



# Strategic Plan

FY2022 - FY2026



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# Acronyms

<b>ASRH</b>	Adolescent Sexual and Reproductive Health	<b>HDU</b>	High Dependency Unit	<b>MNCAH</b>	Maternal Neonatal Child and Adolescent Health
<b>BCCOE</b>	Butaro Cancer Center of Excellence	<b>HF</b>	Health Facility	<b>MOH</b>	Ministry of Health
<b>BDH</b>	Butaro District Hospital	<b>ICU</b>	Intensive Care Unit	<b>NCD</b>	Non Communicable Diseases
<b>BP</b>	Blood Pressure	<b>KDH</b>	Kirehe District Hospital	<b>OPD</b>	Outpatient Department
<b>CBHI</b>	Community Based Health Insurance	<b>MESH</b>	Mentorship and Enhanced Supervision	<b>OR</b>	Operating Room
<b>ECD</b>	Early Childhood Development	<b>MH</b>	Mental Health	<b>RBC</b>	Rwanda Biomedical Center
<b>HC</b>	Health Center	<b>MINEDUC</b>	Ministry of Education	<b>RDH</b>	Rwinkwavu District Hospital



# The Problem





CYARUBARE, RWANDA - MAY 11, 2018: Home visit with Rutamu Anastase (holding bible), 73, an NCD patient. Has diabetes and hypertension. There are seven people living in their house (provided by PIH): his wife, Bashemeza Uwera, 46, and their five children who range in age from 1 to 18.

# NCDs

Non-Communicable Diseases

NCDs Mortality Rate For Over 40s in Rwanda

14%  
Current

63%<sup>↑</sup>  
Future Estimated by WHO

National statistics show that the Rwandan population is ageing which is a major risk factor for NCDs with the World Health Organization estimating that the mortality rate for over 40s due to NCDs could skyrocket to 63% compared to the current data showing about 14% of the overall mortality being due to NCDs and injuries.

The Ministry of Health strategic plan outlines objectives aimed at tackling NCDs including increasing financial accessibility to NCD services, countrywide scaling up of Home-Based Care Programs, multi-sectoral collaboration, and increasing access to specialized NCD services.

## Services provided

Asthma, Diabetes,  
Heart Failure,  
Hypertension

## Services not available

Silicosis,  
Kidney Disease







RYATAMBA, RWANDA - JUNE 9, 2016: Bashar and his two sisters sit near the family's home with the Ministry of Health nurse from Kinyababa health center and Sifa Dorcas, the IMB Mental Health Community and Social Support coordinator, who together brought Bashar into care.

# MENTAL HEALTH

It is estimated that 1 in 5 people in Rwanda have one or more mental disorders



## MOH priorities for Mental health

- Social inclusion and recovery
- Engaging traditional + faith based healers
- Community and home-based care for rehabilitation and long-term care
- Reintegration and rehabilitation models

Mental and substance use account for 7.4% of the global disability-adjusted life years (DALYs).

We recognize the importance of community and home-based care for rehabilitation and longterm mental health care to reduce the burden of hospitalization on mental health patients and their families.

Prevalence (2018 Rwanda Mental Health Survey)



**Services provided for**  
Psychosis, Bipolar  
Disorder, Depression,  
Schizophrenia, Epilepsy

**Services not available for**  
PTSD, Epilepsy  
Diagnostics (EEG  
Machine), Neurology



# SURGERY

Five billion people worldwide lack access to lifesaving and disability-averting surgery and anesthesia care and three-quarters of mortality attributable to emergencies requiring surgery occur in LMICs. In East Africa alone, 17 million people lack access to safe emergency, anesthesia and surgery services with approximately 58.7% of Rwandans do not have access to timely, safe, and affordable surgical and anesthesia care.

Economic losses from the burden of surgical illness will constitute almost 2% of the GDP of low and middle-income countries by 2030.

## Services provided

C-Sections

## Services not available

Laparotomy & Fracture,  
Burn Management,  
Tracheostomies,  
Fistula Repair,  
Central Placement Lines,  
Herniorrhaphies,  
Hydrocele Repairs,  
Foreign Body Removals



OPERATING ROOM, OPERATING ROOM, OR, SURGERY, ALEX VINOGRAD BUTARO HOSPITAL 20



# MNCAH

Maternal, Neonatal, Child and Adolescent Health

Rwanda has cut maternal mortality in half in the past decade. However, the leading causes of maternal death in Rwanda – post-partum haemorrhage, infections, and pre-eclampsia/eclampsia - are preventable, so more work needs to be done.

Rwanda has made great strides in reducing neonatal mortality as well. However, as more children are surviving the neonatal period, more follow-up is required to ensure developmental delays are identified and addressed.

In Rwanda

40%

of under-five deaths occur in the first four weeks

54%

of neonatal deaths happen within 48 hours of delivery

61%

of maternal death are preventable.

One of the Ministry of Health’s strategic goals is to create a “harmonized, integrated, sustainable and youth-friendly MNCAH package that is inclusive of prevention, promotion, treatment, commodities and innovative technologies at all levels of the health care system.

