

# IMPACT Manual

## How to:

### *Conduct an Annual Peer and Participatory Rapid Health Appraisal for Action*

## FOR PRIMARY HEALTH CARE FACILITIES



Partnership for Reviving Routine  
Immunisation in Northern Nigeria;  
Maternal Newborn and Child Health Initiative

**DFID** Department for  
International  
Development

**State Department of the  
Norwegian Government**

## PPRHAA PHC Appraisal Manual - PRRINN-MNCH Programme, Nigeria

July 2009



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PRRINN-MNCH is a programme of collaboration with Nigerian partners to develop partnerships for reviving routine immunisation and strengthening MNCH services in Nigeria. It is funded by the UK Department for International Development (DFID) and the State Department of the Norwegian Government.

The PRRINN-MNCH Programme is managed by an international consortium on behalf of DFID. Members of the consortium are:

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**PPRHAA PHC Appraisal Manual - PRRINN-MNCH Programme, Nigeria**

# Overview

CHAPTER

I

- *Why Impact?*
- *IMPACT*
- *What is PPRHAA?*
- *The PPRHAA Process*
- *The PPRHAA PHC Manual*



## Why Impact?

### **A Midwife's Experience**

*A 35 year old gravida 5 woman came around 11:30pm at the end of first stage of labour shouting for help. I quickly placed her on a bed. As I was getting ready to examine her, the baby's head was seen on the perineum and she was pushing very hard. I encouraged her to bear down and she later delivered a male infant followed by the delivery of the placenta. Ergometrine injection 0.5mg I.M. was given and the uterus was rubbed to contract but she continued to bleed.*

*I examined the perineum, vagina and the cervix to discover she had a tear at the anterior part of the cervix. I had neither suturing material, blood nor the skills to repair the tear. I quickly packed the cervix. As my facility is about 4 hour's journey to the nearest referral centre, I informed the relatives and started her on an intravenous infusion (5% dextrose) that was available. The relatives went to look for transport and by the time we set out, the vital signs were BP 70/50, pulse 118 per minute and she was restless.*

*Her condition continued to deteriorate on the way until she reached the referral centre where she died shortly before she could be attended to. A month later, I was lucky to be one of those attending a LSS training course where I learnt how to cope with situations like this as well as suture a cervical tear. I then remembered that if I had had the knowledge earlier, I could have saved the life of that woman.*

*It was both a tragedy and a crime. The referral system was weak, the staff were not appropriately trained and appropriate materials were not available. A sick facility cannot help sick people: first we must treat the facility. We have to diagnose the symptoms and causes, plan effective treatment, organise the necessary remedial care for the facility and then implement conscientiously, all the time supporting "the patient" to make sure the treatment works. Good health care requires all parts of a clinic, hospital or other service to work well and in collaboration with the local community. This especially needs good systems and methods of management.*

Managing and co-ordinating a Primary Health Care system is a complex matter. To provide adequate coverage for communities, PHC facilities are scattered geographically, yet each facility needs both to provide excellent primary care and be linked through a functional referral system to secondary care facilities. There are few staff to operate each facility. Distances and logistic difficulties make communication and team functioning difficult. There are, therefore, limited opportunities to interact with patients and the wider community. Yet, it is expected that the staff have both the capacity and the resources to deal with all health eventualities – from both curative to promotive/preventive aspects. Managers, who are usually centrally located in LGA or district headquarters, often have not been trained as managers and consequently have poor management skills. In addition, they often

have even poorer access to the necessary management tools – e.g. vehicles, telephones.

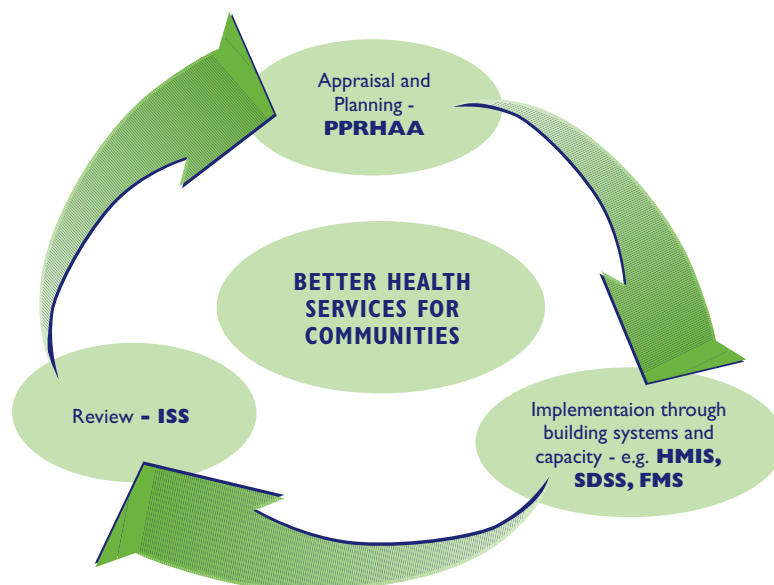
It is no wonder that primary health care institutions are under-managed and face so many serious difficulties. Services are often inefficient and unresponsive to client needs; staff, supplies, equipment and other resources are misused; and the quality of health care is frequently low. Developing all the essential systems of the health sector so they work well requires the skill and energy of all health staff and managers. The PRRINN-MNCH IMPACT Initiative aims to help them get their management systems working well and build their skills for running good systems.

Remember that patient care (i.e. service delivery) will be severely compromised if one or more of the systems is not working well. A facility or a group of facilities must be viewed as a whole organism that will only work when all parts are functioning. This how-to manual highlights the need for IMPACT to cover all these systems. IMPACT must be broad-based in its assessment, planning, implementation and review processes. Tinkering with small parts will not induce and sustain the required systems improvement.

## IMPACT

IMPACT is an approach used to strengthen management capacity and health systems. IMPACT has been developed largely in West Africa and follows the well known planning cycle (appraisal, planning, implementation and evaluation). To strengthen management capacity and health systems three discrete approaches or tools have been developed – PPRHAA; ISS; and QAR. These tools/approaches are complemented by systems strengthening initiatives in a wide range of areas (including HMIS, SDSS, FMS, SM). Together this is termed IMPACT.

**FIGURE 1: IMPACT**



## **PPRHAA — Peer and Participatory Rapid Health Appraisal for Action**

PPRHAA is a simple and rapid way of assessing performance at health facilities, identifying problems and achievements, from which managers and staff prepare plans based on their needs, community priorities and within available resources. PPRHAA involves the managers and staff of the LGAs and health facilities and builds their skills in appraising, analysing, understanding and implementing key aspects of health management. It also involves communities, strengthening the relationship between them and health service providers.

## **Building Management Systems and Capacity**

Many activities under the PRRINN-MNCH Programme help Nigerian partners to develop and strengthen their essential management systems. These are systems for such areas as finance and accounting, patient care, health management information, drugs and supplies, human resources, maintenance and community accountability.

## **Integrated Supportive Supervision (ISS)**

Plans and systems often have little effect, because they are not put into practice. Support, follow-up and implementation are therefore the most important elements of IMPACT. This includes such activities and systems as: regular support and supervisory visits; quarterly reviews; joint progress updates; mentoring; and on-the-job assistance in establishing new systems and building capacity.

## **Quality Assessment and Recognition**

QAR is a tool used to assess progress of facilities and institutions that have been strengthened through IMPACT. The approach is to assess facilities that are judged ready against benchmarked criteria. Various levels of recognition have been developed depending on the outcome of the assessment.

IMPACT involves health staff at all levels – primary health care (PHC), local government authorities (LGA), hospitals, districts and health management boards (HMB). The initiative currently works in eight states in Nigeria; Ekiti, Enugu, Jigawa, Kaduna, Katsina, Kano, Yobe and Zamfara. Benue State has also used IMPACT and recently some national organisations (e.g. ECWA, CHAN and NPHCDA) have started using IMPACT in their facilities. In each state staff from the different levels are selected to act as catalysts to strengthen health systems within their own facilities and support their peers in other facilities to do the same. Roughly, half of these catalysts are drawn from the secondary care level and the other half from the primary care level. The catalysts are supported by national consultants with a range of skills that cover all the key areas of health systems development. Mentors/'parents' can also be chosen within the state to guide and support the catalysts.

