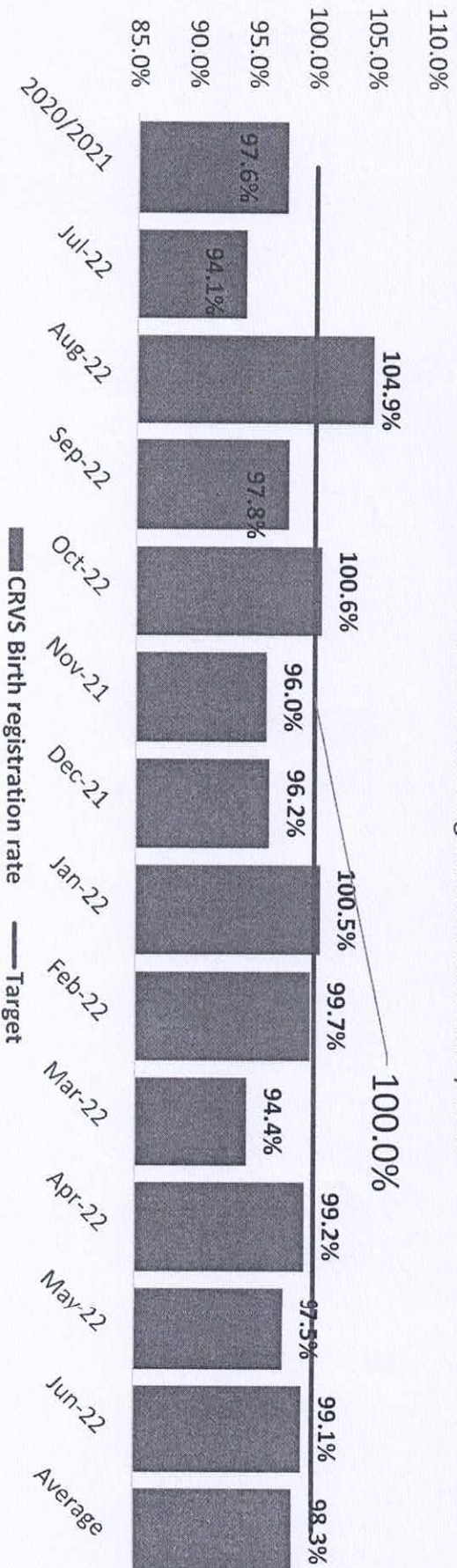
### Nyagatare DH: Birth asphyxia rate/1,000 live birth 2022/2023



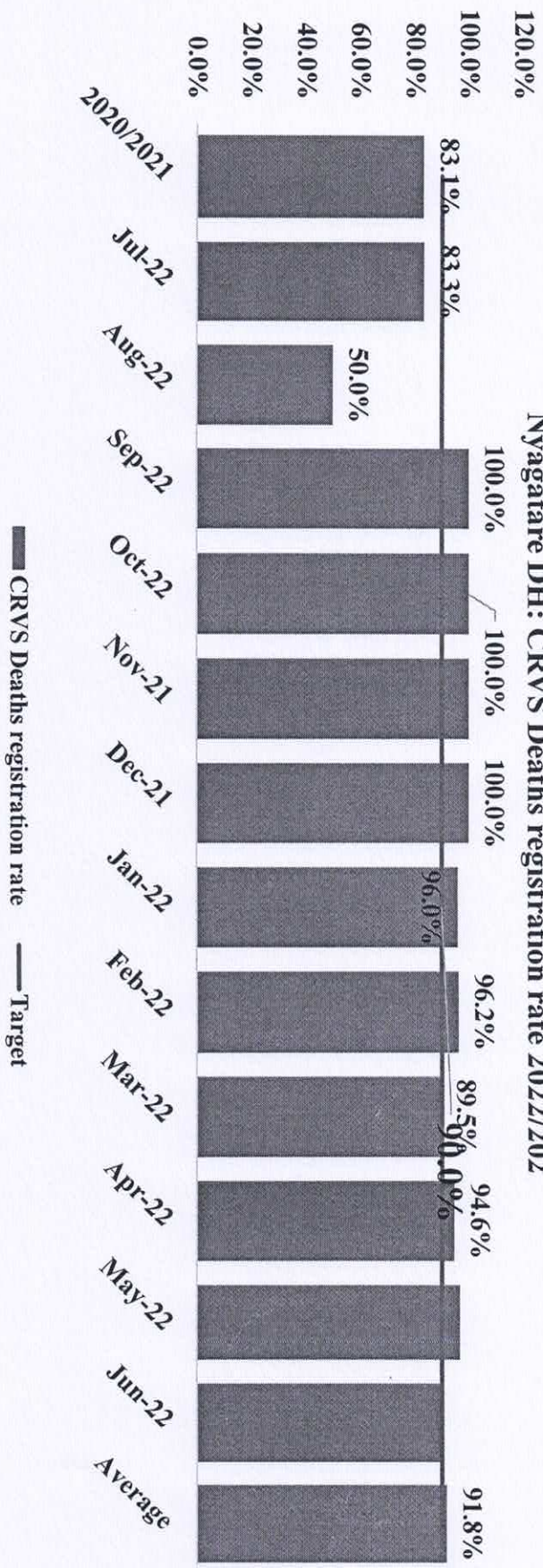
### NYAGATARE DH: Malaria mortality rate 2022/2023