## Services provided

Neonatal Intensive Care (NICU), Pediatric Development Clinic

## Services not available

Postnatal Care, Postpartum Depression, Youth-friendly services



Kirehe District, October 30, 2020 - RN Grace Iradukunda checking on newborns with parents at the Neonatal Intensive Care Unit at PIH supported Kirehe District Hospital





Cancer oral medicine awaiting to be delivered by drone to PIH/IMB cancer patients Kayonza District's Zipline warehouse. April 14th 2020

# CANCER

Between 2008 and 2030, the number of new cancer cases is expected to increase more than 80% in low-income countries like Rwanda, which is double the rate expected in high-income countries (40%).

We are using old generation drugs that may be suboptimal for the desired impact. There is a need for improvements in diagnostics, therapeutics, early disease identification and management to further improve cancer care.

**Services provided**

Chemotherapy,  
Palliative Care,  
Limited Surgical Care

**Services not available**

CT Scan, Mammography,  
Brachytherapy, Flow  
Cytometry, Tissue  
Processor, Microbiology,  
Advanced Surgical Care

**Cancers treated**

**Any stage(including metastatic)**

- Acute lymphoid leukemia
- Breast cancer
- Burkitt's lymphoma
- Chronic lymphoid leukemia
- Chronic myeloid leukemia\*\*
- Colon cancer
- Gastric cancer
- Germ cell tumors
- Gestational trophoblastic disease
- Hodgkin lymphoma

- Kaposi's sarcoma
- Non-Hodgkin lymphoma
- Ovarian cancer
- Rectal cancer
- Wilm's tumor

**Early or locally advanced stage only:**

- Cervical cancer
- Head and neck cancer
- Osteosarcoma
- Rhabdomyosarcoma

The National Cancer Control Plan aims to increase access to pain management and palliative care.



## The Approach

# Our Model

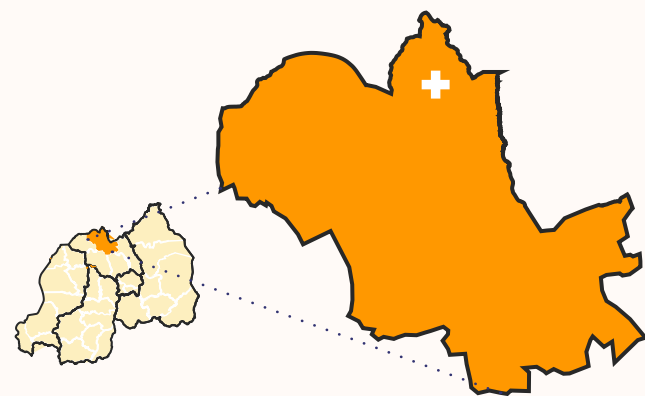
# CLINICAL AREAS OF FOCUS



We are departing from our pursuit of a broad array of health care programs towards an **Exemplar District** approach, which concentrates investment in three Clinical Areas of Focus.

With this approach, PIH/IMB will honor its commitment to creating a preferential option for the poor by further developing innovations within each rural district hospital and its administrative structure as we push to better serve people and patients within our catchment area.

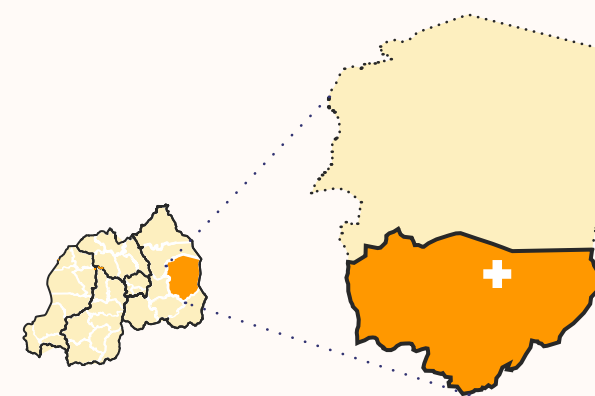
## Cancer Exemplar District



### Burera

All cancer patients have an improved quality of life and have a higher chance of survival. Develop innovative approaches to care that inform national oncology policy.

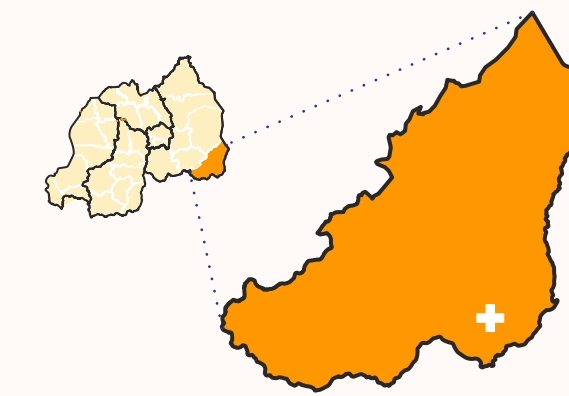
## Surgery & Chronic Care Exemplar District



### South Kayonza

Patients suffering from chronic illnesses and injuries are detected, linked to care and provided with patient-centered treatment. Develop innovative approaches to chronic care that inform national policy.

## MNCAH Exemplar District



### Kirehe

Newborns, children, adolescents, pregnant mothers and women survive and thrive. Develop innovative approaches to maternal, neonatal and child health care that inform national policy.



# ENABLING ENVIRONMENT FOR EXCELLENCE



## Biomedical Engineering

Enable the three districts to be able to provide timely, quality, innovative and technologically advanced care to their patients at health centers and district hospitals.



## Infrastructure

Upgrade and build facilities at each District Hospital to host dignified and safe health services and expand facilities for specialized care.