The PPRHAA appraisal is done annually, while systems strengthening, building management capacity and ISS are ongoing. QAR is on request and when the facility is deemed ready for the assessment.

### What Is PPRHAA?

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Monitoring, accreditation and other mechanisms for ensuring high standards of care within health services in Nigeria are weak. In some other countries, accreditation systems ensure high standards at health care institutions. But countries such as Nigeria cannot afford these accreditation mechanisms, which tend to be complex, expensive and in need of highly qualified experts. PPRHAA was developed as a simple yet comprehensive mechanism for appraising, monitoring and planning improvements for health services as well as for stimulating higher standards in the management and service delivery of health facilities.

**P**eer... *Carried out by peers within the health sector*

**P**articipatory... *Staff from all facilities being appraised and community representatives participate*

**R**apid... *Normally done in just two weeks for a whole state*

**H**ealth... *Focused on health systems and services*

**A**ppraisal for... *An annual appraisal*

**A**ction... *Leads directly into action planning and later into operational planning*

PPRHAA appraises and collects information on all the major aspects of a health facility or group of health facilities and their management structures (e.g. LGA headquarters, district health boards), with a focus on management systems, as well as the views of the community and clients served. This process includes collecting information for a range of indicators on the services, coverage and performance of the health facility/institution over five years, so progress and trends can be assessed objectively and comparisons made between similar facilities and the same facility over time. If it is not possible to collect five years of data, try to collect as much as is possible. As the annual PPRHAA appraisal becomes a regular event each year, data collected by the PPRHAA teams will go back several years.

PPRHAA examines and assesses five aspects of health services:

A: Patient Care Management

B: Internal Facility/Institutional Management and External Linkages

C: Finance, Accounting, Equipment and Infrastructure

D: Client and Community Views

E: Facility/Institutional Output and Coverage

PPRHAA not only appraises and collects information, it also helps facility staff analyse the causes of any problem and develop action plans to overcome these problems. By bringing together health staff, managers and community members from different facilities; experiences, best practices and action plans can be discussed and shared. This helps to build the management skills and capacity of those involved and also identifies common issues across facilities.

The PPRHAA process includes district or LGA level Appraisal Feedback and Planning Workshops where senior health officials, the appraisal team and LGA and PHC facility staff have an opportunity to discuss the findings, develop plans and address cross-cutting issues. All states have appraised PHC facilities and hospitals together. Thus, following the LGA or district level Appraisal Feedback and Planning Meetings, there has been a combined State or Zonal Appraisal Summit with both PHC and SHC people attending.

The focus of the PHC PPRHAA is the LGA or district headquarters and their associated PHC facilities. Thus teams appraise both the headquarters and the facilities using separate tools. Tools and forms for districts, LGAs and PHC facilities are included at the end of this manual. Plans are developed for the group (district/LGA and associated facilities) as a whole. Individual facility plans at PHC level are not encouraged until the system has matured. In states that have developed districts<sup>1</sup> (can be called Gundumas or clusters), the focus is at that level.

In essence, PPRHAA is an excellent capacity-building opportunity because it includes extensive examination, analysis and review of management systems, methods and practices. It involves the appraisal team, managers at all levels, the community and the PPRHAA facilitators, who are mostly health managers with a range of experience.

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<sup>1</sup> In the manual LGA will be used but will refer to LGAs and other structures (e.g. Districts, Gundumas and LHAs)

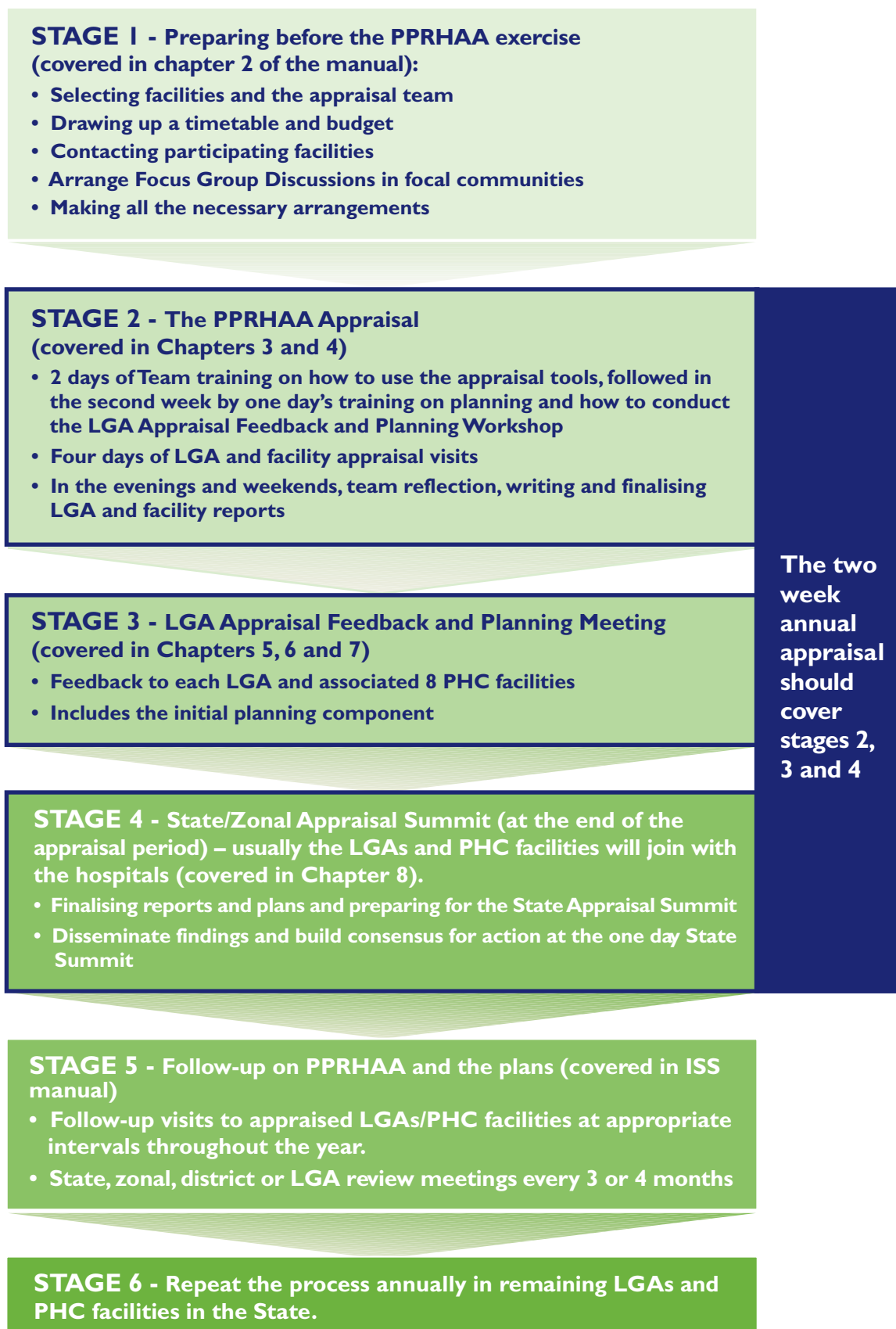
## The PPRHAA Process

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Figure 2 is a guide to the annual PPRHAA process. The process can be shortened, lengthened and adapted to cover more or fewer facilities and to meet State-specific needs. It will be explained in more detail later.

Stages 2, 3 and 4 of PPRHAA usually takes place over a two week period with a team of approximately eighteen people that are assigned to cover the five key areas in the LGAs and PHC facilities. The eighteen will form 6 teams of three with each having a team leader (TL), Data Collector (DC) and a Client and Community Views Officer (CCVO). The team's individual roles are explained in more detail in Chapter 2. The PPRHAA PHC team includes half the catalysts (the other half are involved with secondary level care), who are peers from all the health facilities being appraised; around six people from the participating LGAs or facilities (preferably senior people from participating LGAs); and roughly another six people from bodies such as Local Government Service Commission or people with community development experience. The senior LGA members and the catalysts should be divided evenly throughout the teams. A national consultant with an objective, outside perspective assists the team. Initially, international consultants will also help support the process, but over time the national team should take over. The team should include a range of disciplines (doctors, nurses, pharmacists, accountants etc) and managerial experience so that a comprehensive appraisal and planning process can be conducted.