### NYAGATARE DH: CRVS births Registration rate 2022/2023

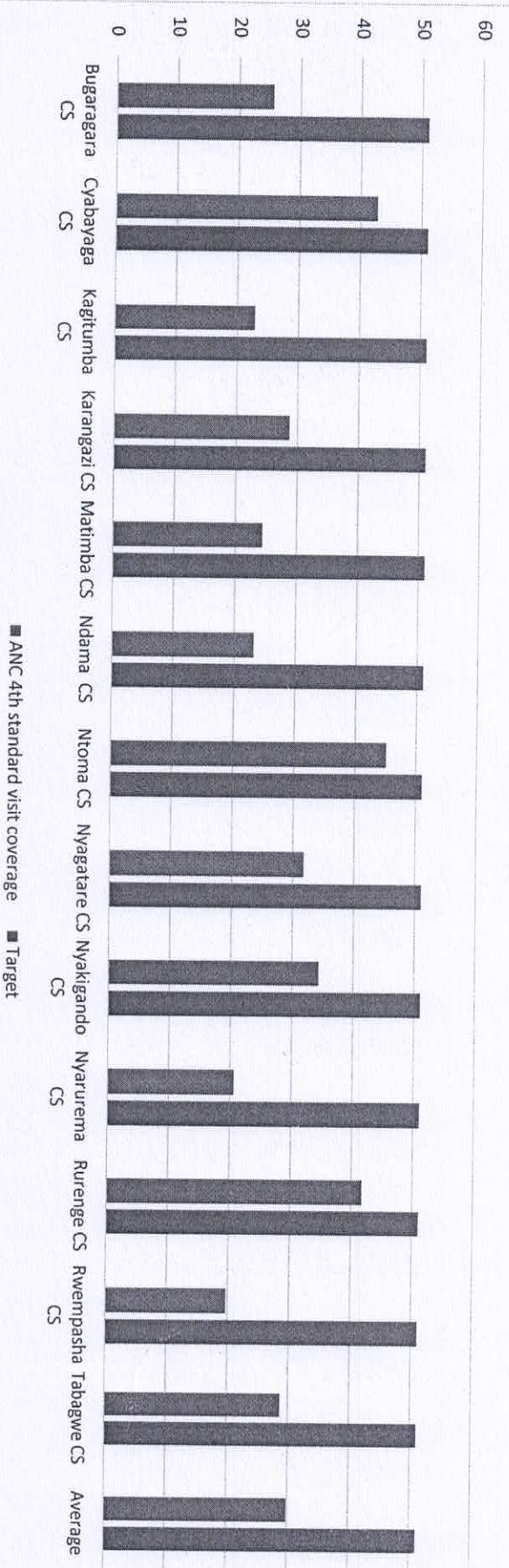


Nyagatare DH: CRVS Deaths registration rate 2022/202