## Capacity building of Healthcare providers

Ensure that all care providers in the facility and the community have the knowledge, skills and attitudes to provide the highest quality of care at every opportunity and an enabling environment to perform at their best.



## Lab Strengthening

Enable District Hospitals to provide packages of care inclusive of high-quality laboratory testing that is accessible to patients regardless of their socioeconomic status and meets recognized international standards.



## Leadership & Governance

Reinforce existing governance structures with technical expertise, trainings and technology for data-driven decision making and financial resilience.



## Right to Healthcare

Every patient receives the tertiary care they need, regardless of their socioeconomic status through facility partnerships and Solidarity Fund.



## Community Engagement

Co-develop, co-implement, and co-evaluate interventions with community leaders and health workers. Revitalize the Patient Voice platform at health facilities.



## Social Support

Support patients while building a multi-sector movement to remove socioeconomic barriers to health and healing.



## The Approach

# Our Foundation

# OUR FOUNDATION

## Cancer Care



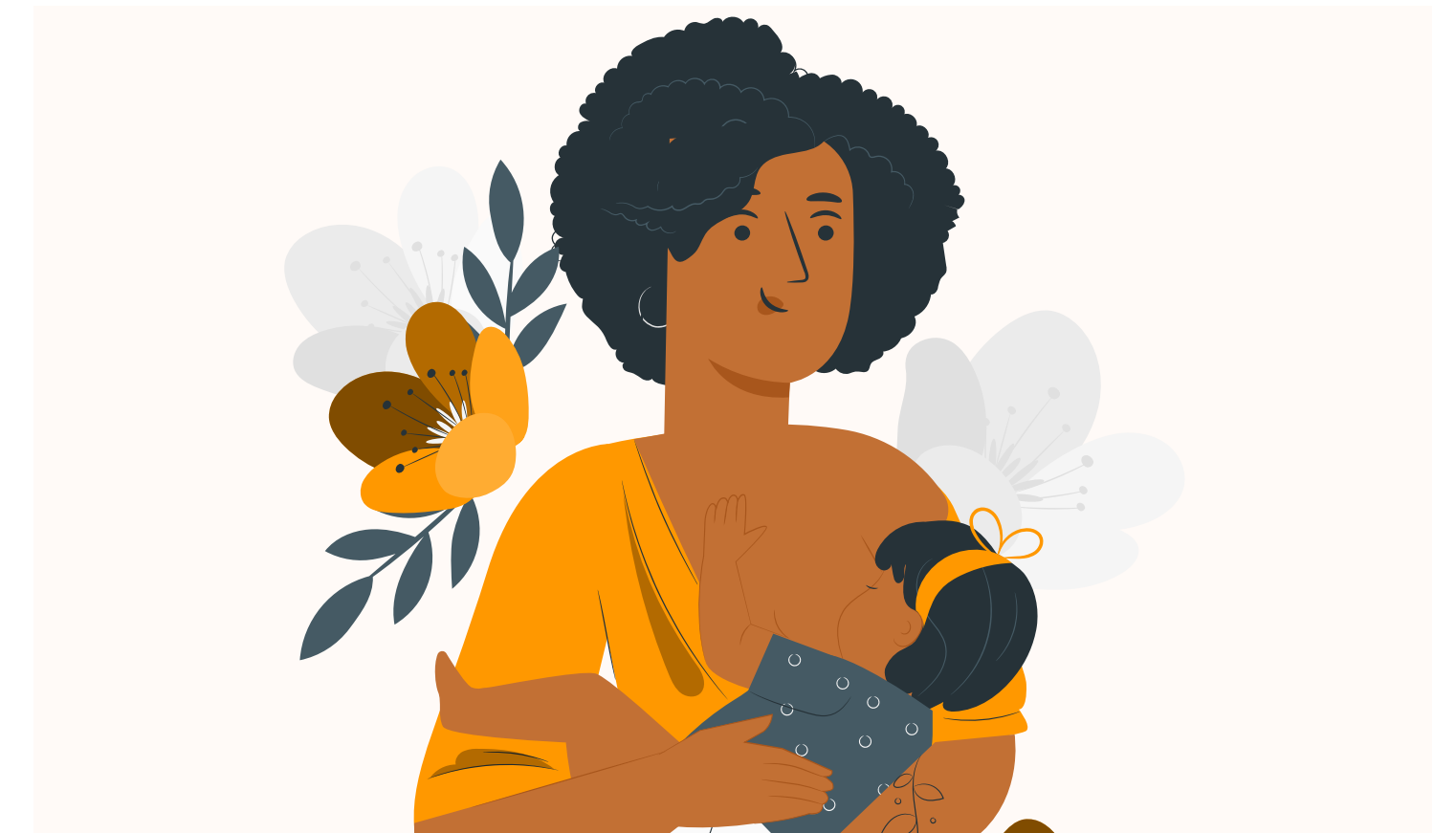
The Butaro Cancer Center of Excellence in Burera serves as a model of cancer care that is both effective in low-resource settings and accessible for poor and rural populations. The Center of Excellence also serves as an education and training hub for the next generation of Rwandan health care leaders who will serve cancer patients across the continuum of care. Currently, Butaro District Hospital is undergoing renovation and expansion to serve as a teaching hospital for medical students at the University of Global Health Equity.