**FIGURE 2: The PPRHAA Process**



### The PPRHAA PHC Manual

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This manual has been prepared by the PRRINN-MNCH Programme in Nigeria – the Partnership for Reviving Routine Immunisation in Northern Nigeria; Maternal, Newborn and Child Health Initiative, assisted by the UK Department for International Development (DFID) and the State Department of the Norwegian Government. It is a guide to the first part of the IMPACT Initiative shown in Figure 1. The manual is designed for use in the Nigerian context but borrows generously from experience in Ghana, Tanzania, Zimbabwe and South Africa. PPRHAA and related processes were developed by Health Partners International, Ghana Health Partners International and others. The manual is also based on PATHS experience from Benue, Ekiti, Enugu, Jigawa, Kano and Kaduna over the last few years in the use of PPRHAA and in systems development. It brings together the ideas, thoughts, experience and other contributions of many people.

If you are one of the consultants or catalysts and working at the primary care level then this manual is for you. The manual is designed to be used by the team that will carry out the training for the PPRHAA exercise. There is also a simplified field guide for other health staff, who join the consultants and catalysts, to carry out the annual appraisal using PPRHAA. The guide is a simplified version of the manual. Both the manual and the field guide can be adapted and used by others within the health sector, including NGOs, faith-based PHC facilities, and health institutions (e.g. NPHCDA) at the federal level.

This manual explains how to plan, train an appraisal team and implement an annual “Peer and Participatory Rapid Health Appraisal for Action” or PPRHAA. Subsequent manuals will describe the process of systems development and explain the integrated supportive supervision needed. At the end of the manual (or on CD) are all the appraisal tools, data forms and report templates needed for implementing PPRHAA. Also included are tips, which are suggestions you can try if appropriate to your local situation, and examples of what has been tried already within the six states.



# Preparation

## CHAPTER

# 2



- **Checklist for Planning**
- **Select Participating Facilities**
- **Select the PPRHAA Team**
- **Draw up an Itinerary**
- **Prepare a Budget**
- **Prior Organisation**
- **Getting LGA Population and HMIS Data**
- **Administrative and Logistic Arrangements**
- **Preparation by Participating Facilities and LGAs**

## Checklist for Planning a PPRHAA Exercise

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Several months before the PPRHAA exercise is to start, the State Team should make the necessary preparations. Preparing for a PPRHAA exercise involves explaining PPRHAA to stakeholders and working with a small group of senior staff from the supervisory bodies (LGAs, LGSC, DHBs) to carry out the tasks detailed in this chapter.

If this is the first time a team or state has conducted a PPRHAA appraisal, it may need some national<sup>1</sup> or international consultancy support to get to grips with the methodology. In this case it is recommended that a team of at least two consultants, one PPRHAA/clinical consultant and one social development consultant, be contracted. Appraisal teams are likely to need intensive consultancy support at the start of the appraisal – until they become confident with the appraisal tool - and for the planning process.

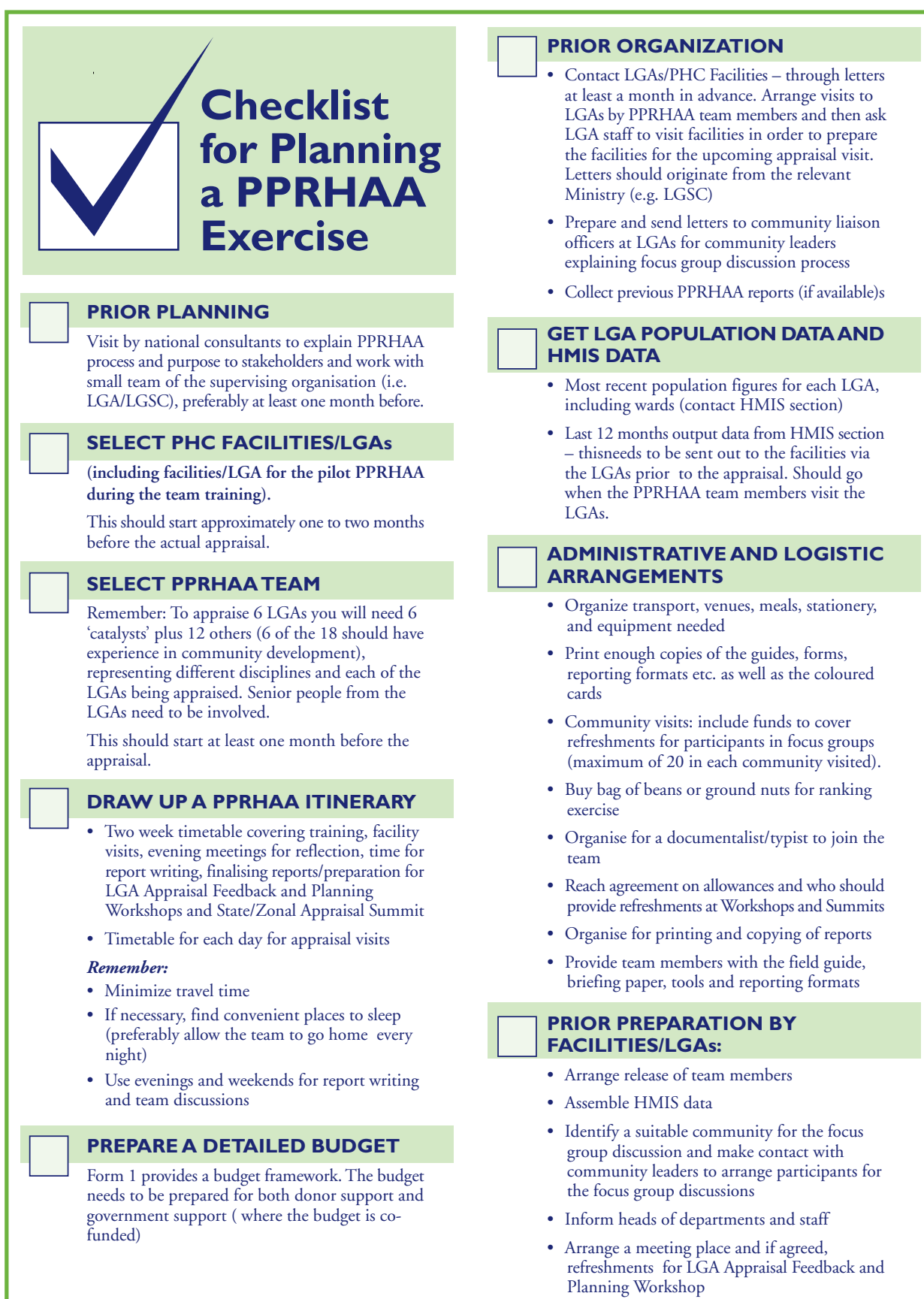
Initially, the PPRHAA process was implemented by external facilitators. As the process has gained acceptance, the state government has assumed more responsibility for the exercise. For example, in Jigawa the PPRHAA appraisal has been co-funded for some time. In Ekiti, letters to the LGAs now originate from the LGSC (Local Government Service Commission). As the 'home' of PPRHAA shifts to government, all the activities (including funding) will originate there. It might be necessary thus to provide a longer lead time in the preparation phase to make sure that resources are made available and all the preparations taken care of. In addition, if the PPRHAA is a combined PHC and SHC appraisal and if districts and 'Gundumas'<sup>2</sup> are involved, more time needs to be allocated for the planning and preparations.