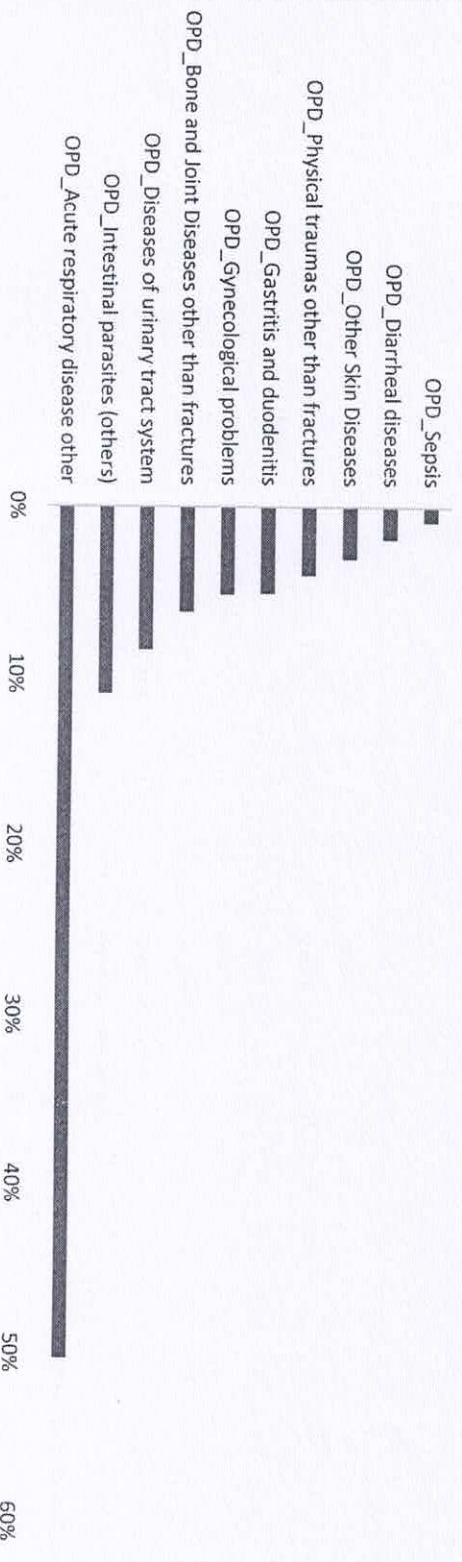


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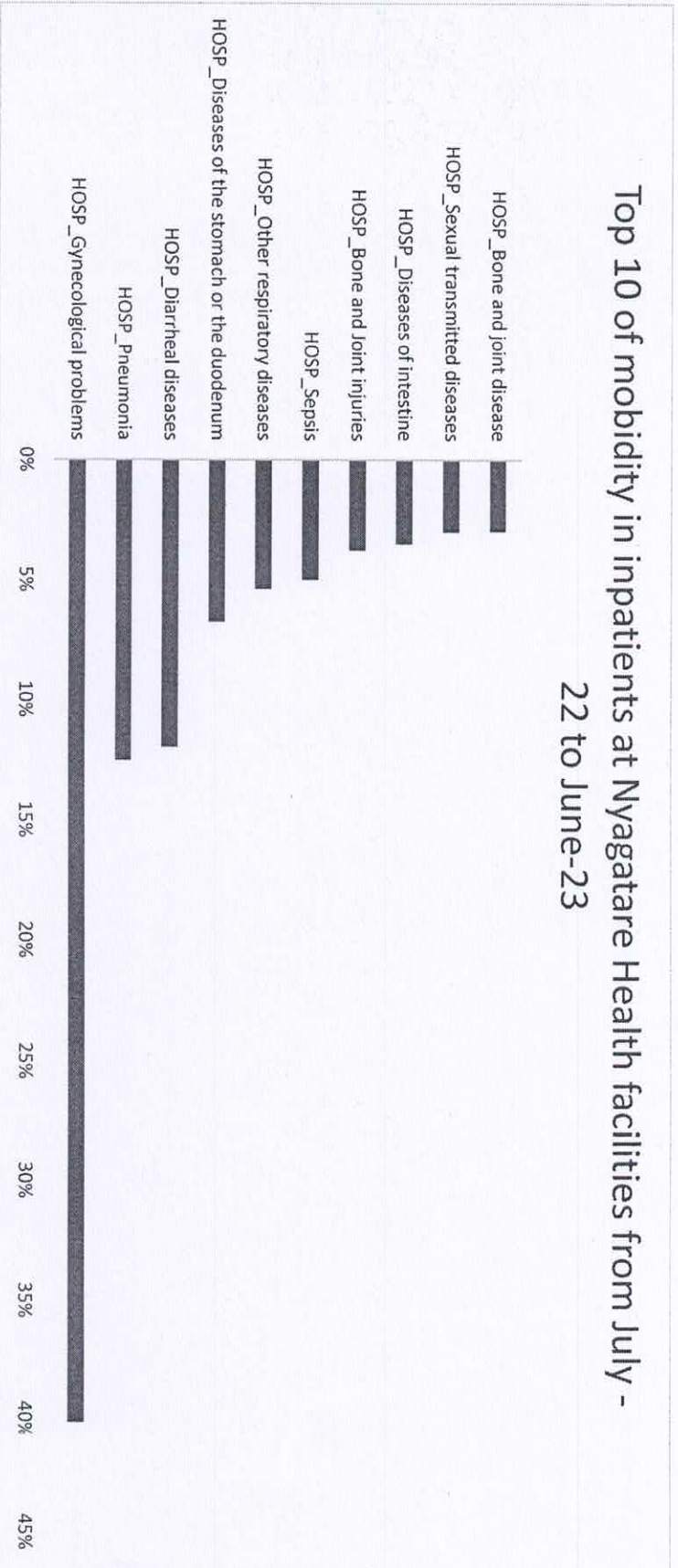