## Chronic Care



Working with the Non-Communicable Disease Department at Rwanda Biomedical Center, we have developed task-shifting models and conducted rigorous implementation research. This collaboration has generated evidence that nurses and CHWs are capable to provide chronic care patients far more than pain relief- through training and mentorship they are well-placed to actively manage and support patients with chronic illness and those recovering from surgery. From bringing echocardiography to health centers across the country to supporting patients monitor their glucose levels at home, we have a strong track record in bringing care closer to the patients who need it most.

## MNCAH



In collaboration with UNICEF, MOH and PIH developed the Pediatric Development Clinic, the first innovation of its kind in East Africa that uses task-shifting for early identification and early intervention for babies born premature and low birth weight, which has proven to decrease neonatal mortality, stunting and developmental delays. Today, we have a full-time OBGYN at the Kirehe District Hospital who provides care delivery and mentorship to general practitioners as well as a Senior Neonatal Nurse Mentor supporting hospital clinicians in the Neonatal Intensive Care Unit.



## The Approach

# Our Theory of Change



# THE FRAMEWORK

## Our Vision



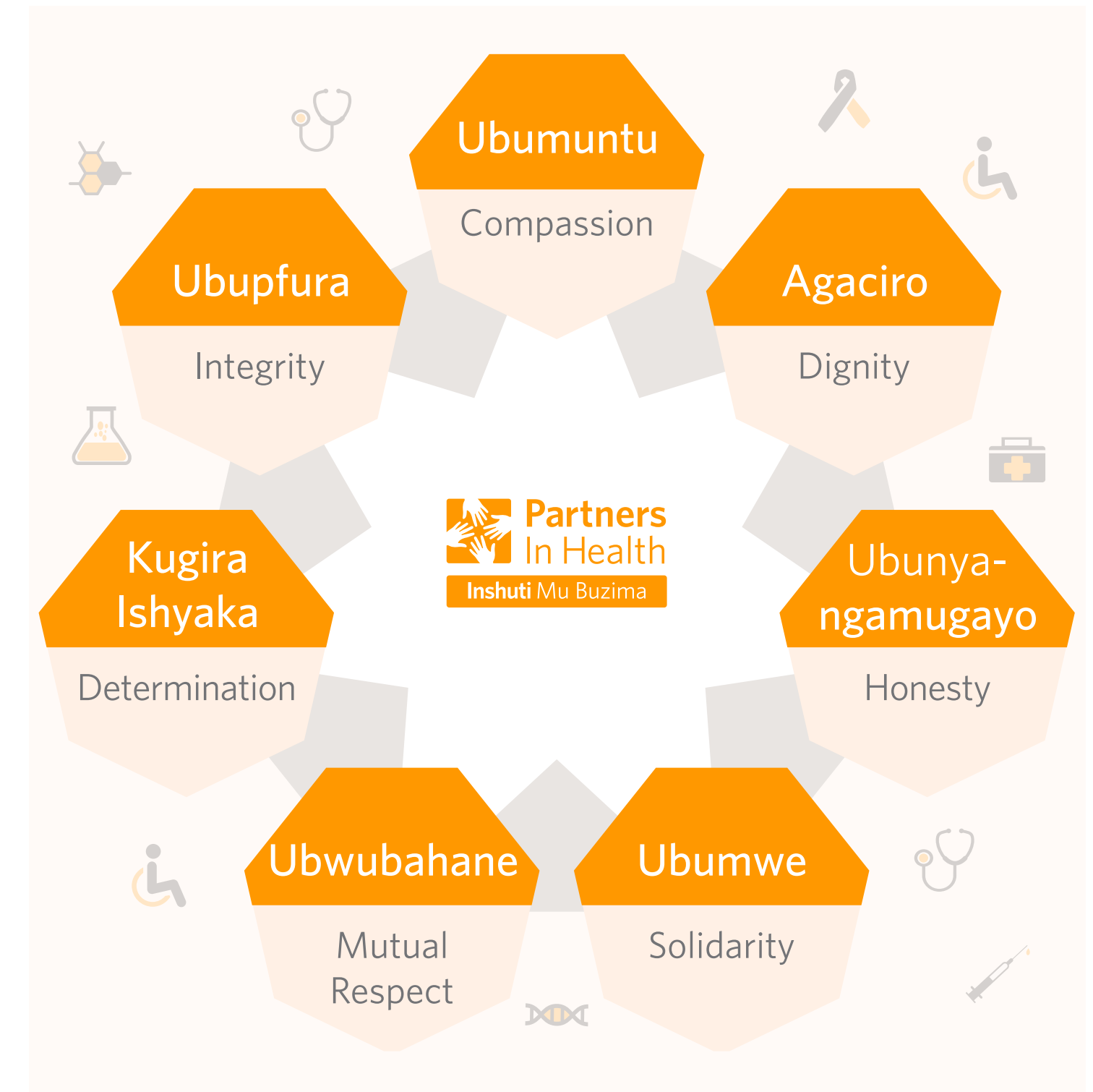
**Our Vision** is thriving communities of healthy, happy and productive people, where social justice and universal quality health services are available to all.

## Our Mission



**Our Mission** is to support Rwanda in designing, building and implementing a world class health system that provides equitable, accessible and high-quality services to all in need.