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1 The PATHS programme compiled a database of experienced national consultants which is being added to by the PRRINN-MNCH programme

2 Gunduma is the name for district that is used in Jigawa State

FIGURE 3: Checklist

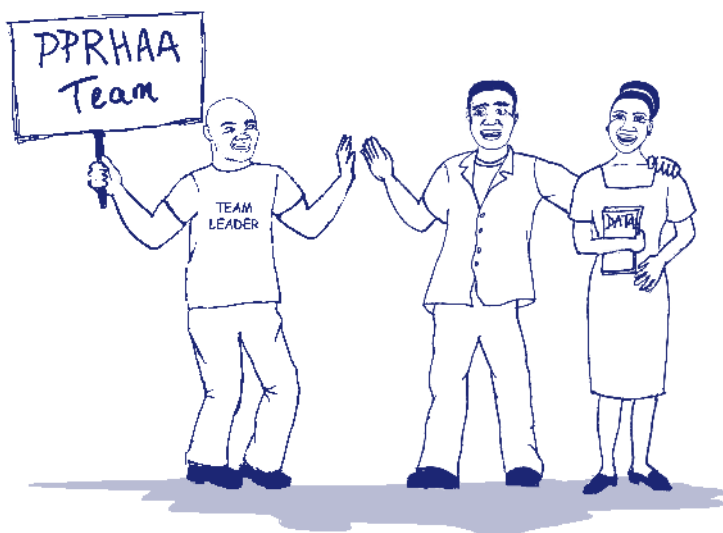


## Select Participating LGAs and PHC Facilities

Initially, PPRHAA starts with a small number of PHC facilities/LGAs in a state. But over time, full coverage of the state is reached. The number of teams needed is determined by the number of facilities to be appraised and the time available for the appraisal process. Time available should not usually be more than two weeks, to ensure that staff are not taken away from their normal duties for too long and to avoid overloading the team during the process. Training takes one to two days (see Chapter 3) followed by the appraisal. Each team usually appraises one LGAs headquarters and the associated 8 PHC facilities.

Make sure that LGAs are selected well in advance (at least one month). Choose a range of LGAs to ensure that those receiving outside help and those not are included. Select busy facilities with adequate staff. Do not choose poorly functional facilities in the earlier PPRHAA rounds. Select facilities across wards; and facilities managed by public, private and faith based organisations. When selecting facilities, keep in mind the distance between facilities - avoid having appraisal teams travelling long distances between facilities.

## Select the PPRHAA Team



Each team consists of:

- Team leader (TL)
- Data collector (DC, often a HOD from another LGA)
- Client and Community Views Officer (CCVO, often a community liaison officer from another LGA).
- Notetaker to assist the CCVO is also useful, and should be included.

During the appraisal, the team should be joined by senior LGA staff (e.g. the Head of Department, the PHC co-ordinator and the Monitoring & Evaluation officer). Make sure that the catalysts are spread across the teams.

Catalysts will normally be chosen after the first PPRHAA appraisal; suitable catalysts will be identified through a selection process to determine who has the most suitable skills and experience, based on their participation during the appraisal. As the IMPACT initiative matures catalysts can be added or replaced

Six Client and Community View Officers (CCVO) are needed in each state to collect information for each of the six teams (one CCVO per team). National or international social development consultants will support the CCVOs. Over time, the international and national consultants are used less as state officers become more confident in gathering client and community views. The team leader also helps gather information by interviewing key informants in the community. In addition, each LGA that is being appraised needs one community liaison officer who will act as a contact with community leaders in the communities where focus group discussions will be held.

The CCVOs should have experience of working in communities, good facilitation and listening skills, good analytical skills and excellent report writing skills.

The CCVOs will:

- Conduct up to 10 client interviews at the facility
- Conduct two focus group discussions in communities near to the facilities– one with men and one with women using the ranking exercise described later. It is difficult for the CCV Officer to facilitate the group discussion and take notes at the same time, so a note-taker will also be needed.
- Present findings from client interviews and focus group discussions during LGA Appraisal Feedback and Planning Workshops and the State/ Zonal Summits
- Assist in the production of CCV reports
- Ensure the inclusion of client and community views throughout the PPRHAA process

The Community Liaison officer in each LGA should know the community and its leaders, have the community's respect and have good organizational skills. Working with community representatives on Facility Health Committees, where they exist, the CLO will:

- Identify the community to be visited in conjunction with the PPRHAA team
- Act as a link between LGA management, community and PPRHAA team
- Contact the leaders of the selected communities and deliver letters addressed to community leaders explaining the need to organise two focus group discussions, one with men and one with women.
- Make arrangements for refreshments for focus group participants

- Arrange for a quiet venue to hold focus groups
- Organise interpreters, if needed

The three or four team members are assigned tasks as follows:

Appraisal Task:	Carried out by:
Health Staff Interview	Team Leader
Client Interviews	CCVO and notetaker
Observation/Record Reviewer	Data Collector
Community FGD	CCVO + Notetaker
Key Informant Interview	Team Leader
Community Observation	All to do; Data Collector will collect the forms

The team leader is responsible for the following PPRHAA key areas:

- patient care management;
- internal management and external linkages;
- finance and equipment.

The CCVO is largely responsible for client and community views (with some support from the team leader for the key informant interviews).

The data collector is largely responsible for the facility output data.

### **Tips:** Choosing CCVOs

To allow clients and communities to speak freely, it is best if the CCVO is not a worker in any of the health facilities they will appraise

For sustainability, it is better if the CCVOs are within the public health system e.g. Community Health Officer, Community Health Extension Worker. They may also be selected from an NGO or another institution that has experience of working with communities.

## Draw Up a PPRHAA Itinerary

Within the two week period, the team of approximately eighteen (excluding note-takers) appraises 6 LGAs and 48 PHC facilities. The 6 teams each appraise 1 LGA and 8 PHC facilities in the first week for the total of 6 LGAs and 48 facilities. After the day or two of appraisal training (after the first year only one day's training is usually needed), each team spends three or four days appraising one LGA headquarters and the associated 8 PHC facilities. The second Monday is used for planning training and the Tuesday is the LGA Appraisal Feedback and Planning Workshop. The next two days are spent preparing for the State/Zonal Appraisal Summit on the Friday. This method allows the LGA/PHC team to work closely with the team doing the SHC appraisal as the SHC teams have the same two week plan.

<b>Two Week Plan</b>	
<b>Week 1</b>	
<b>Monday</b>	<b>Appraisal Training</b>
<b>Tuesday-Friday</b>	<b>Six teams: each team appraises one LGA HQ and eight PHC facilities</b>
<b>Saturday</b>	<b>Report writing</b>
<b>Week 2</b>	
<b>Monday</b>	<b>Planning training</b>
<b>Tuesday</b>	<b>LGA Appraisal Feedback and Planning Workshop</b>
<b>Wednesday/Thursday</b>	<b>Preparation for State/Zonal Appraisal Summit</b>
<b>Friday</b>	<b>State/Zonal Summit</b>

By using more teams, coverage can be extended. For example, in Ekiti in 2006 all 16 LGAs and around 128 PHC facilities were 'PPRHAAed' – in this situation there were 16 teams in all. In addition, the teams did appraisals at both SHC and PHC facilities – there was no distinction between the PHC team and the SHC team.

We have found that each state has developed a slightly different approach depending on whether both PHC and SHC facilities are being appraised, whether districts are functional and how many facilities are being appraised. While funding has been initially provided by the development partner, the IMPACT team has encouraged States to assume responsibility for the funding. This has also influenced the approach as States usually have fewer resources available than development partners.

Besides the overall two week plan outlined above, a detailed itinerary needs to be drawn for each of the appraisal teams highlighting what they will be doing on each day.

## Tips: Planning appraisal visits

Minimise travel time and start off early to reach facilities in good time

A half day should be provided for each PHC facility

Appraisals are a 7-day working week process; weekends are for report writing, team discussions and planning

Use evenings to write up facility notes and do initial analysis

If necessary, identify convenient places for the team to sleep. Ensure electricity so people can write notes

Make sure the facilities are aware of the LGA Appraisal Feedback and Planning Meeting in week 2

## Prepare a Detailed Budget

Budget preparation and sourcing of funds are key steps and should be completed early in the preparation process for PPRHAA, before the LGAs and facilities are notified of visits by the team. A sample budget framework is provided in Form 1.

A budget framework is provided in **FORM 1**



## Prior Organisation

At least a month before the appraisal, the organisers should contact the LGSC (or equivalent body)<sup>1</sup>, participating LGAs and PHC Facilities to explain the PPRHAA process, notify PPRHAA team members and provide PPRHAA team members with a briefing paper and make sure key issues are explained to managers. This can be done through having a joint meeting of all LGAs and the LGSC. After some time the LGSC will take over this organisational role. A sample of the briefing paper is given in Appendix 1, specifying the “who, what, why and how” of the PPRHAA exercise. A suitable person with a signed letter of introduction needs to visit each one of the facilities about two weeks beforehand. PPRHAA members should contact the LGAs, while the HoD (or someone delegated by the HoD e.g. the community liaison officer) should contact the facilities. If necessary during the first training, a LGA should be selected as a pilot for the PPRHAA team to practise conducting an appraisal exercise and it should also be contacted beforehand for an agreement to be reached.