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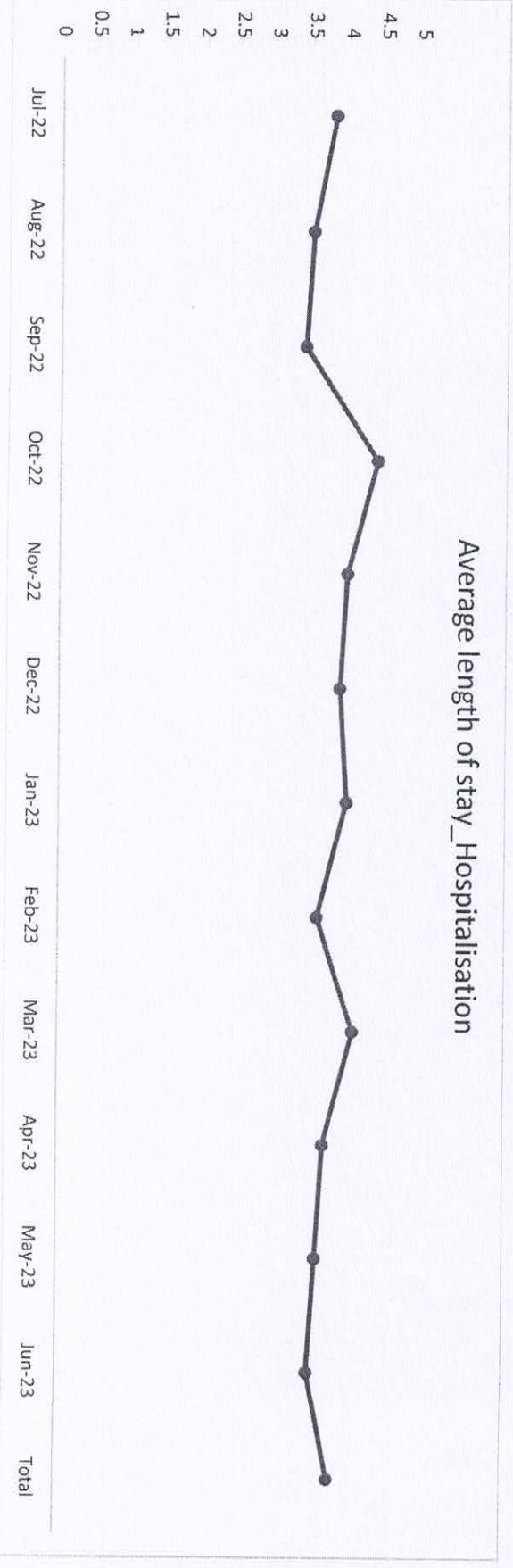
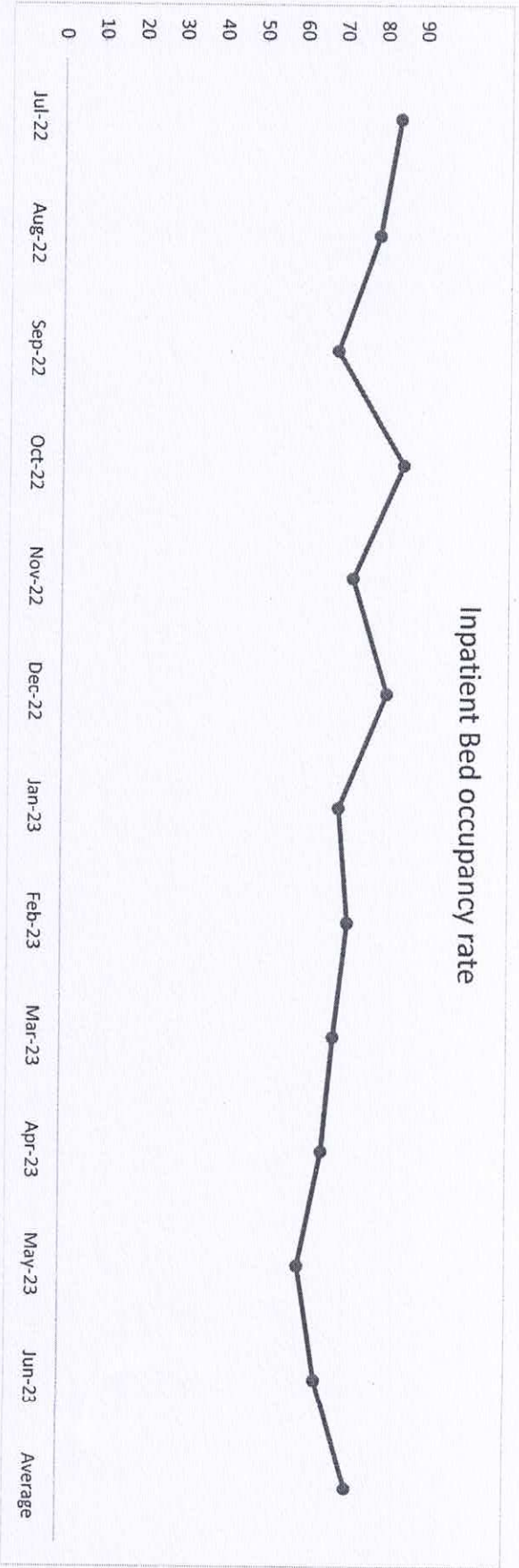