## Our Values



# THEORY OF CHANGE

## The Opportunity



Quality



Equity



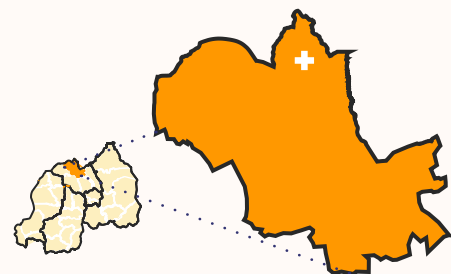
Innovation



Sustainability

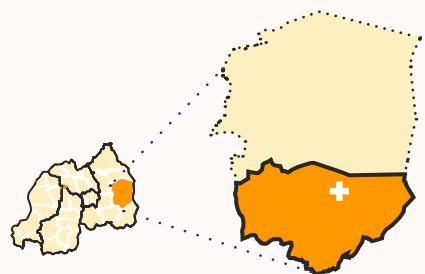
In the next five years, we aim to build systems that support our mission of providing dignified patient-centred healthcare and social support services by investing in quality, equitable, innovative and sustainable care.

## Our Contribution



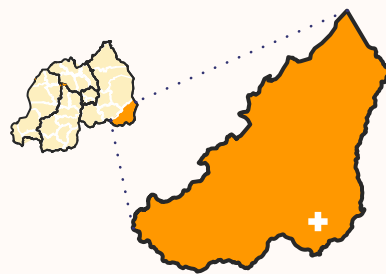
Burera

All cancer patients have an improved quality of life and have a higher chance of survival. Develop innovative approaches to care that inform national oncology policy.



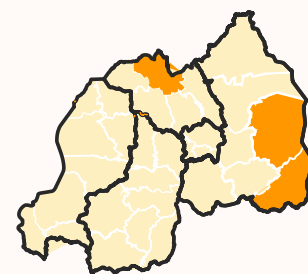
South Kayonza

Patients suffering from chronic illnesses and injuries are detected, linked to care and provided with patient-centered treatment. Develop innovative approaches to chronic care that inform national policy.



Kirehe

Newborns, children, adolescents, pregnant mothers and women survive and thrive. Develop innovative approaches to maternal, neonatal and child health care that inform national policy.



All 3 Districts

Each PIH-supported district is an enabling environment for excellence for all areas of clinical care



Biomedical  
Engineering

Ensuring the tools and resources needed for care delivery and administration.



Infrastructure

Safe, appropriate spaces with capacity to serve need.



Capacity building of  
Healthcare providers

Well-trained, qualified staff are equipped for provision of quality care.



Lab  
Strengthening

Providing basic necessities and resources needed to ensure effective care.



Leadership &  
Governance

Leadership, governance and information.



Right to  
Healthcare

Every patient receives the tertiary care they need.



Community  
Engagement

Co-develop, co-implement, and co-evaluate interventions with community leaders and health workers.



Social  
Support

Support patients while building a multi-sector movement to remove socioeconomic barriers to health and healing.

## The Outcomes

Indicator	Target 2026
Oncology Exemplar District Burera District	
Average Accreditation Score in Level 3	80% Level 3
Number of cancers treated	20
Percentage of oncology patients who are lost to follow up	<10%
Proportion of patients presenting at Butaro Cancer Center of Excellence with early stage disease by cancer type	75% for all cancers
BDH Accreditation as a teaching hospital	Yes
% of patients who are able to receive radiotherapy in country	>95%
% of patients who are able to receive radiotherapy in country	100%
Surgery & Chronic Care Exemplar District Kayonza District	
Accreditation Score	TBD after baseline
% of patients screened for NCDs who had contact with a health provider within 1 month of referral to the next level	>95%
% of NCD patients who are lost to follow up	5%
Proportion of <40 patients who died from NCDs	20%
Proportion of health facilities providing mental health services as per national guidelines	90%
Estimated % of patients with recognized mental disorders in each health center's catchment area who receive MESH MH services	50%
% of patients referred for bellwether procedures to Kigali	10%
Bellwether perioperative mortality rate	1.5%
Maternal, Neonatal & Child Health Exemplar District Kirehe District	
Average Accreditation Score in Level 3	80% Level 3
Neonatology mortality rate	13.2 per 1000 LB
Maternal mortality rate	115 per 100,000 LB
Infant Mortality Rate	40.5 per 1000
Under Five Mortality Rate	30 per 1000
Prevalence of children aged 0-50 months who are stunted	15%



## The Approach

# The Opportunity



# THE OPPORTUNITY

## Quality



We are doubling down our efforts to understand the root causes of disrespectful care and will be implementing measures to guarantee that respectful care is delivered at every interaction with a patient. In the next 5 years, we will help health care providers offer more to their patients: better diagnostics, better treatment options, and better follow-up.

## Equity



We understand that receiving health care should not create an extra burden on the people in the communities we serve and that for notions of equity to be maintained patient voices need to be at the core of the treatment and recovery process. This is why PIH/IMB aims to invest in bringing healthcare closer to patients whilst leveraging patient peer support groups and develop biosocial approaches and models that can improve patients' autonomy and ability to engage in incoming-generation, caregiving and community activities.

## Innovation



At PIH-IMB we are committed to providing services and care that accounts for the holistic health and wellness of our patients. To do this we plan to leverage our research and quality improvement programs ensuring that we are informed on best practices and updated models of healthcare delivery for our patients. We will continue to partner with others who find new ways to bring high quality care to the patients who are farthest from it.

## Sustainability



PIH/IMB acknowledges that the quality of healthcare does not exist in a vacuum and is influenced by various social and environmental factors. This is me for the next five years we are committed to a multi-sectoral approach to health delivery and shared decision making with the communities we serve. An approach that would allow us to engage with key and respected community leaders to help facilitate positive impact of our programs.