**APPENDIX I** is an example of a briefing paper that explains the PPRHAA exercise

For many institutions, this will not be the first PPRHAA appraisal. Thus, it is important to get reports from previous years. Copies should be printed and the team should make use of the reports during institutional visits and at the LGA Appraisal Feedback and Planning Workshops and Summits. When writing reports, ensure that you make comparisons with the information from previous appraisals.

<sup>1</sup> Different states have different management systems – it could be the LGSC, the MoLG, or SPHCA.

## Getting LGA Population Data and HMIS Data

It is helpful to get LGA population figures to estimate the catchment population of health facilities. The catchment population will be used for denominators in several of the indicators. The most recent census population data for the LGA should therefore be obtained before PPRHAA starts.

Consult the local HMIS office to see what they have, before checking with the census offices. In LGAs where there is a functional HMIS, the PPRHAA team should print out a copy of service data for each facility for the preceding twelve months. This should be taken to each selected facility so that they can confirm the LGA data against their actual data. This is explained in more detail in Chapter 3's section on Collecting Service Output Data.

### **Tips:** in finding population data

Need target populations, deliveries per year, and women in childbearing age group

Consult the local HMIS system to see what they have, before heading off for the census offices.

M&E officers usually have data for each ward

## Administrative and Logistic Arrangements

Other key tasks for getting the team organised include:

- Arrange a venue, materials, equipment, meals, etc. for the LGA Appraisal Feedback and Planning Workshops and, if necessary, discuss with the hospital team arrangements for the State/Zonal summits.
- Arrange for a typist/documentalist/ logistician. There are a large number of reports and materials to be typed and other team members will be busy.
- Reach an agreement on allowances for team members and pay them beforehand.
- Make sure you have the necessary materials and equipment needed for the field trips, including flipcharts, markers, plain paper, a laptop computer, glue, cardboard paper, masking tape, scissors, beans or groundnuts for the CCV ranking exercise, printing and photocopying facilities for reports for the LGA Appraisal Feedback and Planning

Workshops and Summits.

- Provide a carrier bag to hold all the materials – one per appraisal team.
- Ask the organising office (either the donor or the state convenor) to prepare the problem and solution cards (the red, yellow and green cards) prior to the start of the appraisal.
- Arrange suitable transportation to convey the team from one location to another and work out the schedule in detail.
- Use the checklist (Form 16) to ensure that you have enough copies of each form for each LGA/facility. An A4 envelope should be prepared for each LGA/PHC facility, prior to the start of the PPRHAA appraisal, with the appropriate forms in the envelope.

**FORM 16**  
is a checklist to  
help prepare for  
the **Appraisal**



Keep the team together when travelling. Try to keep the amount of travel time to a minimum. Also, use suitable transport to ensure effective performance of the team or teams. Arranging logistics while several teams are appraising PHC facilities and LGA headquarters can be complex, so plan carefully for a smooth operation. To limit costs, several states have allowed teams to stay at home and meet every morning before travelling to the facility. But make sure that there is a suitable venue available for evening and weekend team meetings and for report writing.

Successful team-building involves assigning different tasks to members of the team. Some tasks include handling of logistics, funds, meals for members, provision of news updates, briefing of managers on arrival, time-keeping, facilitation at workshops, and the health of the team. Chapter 3 describes a fun way to build the team and organise these tasks by appointing team members as ‘Ministers’ for each activity.

## Prior Preparation by Participating LGAs and Facilities

The LGAs and facilities to be appraised have tasks to carry out before the appraisal team’s visit to make sure the process runs smoothly. This includes:

- arranging for the release of team members from their institutions;
- gathering LGA and facility data;
- informing heads of units in the LGA about the upcoming appraisal;
- identifying one person in the LGA to liaise with the community;
- identifying communities close to PHC facilities for the focus group discussions and getting approval from the community leaders for the PPRHAA visit.

A sample letter for  
communities is provided in  
**APPENDIX 2**

A sample letter for communities is provided in Appendix 2. However, sending letters to all communities may be difficult logistically so ideally the LGA community liaison officer should contact each community directly before the PPRHAA appraisal begins.

# Team Training

CHAPTER

3



- *Training Overview*
- *Two-Day Training Outline*
- *Explaining PPRHAA*
- *Using Appraisal Tools and Forms*
- *Energisers and Icebreakers*
- *Logistical Considerations*
- *Team Building Activities*

## Training Overview

This chapter describes how to prepare the PPRHAA team to carry out effective appraisals in selected facilities. In addition to the training described here, the team's experience will continue to grow as its members are exposed to more PPRHAA and IMPACT processes and as catalysts receive further training in facilitation and other relevant areas.

Training occurs in many ways:

- During the first week, before the facility/institutional visits, a one or two day training workshop covers appraisal tools, the facility visit and report writing.
- In the second week there is a one day training workshop on planning.
- On visit days, teams need to make time available at the end of each day for debriefing, which further builds the team's capacity.

Remember that in many states (especially after the initial PPRHAA appraisal) both SHC and PHC institutions will be appraised simultaneously. Both teams can then be trained at the same time. In addition, most of the appraisal teams are comfortable appraising a hospital or a LGA headquarters/PHC facility. Thus, each state needs to carefully work out how they allocate tasks to the different teams doing the appraisals. This applies equally to the training, the actual appraisals and the LGA Appraisal Feedback and Planning Workshops and Summits.

Make sure training encourages:

- Team building
- An atmosphere that allows constructive feedback
- An open environment that allows questions of all kinds to be aired and discussed

Remember: training is an ongoing process and perfection may not be possible initially. The entire two week PPRHAA appraisal exercise and cyclical quarterly reviews are all opportunities to further develop skills.

Experience has shown that in the field, Team Leaders sometimes support CCVOs in conducting focus group discussions (in addition to the key informant interviews). It is therefore important that Team Leaders are trained in using the CCV appraisal guide and facilitating focus group discussions. This is in addition to preparing them for their own set of responsibilities.

Facilitators of the training should also remember to use discussion and probing questions as much as possible, so that there is very little lecturing and "pontificating".

It may be useful to give the team members this manual or the field guide a week before the training, so they can read it and start to become familiar with PPRHAA.

One option is to consider the two week appraisal as follows:

Monday – appraisal training

Tuesday to Friday – appraisal of LGA headquarters and associated PHC facilities

Weekend – report writing and analysis

Monday – Planning training

Tuesday – LGA Appraisal Feedback and Planning Workshop

Wednesday, Thursday – preparation for State/Zonal summit

Friday – State/Zonal Summit

This can easily be adapted. For example, if there are more appraisals to be done, then during the second week (Wednesday to Friday) the teams can do further appraisals with the second LGA Appraisal Feedback and Planning Workshop occurring on the following Monday and the State/Zonal summit accordingly delayed.

It is important that the PPRHAA appraisal is planned to suit local circumstances. In addition, at times facility staff are too busy or not available at the time of the appraisal for various reasons. Thus, there might need to be a ‘mop up’ of these facilities at the end. For example, in Ekiti in 2006 the state/zonal summits were held two weeks after the completion of the appraisal. This allowed time for the ‘mop up’ and for more detailed preparation for the State Summit.

## **Tips:** For Effective Training

Emphasise systems. Focus on how work is done, not the ‘whats’ (staff, equipment, supplies)

Don’t lecture; discuss the appraisal tool in groups

Practice interviews using the tools – be sure to provide feedback

Use role-plays for the interviews, the focus group discussions and the staff interviews – ask people to act as facility managers, community members etc

Remember to include feedback and training sessions/reflections into the facility visits

Practice report writing using the reporting formats (forms). After the interviews – use peer evaluation

Make it fun – use the PPRHAA claps and the energisers and icebreakers

Finally, remember that one key to success is good analytical skills. Good analysis helps the team ask the right questions, develop SMART (Specific, Measurable, Achievable, Realistic and Timebound) plans, and ensure that the cyclical review process leads to improvements. Use every opportunity to develop analytical skills.