Top 10 of morbidity in OPD at Nyagatare Health facilities from July - 22 to June-23



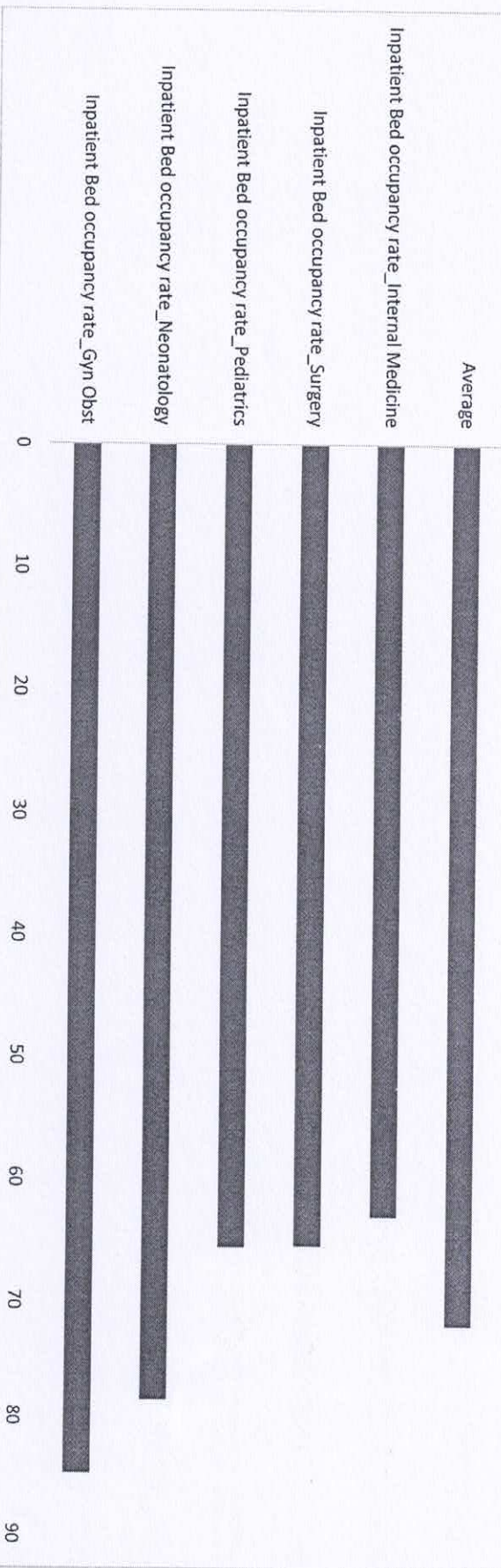
# Top 10 of morbidity in inpatients at Nyagatare Health facilities from July - 22 to June-23