## The Approach

# Our Contribution

# OUR CONTRIBUTION

## Cancer Exemplar District

### Burera

Butaro District Hospital is undergoing renovation and expansion to serve as a teaching hospital for medical students at the University of Global Health Equity. Our vision for the future is a Butaro District Hospital Cancer Center of Excellence that works in tandem with the Rwanda Cancer Center to provide accessible, high-quality cancer care in Rwanda with advanced capabilities in imaging and surgical interventions for cancer. We see Butaro as the birthplace for scalable innovations and models for palliative care, and a continued destination for health research and learning. Finally, we will improve imaging capacity for cancer staging and follow up, and carefully introduce new drug regimens to improve and expand treatment options.

**By 2026:** CT Scan, Mammography, Brachytherapy, Flow Cytometry, Tissue Processor, Microbiology, Cancer Surgery, 10 new molecules for existing cancers, 5 new cancers treated.

## Surgery & Chronic Care Exemplar District

### South Kayonza

Through developing task-shifting models and conducting rigorous implementation research, we have generated evidence that nurses and CHWs are capable to provide chronic care patients far more than pain relief- through training and mentorship they are well-placed to actively manage and support patients with chronic illness and those recovering from surgery. Building on this model, we will start a Center for Excellence in Surgery and Chronic Care at Rwinkwavu District Hospital which will leverage the existing network of CHWS in the provision of essential chronic and surgery care for our patients. We'll also explore culturally relevant and practical models that can be adapted for home-based care with the aim of reducing travel time and distance for the patients we serve.

**By 2026:** Laparotomy & Fracture, Burn Management, Tracheostomies, Fistula Repair, Central Placement Lines, Herniorrhaphies, Hydrocele Repairs, Foreign Body Removals, EEG Machine, Neurology, PTSD Management, Silicosis Management, Renal Clinic.

## MNCAH Exemplar District

### Kirehe

It is our core belief that every child deserves the opportunity to reach their full potential, and we have unique opportunity to leverage the significant gains that have been made through our collaborations with the MOH and other partners to position Kirehe as a center for learning the best models and practices in maternal, neonatal, child and adolescent health.

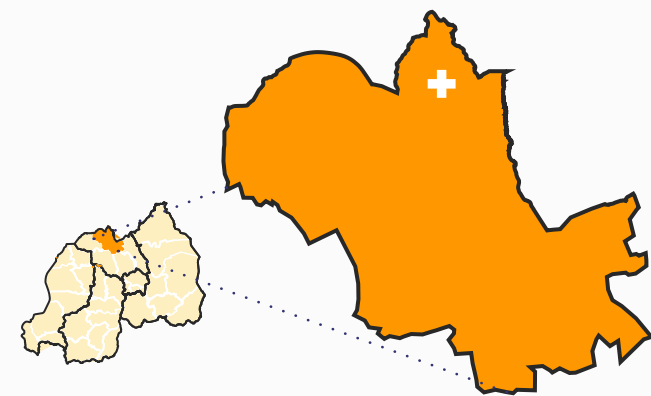
Building off of our experience with Nyamirama Youth Corner, we will accompany Kirehe District health facilities to ensure all services are accessible and welcoming to youth and adolescents.

**By 2026:** Neonatal Intensive Care (NICU), Full District Coverage of Pediatric Development Clinic, High Quality Postnatal Care, Care for Postpartum Depression, Youth-friendly services at every Health Facility



# STATUS IN 2021

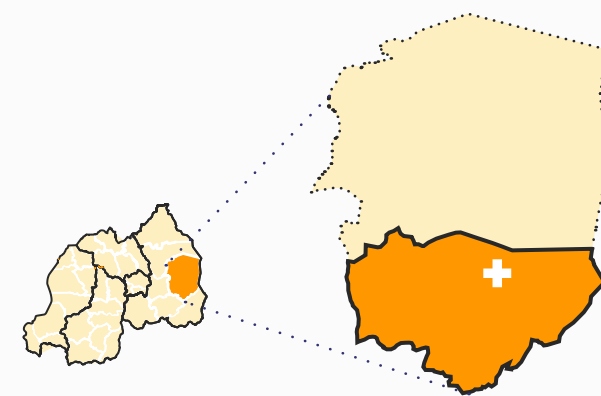
## Cancer Exemplar District



### Burera

Indicator	Status in 2021
Average Accreditation Score in Level 3	<b>80% Level 3</b>
Number of cancers treated	<b>20</b>
Percentage of oncology patients who are lost to follow up	<b>&lt;10%</b>
Improved patient satisfaction with Oncology care process, the care environment, and the organization's staff	TBD after baseline assessment
Proportion of patients presenting at Butaro Cancer Center of Excellence with early stage disease by cancer type	<b>75% for all cancers</b>
BDH Accreditation as a teaching hospital	<b>Yes</b>
% of patients who are able to receive radiotherapy in country	<b>&gt;95%</b>