### **Tips: Developing analytical skills**

- The team should hold a debriefing session at the end of each day – discuss what has been discovered and look for problems and inconsistencies
- Use the ‘but why’ approach whenever possible to understand root causes
- Write up notes immediately and write the draft report every evening
- Use members of the PPRHAA team to assess each other frequently – both formally and informally
- If possible, ask PPRHAA team members to review each other’s reports and plans

Training for planning (which occurs in the second week) needs to be practical and based on one of the institutions visited during the pilot day or appraised during the first week. This is discussed in Chapter 6.

### **Two-Day Training Outline (usually for the first PPRHAA appraisal only)**

The objectives of the two day training are to enable members of the team to:

- Explain the purpose of PPRHAA and IMPACT
- Explain the PPRHAA activities and processes
- Get familiar with the appraisal tools and forms
- Pilot/test the tools in a nearby LGA
- Share roles and responsibilities
- Agree on standards for field work
- Get briefed on logistical and administrative arrangements for field work
- Build consensus on the itinerary for field work and clarify issues

In states where PPRHAA has already occurred several times, there is usually

no need to pilot the tools and the training can then occur in one day. The PPRHAA appraisal tools (interview guides and forms) have been developed and revised extensively over the last couple of years. This training is designed to help participants understand PPRHAA and how to use the tools and guides effectively.

The duration of the initial training is usually two days starting at 9.00 am and finishing at 5.00 pm. This might be shortened as the PPRHAA process develops over the years.

**Proposed time-table for PPRHAA Appraisal Team Training - Day 1**

<b>Time</b>	<b>Activity</b>	<b>Method</b>
9.00 – 9.30 am	<b>Opening Ceremony:</b> <ul style="list-style-type: none"> <li>• Welcome and introduction</li> <li>• Aims and objectives</li> <li>• Expected outcomes</li> </ul>	Use icebreakers for getting to know each other (see ideas for energisers and icebreakers in this chapter and in Annex 3) and short inputs for the rest
9.30 - 10.00 am	<b>Introduction to PPRHAA</b> <ul style="list-style-type: none"> <li>• What is PPRHAA?</li> <li>• What is the Purpose of PPRHAA?</li> <li>• How is PPRHAA carried out?</li> <li>• Roles of team members and how to work together</li> </ul>	Short inputs and plenary discussions. Use catalysts if available Use question and answer – ‘but why’ –to extract importance of PPRHAA
10.00 – 11.00	<b>The Appraisal Tool and Interview Guides</b>	Overview of the PPRHAA appraisal Go through one of the sections in the interview guide together in a plenary session The CCVOs and Team Leaders (for part of the time) break away from the main group to practice and role-play using the CCV appraisal guide
11.00 - 11.20 am	Break – refreshments	

Time	Activity	Method
11.20 - 13.00 pm	The Appraisal Tool/ Interview Guides (continued)	In groups discuss the other forms in the tool  Allocate people to the teams in which they will be working in the appraisal visits  Use role-plays  The CCVOs and Team Leaders practice facilitating focus groups in the community  Ask participants to document answers for the report writing later in the day
13.00 - 13.45 pm	Lunch	
13.45- 15.00 pm	Report writing	Groups practice report writing using report formats  Each group will give a short three minute presentation at the end.
15.00 - 15.20 pm	Tea	
15.20 – 16.30 pm	Pilot facility visit preparation	Discuss the visit in plenary  Discuss facilitation skills in a question and answer session.
16.30 – 17.00 pm	Wrap up	Deal with any outstanding issues

*Note: if the training is one day (i.e. no field trial) then just replace the afternoon tea session with the session after tea on the second day.*

### **Proposed time-table for PPRHAA Appraisal Team Training - Day 2**

Time	Activity	Method
9.00 – 13.00	Field trial in one LGA and two facilities not included in the PPRHAA exercise	Remember the debriefing at the end of the day
13.00 - 13.45 pm	Lunch	
13.45- 15.30 pm	Report writing	Write report of visit  Use formats available (Form 5) and analytic tools (computer programmes etc)
15.20 – 16.30 pm	Appraisal preparation	Plan the coming appraisal visits

## Team Activities

### For the CCV team:

Team members can take turns acting as facility clients, while the team member carrying out the interview uses the appraisal interview guide (form 4) to find out the client's main concerns. Team members can swap roles so that everyone gets interview practice.

The same can be done for the focus groups; one team member facilitates the group while others pretend to be community members – each expressing their own opinions and experiences of the facility. Practise using the ranking exercise and the appraisal interview guide while using facilitation skills to find out what these opinions and experiences are.

Discuss and reflect on your interview and facilitation skills.

### Patient care management group

Ask one member to be the PHC facility head and another to be the PPRHAA interviewer. First review the tool together asking the 'PHC facility head' to develop a scenario when going through the tool.

Then role-play the interview. After the roleplay, debrief in plenary and extract tips on interviewing - write these on a flipchart

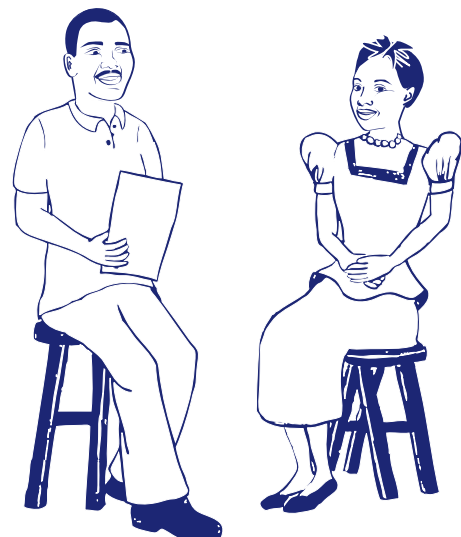
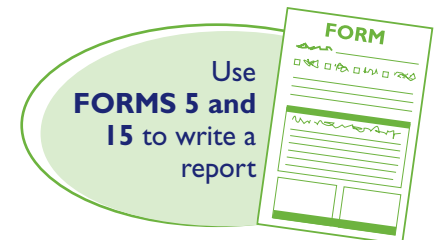
### After the roleplay:

Ask the group to write a report on that section together, using the report formats (Form 5 & 15). Then they should prepare a short presentation (as practice for what they will do in the Appraisal Feedback and Planning Workshop).

Each group should deliver the presentation in a plenary session. Ask another group to give critical feedback

The presentation of the various groups reviewing the appraisal guide can take the form of a gallery. This is useful for a number of reasons:

- a) It helps reduce the time required for training all participants on all aspects of the tools as each group focuses on a particular section;
- b) The gallery approach further helps to expose the participants to all components of the tools.
- c) The approach also exposes the participants involved on how to organise a gallery presentation



## Explaining PPRHAA

PPRHAA introduces systemic reforms into the management of the LGA health department and PHC facilities to strengthen mid-level responsibility, authority and accountability (both to patients and to management structures). PPRHAA aims to strengthen all management systems. For example, financial management is seen as critically important at LGA level and needs to be strong for informed financial decision-making.

As another example, if the light bulbs in the PHC facility are burned out, changing bulbs is an activity; but implementing Planned Preventive Maintenance is the appropriate systems reaction. PPM is a system that allows for proactive monitoring and maintenance of equipment and infrastructure, rather than reactively responding when pieces of equipment break down or buildings need maintenance. Developing a PPM system in the LGA is an example of the systems development that IMPACT promotes.

To help illustrate this concept during the training workshop, ask participants to brainstorm some of the important systems within their LGA or facilities. Discuss how all the systems must work together if patients are to receive proper care. Then explain that PPRHAA appraises all these systems and forms the basis for action-planning to remedy any problems

The PPRHAA process can be conducted quickly. It involves the participation of the LGA and facilities being appraised as well as peer managers from adjacent LGAs and facilities. Community representatives also have the opportunity to give their views of services delivered and priorities for improvements.

### **The Six PPRHAA Stages**

- Stage 1: Preparation
- Stage 2: The PPRHAA appraisal
- Stage 3: LGA Appraisal Feedback and Planning Workshop - developing plans, disseminating findings and building consensus for action.
- Stage 4: Participating with the hospital appraisal team in the State/Zonal Appraisal Summit
- Stage 5: Quarterly zonal reviews of appraised LGAs and PHC facilities
- Stage 6: Repeating the process in remaining LGAs and PHC facilities.

During the training workshop, refer to Figure 2 in Chapter 1 to help explain these stages. Copy the diagramme on to a flipchart or overhead transparency and include any adaptations made for your state.