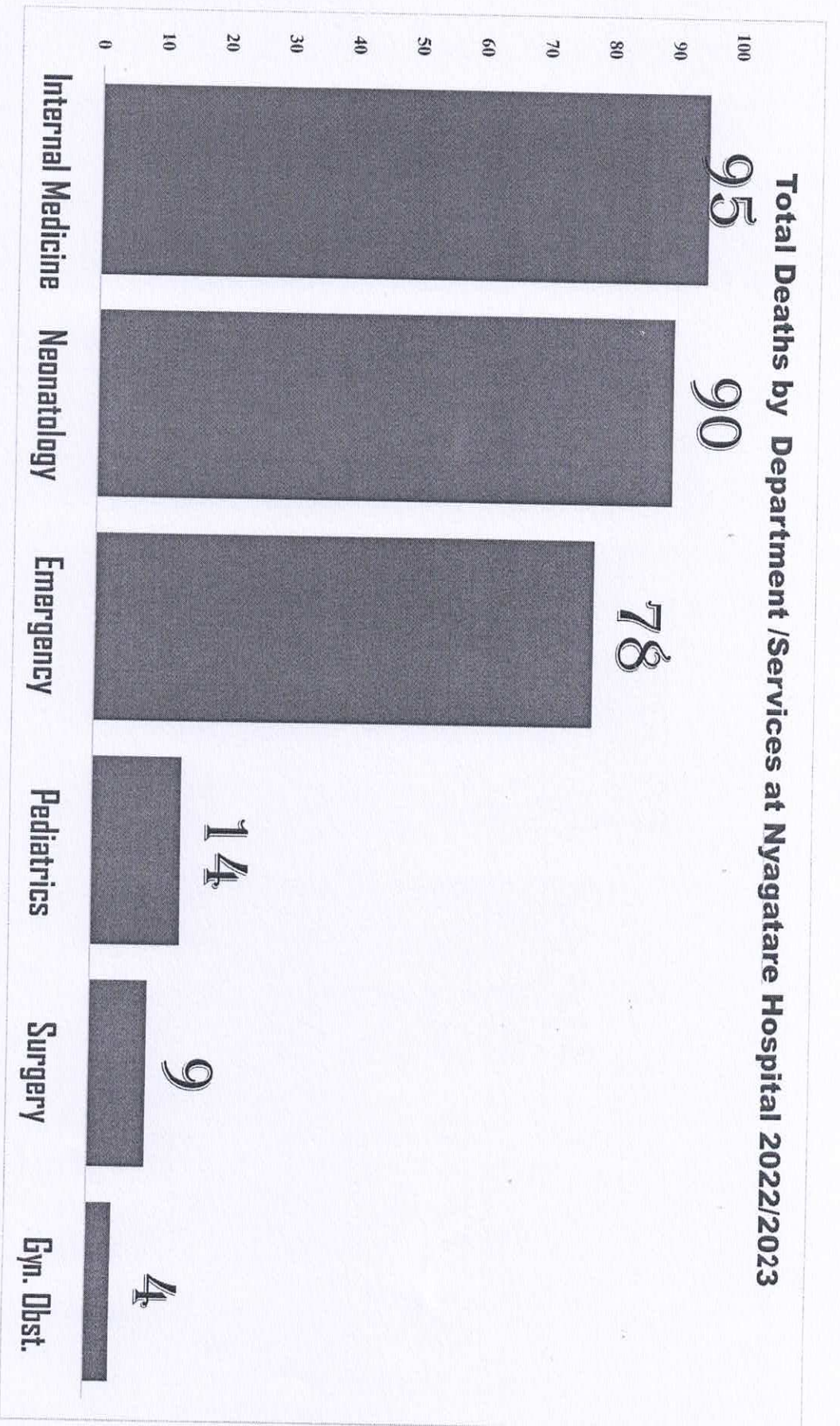
2

# Inpatient Bed occupancy rate Per Service 2022/2023



8

### Total Deaths by Department/Services at Nyagatare Hospital 2022/2023



findings suggest that the evaluation was successful in promoting program ownership, standardizing supervision, and improving data quality.

Participants attributed these successes to collaboration among hospital and health centers, supervision tools, and feedback and training provided to staff by supervisors.

The supervision was less successful at promoting data use for decision.

While participants had theoretical knowledge, there was little actual use of information at health facilities.

**Weakness and Recommendation per Service or program / Reporting period: July 2022 to June 2023**

| Service/Program                  | Weakness   | Recommendations   |
|----------------------------------|--|---|
| Antenatal care service provision | <p>Antenatal care services were visited to 12 health centers in July 2022 to June 2023</p> <p>ANC service is available and functional to all health centers. They are also competent staff providing services to pregnant women.</p> <p>The main objective of the mentorship visits was to look on how patient are followed up to make sure that they respect their RDV.</p> <p>This was raised because some HCs don't make follow up on the mothers who didn't respect their RDV.</p> <p>Checked also MCH data from July 2022 to June 2023 mainly ANC attendance, Deliveries and Birth live.</p> <p>Poor ANC coverages were found at some HC.