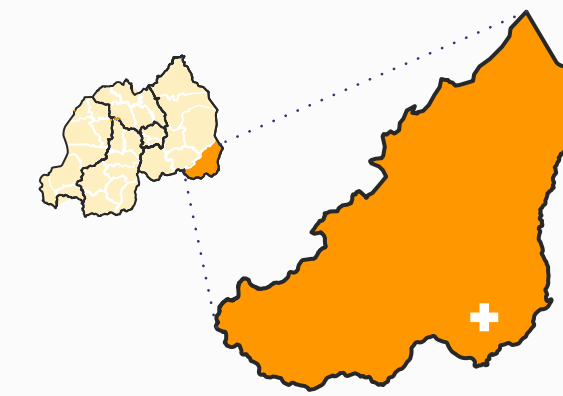
## Surgery & Chronic Care Exemplar District



### South Kayonza

Indicator	Status in 2021
Accreditation Score	<b>Not available</b>
% of patients screened for NCDs who had contact with a health provider within 1 month of referral to the next level	<b>Not available</b>
% of NCD patients who are lost to follow up	<b>12%</b>
Proportion of <40 patients who died from NCDs	<b>39%</b>
Average symptoms improvement score of assessed mental health patients	<b>Data not available</b>
Proportion of health facilities providing mental health services as per national guidelines	<b>6%</b>
Estimated % of patients with recognized mental disorders in each health center's catchment area who receive MESH MH services	<b>25%</b>
% of patients referred for bellwether procedures to Kigali	<b>Data not available</b>
Bellwether perioperative mortality rate	<b>2.50%</b>
% of patients who received bellwether surgeries who had successful outcomes	<b>Data not available</b>
Improved patient satisfaction with chronic care processes, the care environment and the organization's staff	<b>TBD after baseline assessment</b>
Improved patient satisfaction with surgery care	<b>TBD after baseline assessment</b>

## MNCAH Exemplar District

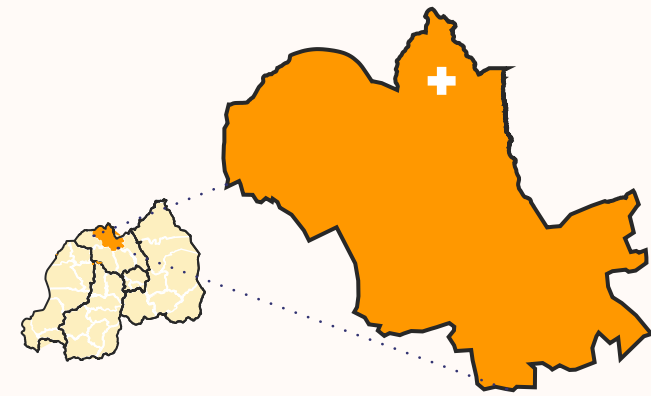


### Kirehe

Indicator	Status in 2021
Average Accreditation Score in Level 3	<b>4% in Level 3</b>
Neonatology mortality rate	<b>19 per 1000 LB</b>
Maternal mortality rate	<b>203 per 100,000 LB</b>
Infant Mortality Rate	<b>33 per 1000</b>
Under Five Mortality Rate	<b>45 per 1000</b>
Prevalence of children aged 0-50 months who are stunted	<b>33%</b>
Improved patient satisfaction with MNCAH care process, environment, the care environment, and the organization's staff	<b>TBD after baseline assessment</b>

# STATUS IN 2026

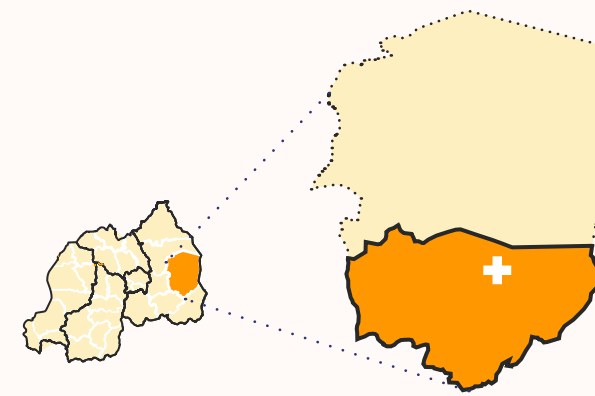
## Cancer Exemplar District



### Burera

Indicator	Target 2026
Average Accreditation Score in Level 3	<b>5% in Level 3</b>
Number of cancers treated	<b>15</b>
Percentage of oncology patients who are lost to follow up	<b>20%</b>
Improved patient satisfaction with Oncology care process, the care environment, and the organization's staff	<b>TBD after baseline assessment</b>
Proportion of patients presenting at Butaro Cancer Center of Excellence with early stage disease by cancer type	<b>23% for all cancers</b>
BDH Accreditation as a teaching hospital	<b>No</b>
% of patients who are able to receive radiotherapy in country	<b>80%</b>

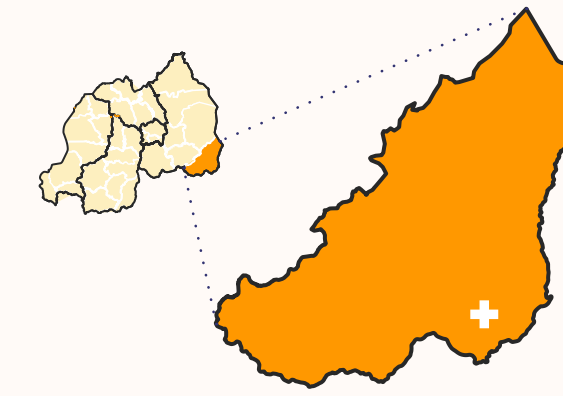
## Surgery & Chronic Care Exemplar District