## Using the Appraisal Tool and Forms

The Appraisal Tool is divided into five key areas:

- A: Patient Care Management
- B: Internal Facility/Institutional Management and External Linkages
- C: Finance, Accounting, Equipment and Infrastructure
- D: Client and Community Views
- E: Facility/Institutional Output and Coverage

The first four areas have several questions or key points listed in Forms 2, 3 & 4 to guide your interviews and help you remain focused when gathering relevant information and evidence while interacting with people in the facility. Use the questions as guides for your interviews and observations.

Form 5 provides a simple reporting format for the first four areas, while Forms 6 and 7 are used for logging LGA and PHC output data. Form 8 is used to collect LGA financial data, and Forms 9, 10, 11 and 12 are used to collect information about the availability and use of drugs, medical supplies and equipment. Form 14 is for facility performance indicators. Analysis of service output data will be discussed in detail in Chapter 5.

Team members should take notes during the interview in the note books provided. These notes are used to fill in the reporting format. At the end of each day (after the team meeting), the completed reporting format can be updated if necessary. This forms the basis for the LGA and facility reports. Once you have discussed the report formats, make enough copies for each key area so relevant team members can fill in their reports easily during the visits.

Questions in **FORMS 2, 3 and 4** are a starting point for interviews



### Tips: in interviewing

Use the 'questions' in Forms 2, 3 and 4 as a starting point. Don't ask every question listed in the guides

Don't ask yes/no questions or leading questions. Try to get a conversation going between the interviewer and the interviewee

Let the person talk and follow the paths they lead you down

Make sure you cover all the areas, make a checklist before you start and confirm before you leave

Write your notes in a notebook and not on the guides

During training and the LGA and facility visits, remind the PPRHAA team of the following:

- During team training, ask those practicing interviewing to jot down key points under the headings in the reporting format. This will help them to get used to capturing the key points and writing reports.
- As you train the rest of the PPRHAA team and support them during the facility visits, make sure they do not use the interview guides as a questionnaire. Instead the questions are a reminder of important issues to be considered in the appraisal and should be used only as a prompt to keep the interview focused.
- Encourage the team to ask questions about the systems and procedures in use in the facility. Make sure the team members do not emphasise the activities that have been carried out, but focus on the underlying systems.
- Recommend that the team be consistent in its probing. Being consistent will help get information that can be compared across facilities or institutions. The team should observe, look for evidence or check what is available.

## Energisers and Icebreakers

During the training, facility visits, the LGA Appraisal Feedback and Planning Workshop and the State/Zonal Summits you can use energisers to keep the participants awake and actively involved, and icebreakers to help them feel more comfortable with each other. Here are a few you might want to try.

- Use a bowl to collect fines for interruptions, ringing mobile phones or late arrivals. Donate the fines to a local charity chosen by the team. Let the “Minister of Justice” hear appeals.
- When people are just getting to know each other, ask everyone to write their name in the air– first with their nose, then with their elbow and for maximum laughs... their hips!
- Ask everyone to write down three statements about themselves, one of which is false. Pair them up with someone they do not know well and have each guess which statements are true and which are false.
- Ask all the participants to spell out “PPRHAA” using themselves as letters. The rule is that everyone in the team must help make a letter or part of a letter.
- Ask participants to pretend that the room is full of mosquitoes. Give them a couple of minutes and ask them to kill as many imaginary mosquitoes as they can. This should involve lots of leaping around and clapping dead the mosquitoes.

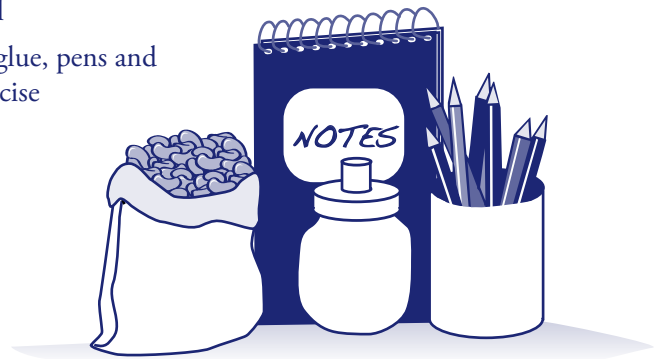
More energisers  
and icebreakers are in  
**APPENDIX 3**

For more energisers and ice breakers see Appendix 3.

## Logistical Considerations

### Make sure you have....

- Enough copies of the forms used in the Appraisal Tool
- Stationery for exercises: flipcharts, markers, notepads, glue, pens and beans or groundnuts to practice the CCV ranking exercise
- Easels for flipcharts
- Space for the team meeting
- Enough copies of the reporting format (Form 5) and performance ranking tool (Form 15) for each area.



## Team Building Activities

Carrying out the facility appraisal requires a great deal of teamwork. Members work in pairs or singly on the key areas, so it is important to clarify the role of each member of the team to get the work successfully completed. Make sure the team shares tasks to avoid overloading the consultants. The team is expected to demonstrate effective teamwork to staff in the LGAs and facilities that you visit. The following are some activities for strengthening the team.

### Clap Creatively

There are different types of claps that you can choose to demonstrate appreciation as you interact with managers during the workshop. These help to break the ice and often generate a lot of fun. Encourage the managers to also tell you the types of claps they like. Examples of different kinds of claps you can use are on the following page. Groups can invent their own as well.



NAME OF CLAP	DESCRIPTION
<b>Jigawa Rainfall</b>	Start clapping with one finger and increase to all
<b>Gusoro clap</b>	A baani. Clap 1 Abaasu clap 4 Abaamu clap 10
<b>Benue Health Fund</b>	2 claps 3 claps push air with both palms to your chest or to agreed recipient
<b>Ghana Old-man</b>	3 times on the thigh 3 stamps of the right foot 3 nods and unhuh, unhuh, unhuh
<b>Locomotive Clap</b>	Start slowly, increase to a peak and come down slowly again, respondents swing arms forward.
<b>Tanzanian Parliamentary clap</b>	Bang table with flat palm 2 times.
<b>Tanzanian 3 powerful ones</b>	Sharp powerful claps 3 times
<b>Shine</b>	Rub 2 palms and give sharp one clap
<b>Power clap</b>	A lead person makes a sudden shrill shout Respondents produce a sudden single sharp clap
<b>Universal clap</b>	Rainfall clap by all for 1- 2 minutes
<b>Standing ovation</b>	All stand and clap for one minute
<b>CHAN Clap</b>	Respondents simply raise the right hand
<b>Round of Applause</b>	Clap while making a circle with your hands
<b>Coal City or Enugu clap</b>	Participants clap and dance round in a circle or participants clap for the beneficiary and he/she dances.
<b>Keyboard clap</b>	Participants tap repeatedly with fingers on the table for a minute.
<b>Bolga hand clap</b>	Tap on the thigh 3x, Stamp the feet 3x, Flick the Fingers 3x and Send a Kiss 3x
<b>Democracy clap</b>	3 Successive claps twice and give with both hands stretched to the beneficiary who receives the clap by placing both hands on the chest and then returns it to the participants.

### ***Make it fun***

In order to ease boredom and create fun within the team, each member of the PPRHAA team, including the consultant should be given a clearly

defined role in the team, with an official Ministerial or Parliamentary Title. For instance, the “Minister of Paper” would make sure that adequate quantities of stationery including all questionnaires, flipcharts and felt pens are available. Some titles used by previous PPRHAA teams were: Minister of Food without Agriculture, Senior Minister, Minister of Information, Minister of Time, Minister of Defence, Minister of Transport, and Chief Whip etc. Often the teams would “impeach” a minister.

### **Share Tasks and Build Constructive Dialogue**

Make sure that each member of the team is valued by dividing tasks. You do not want facility members to see a few team members dominating the group. Allow team members to assist each other and raise comments and questions during the day. Focus on making this dialogue constructive. Ensure a participatory facilitating style.

### **Stay together**

Team members used to have to stay in the same place (usually a hotel) for

## **Tips: For Effective Facilitation**

Ensure that senior people don't dominate – break into groups, engage less-senior people by asking questions directly

Ensure that participants always understand, summarise where necessary

Let people talk. Don't cut them off and assume that you know what they are trying to say

Don't allow a destructive dialogue between two participants to develop – be aware of potential conflicts

Make sure that clear action is agreed upon and documented by the end of the session

the duration of the appraisal period. This ensured that team members got used to each other and helped members to compare notes easily. It also made it easier to get the team to meet on time. In order to save costs, several states have allowed team members to stay at home. This has also worked well.