</p> | <p>Among checked areas which include:</p> <ol style="list-style-type: none"> <li>1) Patient follow up</li> <li>2) U/S use</li> <li>3) Routine lab testing in ANC</li> <li>4) OPD connection to ANC</li> <li>5) ANC working days</li> <li>6) AOBS</li> </ol> <p>Points for improvement were found:</p> <ul style="list-style-type: none"> <li>• Patient attending ANC services are given RDV but they are no actions taken to those who do not respect their RDV</li> <li>• Some HCs do not send mothers for Ultrasound scan as recommended</li> <li>• Testing in ANC is not as recommended. Only few HCs like to try recommended testing</li> <li>• Every mother who tested pregnancy positive at OPD should be sent in ANC to be registered on 1<sup>st</sup> visit. This is not done at all HCs</li> <li>• They are HCs which only provide services on specific days. Guidelines recommend that ANC services should be provided at any day in week days.</li> <li>• Issues of Health insurances that do not cover some exams in ANC.</li> </ul> |

| Program                            | Weakness   | Recommendations  |
|------------------------------------|--|--|
| Pediatric Developmental Clinic PDC | <p>Almost:<br/>At some HC the Activities of social worker not conducted well the provider in charge the service is available.</p> <ul style="list-style-type: none"> <li>• Alls Health Centers, data are not accurate in EMR system the servers has the problem for two weeks.</li> <li>• At some Health center have challenges for new nurse not trained</li> </ul> | <p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>• The leadership to recommend to Disponibilise the staff every PDC day visit for Social activities and Nutrition for quality care.</li> <li>• Providers will be encouraged to complete the forms and Play and Communication for every child for PDC day consultation.</li> <li>• To informed EMR team PIH for Requesting the Machine if possible for good quality data and care.</li> </ul> |