### South Kayonza

Indicator	Target 2026
Accreditation Score	<b>TBD after baseline</b>
% of patients screened for NCDs who had contact with a health provider within 1 month of referral to the next level	<b>&gt;95%</b>
% of NCD patients who are lost to follow up	<b>5%</b>
Proportion of <40 patients who died from NCDs	<b>20%</b>
Average symptoms improvement score of assessed mental health patients	<b>TBD after baseline assessment</b>
Proportion of health facilities providing mental health services as per national guidelines	<b>90%</b>
Estimated % of patients with recognized mental disorders in each health center's catchment area who receive MESH MH services	<b>50%</b>
% of patients referred for bellwether procedures to Kigali	<b>10%</b>
Bellwether perioperative mortality rate	<b>1.50%</b>
% of patients who received bellwether surgeries who had successful outcomes	<b>TBD after baseline assessment</b>
Improved patient satisfaction with chronic care processes, the care environment and the organization's staff	<b>TBD after baseline assessment</b>
Improved patient satisfaction with surgery care	<b>TBD after baseline assessment</b>

## MNCAH Exemplar District



### Kirehe

Indicator	Target 2026
Average Accreditation Score in Level 3	<b>80% Level 3</b>
Neonatology mortality rate	<b>13.2 per 1000 LB</b>
Maternal mortality rate	<b>115 per 100,000 LB</b>
Infant Mortality Rate	<b>40.5 per 1000</b>
Under Five Mortality Rate	<b>30 per 1000</b>
Prevalence of children aged 0-50 months who are stunted	<b>15%</b>
Improved patient satisfaction with MNCAH care process, environment, the care environment, and the organization's staff	<b>TBD after baseline assessment</b>

# WHAT WILL BE DONE

Through the reallocation of funds previously allocated towards salaries for health facilities' human resources, PIH/IMB will invest in biomedical equipment and maintenance, infrastructure, and other investments to strengthen the district health system.

## Cancer Exemplar District

Area Of Support	Activities
Oncology	<ul style="list-style-type: none"> <li>Strengthen screening and diagnostics at health centers for breast and cervical cancers</li> <li>Build and equip Adult Oncology ward</li> <li>Build and equip Pediatric Oncology ward</li> <li>Equip district hospital with CT Scan, Mammography, Brachytherapy, Flow Cytometry, Tissue Processor, Microbiology, Cancer Surgery</li> <li>Bring on 2 new cancer molecules a year for existing cancers</li> <li>Treat 1 new cancer per year</li> </ul>
Teaching hospital	<ul style="list-style-type: none"> <li>Build and equip Emergency, Trauma &amp; Imaging Unit, Pediatric Ward, additional OPD services, Administrative Block, Comprehensive isolation center</li> <li>Renovate and create: Adult ICU, Gynecology &amp; General Surgery Unit, OBGYN full-OR, Maternity, Oxygen Plan and piping, Support Services (incinerator, sewage, water tanks, generators, electrical transformer, etc.)</li> </ul>

## Surgery & Chronic Care Exemplar District

Area Of Support	Activities
NCDs	<ul style="list-style-type: none"> <li>Partner with Team Hear to improve follow up of cardiac surgeries</li> <li>Capacity Building: Develop curriculums and teaching plans (cardiology, diabetes, hypertension, chronic respiratory diseases, cardiac ultrasound imaging, spirometry, management of injuries, etc.) with E-learning components, on-site training for nurses and integrated NCD screening tools</li> <li>Introduce echocardiography at health centers</li> <li>Strengthen home-based monitoring</li> <li>Expand home-based NCD care and management</li> </ul>
Mental Health	<ul style="list-style-type: none"> <li>EEG machine to diagnose epilepsy</li> <li>Capacity building: Develop curriculums (diagnostics, medication prescription, management, culturally adapted psychotherapeutic approaches, depression screening tools, psychological first aid, psycho-rehabilitation) and in-service training</li> <li>Introduce specialists and supplies for Neurology, PTSD management</li> <li>Introduce integrated inpatient care</li> </ul>
Surgery	<ul style="list-style-type: none"> <li>Upgrade anesthesia services</li> <li>Partner with Gahini District Hospital for orthopedic management</li> <li>Expand operating theatre</li> <li>Procure &amp; install oxygen plant</li> <li>Build new surgical ward</li> <li>Renovate ER to equip for emergency services</li> <li>Introduce specialists and supplies for high quality surgery</li> </ul>

## MNCAH Exemplar District

Area Of Support	Activities
Maternal, Neonatal, Child and Adolescent Health	<ul style="list-style-type: none"> <li>Increase oxygen capacity of Kirehe District Hospital in order to supply Kibungo Hospital</li> <li>Equip 2 full OBGYN operating rooms, adult ICU, MCH block, OPD block, and upgrade support services at Kirehe District Hospital</li> <li>Build and equip a maternity waiting area</li> <li>Equip simulation lab for trainings</li> <li>Build and equip human milk bank</li> <li>Equip health center maternities</li> <li>Develop a package for fistula care that can be delivered at the hospital including timely referral</li> <li>Every Kirehe District health facility provides friendly and inclusive services to adolescents and youth</li> </ul>



Biomedical  
Engineering



Infrastructure



Capacity building of  
Healthcare providers



Lab  
Strengthening



Leadership &  
Governance



Right to  
Healthcare



Community  
Engagement



Social  
Support