| Program | Weakness   | Recommendations   |
|---------|--|---|
|         | <ul style="list-style-type: none"> <li>• for PDC activities</li> <li>• Group session is not implemented before clinical consultation as by protocol Alls Health Centers GMCD Tools are not being used effectively for developmental recommended for PDC protocol</li> <li>• At some H C not Room comfortable in PDC consultation day</li> <li>• EMR point of care and Mentorships of PDC activities continuous at provider PDC at Health centers.</li> </ul> | <ul style="list-style-type: none"> <li>• If possible to organized the training for new Staff and all health centers</li> <li>• Every PDC Provider recommended to improving the Education sessions parents before consultation Medical every PDC day visit.</li> <li>• To Sensitize the team to used usually the tool (GMCD) for eligible children to five years and Mentorship continuous for this tools at All health centers.</li> <li>• Advised to leadership to dispoibilise PDC room every PDC day visit for good care in clients and quality service in Health centers</li> <li>• To use the PDC Nutrition Protocolfor Management children Malnourished and GMCD tools for every children in PDC.</li> <li>• The all Health centers recommended to improving the home visit activities next month in community for quality care</li> <li>• EIP/ groups Parents Mentorship going well in All clinics.</li> <li>• The Mentorship going well in Hospital for Neonatology ward for referral forms and PDC discharge criteria nurses and Doctors</li> <li>• Home visit conducted to Community of this monthly 4 visit .</li> </ul> |

|         |  |   |
|---------|--|---|
| TB      | <ul style="list-style-type: none"> <li>The TB case notification rate is very low (Nyagatare District Hospital catchment area)</li> </ul>   | <ul style="list-style-type: none"> <li>Increase tuberculosis screening in all clients who come for treatment here at the hospital.</li> </ul>   |
| Malaria | <ul style="list-style-type: none"> <li>Discrepancies of data of malaria report of some monthly uncleaned data</li> <li>Discrepancy between Malaria cases and Lab test +ve</li> </ul> | <ul style="list-style-type: none"> <li>Monthly DQA not done by Team at HC,</li> <li>Accountability of staff on tools fulfillment according data needed is still a problem.</li> </ul> |

| Program     | Weakness   | Recommendations  |
|-------------|--|--|
| IDSR        | <ul style="list-style-type: none"> <li>IDSR weekly report did not submit on time There are many reports which were not submitted yet , under-reporting affect data analysis, interpretation and decision making on time</li> <li>HC did not do monthly IDSR data analysis</li> </ul> | <ul style="list-style-type: none"> <li>Submitting a weekly report on time</li> <li>Setting the strategies which enable a data manager to get data and submit them in the system</li> <li>To do a monthly IDSR data analysis</li> </ul>   |
| Vaccination | <p>Mentorship was conducted at HC and the following gaps are identified:</p> <ul style="list-style-type: none"> <li>Dry stock is totally disarranged due to the using of different rooms in inappropriate manner,</li> </ul>   | <p>During the mentorship, the following activities were performed and recommendation were formulated as below:</p> <ul style="list-style-type: none"> <li>Dry stock was arranged according the category, fragility, and utilization by providers</li> <li>Providers were advised to separate syringes by types and category and keep them in different boxes,</li> <li>Do not open box (syringe) while other is still in using.</li> </ul> |

|   |          |
|---|----------|
| <p>- Different types of syringes are mixed in one big box of carton and others many boxes of syringes are opened.</p> | <p>-</p> |
|---|----------|

➤ **Challenges and Recommendations.**

Participants noted current challenges in the supervision of M&E and gave suggestions on how to address these challenges. Staff turnover was by far the most frequently mentioned challenge in mentorship, supervisors and supervisees were aware of this problem. In direct observations, supervisors repeatedly provided training to health center and hospital staff that had not been trained on data collection forms or HMIS reports due to high staff turn-over.

To address these challenges, three supervisors and one rural health center employee recommended providing additional training to all staff on HMIS and data use, and one supervisor suggested that those who are trained should teach others on their staff.

➤ **Conclusion**

We found that incorporating mentorship, supervision and coaching activities was associated with improvements in quality of care and health systems, and mentorship and coaching represents an important component of health facilities activities designed to improve not just coverage, but even further effective coverage, in achieving Universal Health Care.

Supportive supervision is a promising approach to improve routine data collection for M&E of community-based programs. Specifically, programs of mentorship should work in teams of supervisors; address staff motivation and confidence during visits promote data demand and use, and create a training plan for M&E staff

Reported by

MBABAZI Peace  
Planner M&E Officer



Approved by

Dr NDAYAMBAJE K Eddy  
Director General