The team should always travel together in one vehicle when travelling to and from field visits. This will help them discuss the outcome of each day's activities, compare notes and fill in gaps where necessary. At the end of the day, over the weekend and during the planning for the State/Zonal Summit, the teams should all meet together to write reports, hold meetings and so on.

Staying and/or travelling together will help everyone get to know each other well. It will also encourage the team to support one another.

### ***Debrief Daily***

Daily debriefs are critical for team building. During the training sessions, the team should select a rapporteur each day first thing in the morning so that the rapporteur can record the day's proceedings. The rapporteur will report to the team during the debriefing sessions. Make sure that the report is short and to the point.

During the appraisal visits, the team should meet in the evening to compile a draft report on the facilities visited. After this, all the teams can meet to discuss what has been found, resolve incompatibilities in information between different groups, summarise key issues, discuss process and team related issues and share thoughts and feelings on any other issues. The meeting should last not more than one hour. Allow a different team member to facilitate each night. After the meeting the team can complete their reports (based on any additional comments discussed during the meeting) and prepare for the following day. Keep the atmosphere supportive and the comments and criticism constructive. Where possible, try to have daily debriefing sessions on all days – not only on facility visit days. Use these sessions to discuss report writing, analysis, facilitation and other key areas. Finally, use the meetings to ensure that everyone understands all the major issues.

# The Appraisal Visit

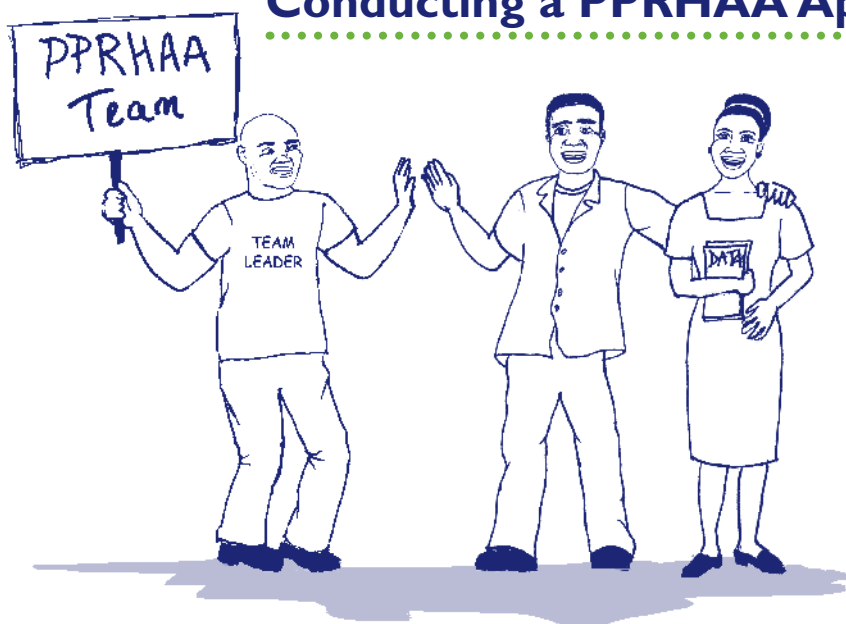
CHAPTER

4



- **Conducting a PPRHAA Appraisal**
- **Collecting and Verifying Data on Service Outputs**
- **Indicators**
- **Assessing Client and Community Views**
- **Keep Track of Form 13**

## Conducting a PPRHAA Appraisal



Each PPRHAA appraisal team consists of at least three people.

- The Team Leader should be a fairly senior person with solid appraisal experience.
- The Data Collector should have lengthy experience of the health service to be appraised and that experience ideally should include service provision and management. If the DC is acquainted with the facilities or districts to be covered, it helps to negotiate entry and arrangements for the appraisal logistics.
- The CCVO should have experience of working with communities and, if possible, conducting focus group discussions.

The first two roles can alternate if necessary and one of the three should be the catalyst. Additional local people (e.g. senior people from the LGA or PHC facilities being appraised) can be added; as can the note-taker. Depending on the size of the facilities and their geographical spread, at least three days should be allocated to the appraisal of facilities and the LGA HQ in each LGA. If districts are being appraised, more time might be needed or a bigger team. One team will appraise one LGA headquarters and its associated PHC facilities. Each team will require a driver and vehicle. Before you visit, ensure that you have the previous year's appraisal report with you (if available).

If the hospital team is appraising at the same time, try to make sure that the two teams are working in the same LGAs at the same time. This will improve cross fertilisation between PHC and SHC. For example, this can happen in the evening team meetings.

When the team arrives at a LGA or PHC facility, it will meet first with the LGA Management Team or facility team. Introduce the appraisal team members to the hosts. Explain the purpose of your visit; mention the upcoming LGA Appraisal Feedback and Planning Workshop the following week, and the State Appraisal Summit with the hospitals. State that you

have not come to find fault, but to share experiences and learn about how they manage their facility. Tell them that the team represents a cross-section of key professional staff working in health care and/or community settings from similar LGAs and PHC facilities within the State.

Be sure to thank management for allowing you to visit their LGA or facility and say that you hope that they will have time for further interaction while you are there.

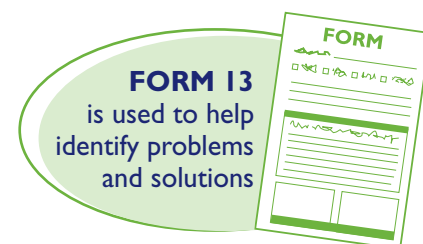
After meeting with the LGA Management Team or the facility staff, distribute copies of the form and the coloured cards for identifying problems and solutions (Form 13) to every head of department in the LGA or all staff in the PHC facility. Make sure that each LGA unit head has enough cards and forms for their staff. Emphasise that their suggestions should identify solutions that can be implemented by the LGA or PHC facility team and not by outsiders.

- Encourage them to fill in the coloured cards between their normal tasks.
- They should address one problem, solution and recommendation per card.
- Tell them that the completed cards will be collected before you leave that day.
- Encourage them to suggest their own ideas, particularly for improvements.
- Help those needing clarification or those of low literacy to fill out the cards. This can be done as the team goes through the facility.

As a reminder, here is how the team will cover the different areas:

Appraisal Task	Carried out by
Health Staff Interview	Team Leader
Client Interviews	CCVO+ Notetaker
Observation/Record Review	Data Collector
Community FGD	CCVO+ Notetaker
Key Informant Interview	Team Leader
Community Observation	All to do; Data Collector will collect the forms

*Remember that the note-taker is essential.*



## **Tips:** when conducting an appraisal

- Take full notes in your notebooks, but not on the tools
- Record any observations that you think are relevant for the appraisal
- Cross triangulate information as far as possible. Check important issues with two or more people or data sources
- Collect as much information as you can from the HMIS before starting.
- Use the reporting format as the basis for your report. Use breaks effectively to compile the report

In your groups (or individually), complete allocated tasks and interact with the staff and/or community/clients.

You will need **FORMS 2-4** and **FORM 15** for the appraisal



- Try to minimise interrupting their normal work.
- Interview staff, check records and observe the way things are done in the facility.
- Use the PHC interview Appraisal Guides (Forms 2, 3 and 4) to help you keep on course.
- Remember that the questions are only a guide to help you cover all the relevant issues. They are not questions for you to ask the facility/LGA staff. Discuss with them and enquire in your own words. Decide what issues need more or less investigation.
- Keep in mind the questions from the Performance Ranking Tool (Form 15).

## **Collecting and Verifying Data on Service Outputs**

Measuring service output through selected indicators quantitatively assesses the performance of the LGA and/or the PHC facility. These indicators cover issues such as utilisation, quality, efficiency and other specific service issues. Comparison is made of the different LGAs and health facilities over the last 12 months. As the annual appraisal becomes institutionalised, comparison over the previous years will become possible.

Although PPRHAA is a survey, it also provides a cross check of routine data collection and is a major stimulus in developing a quality routine data collection system.

### Steps for collecting HMIS data on service outputs

Where there is a functional HMIS, available data needs to be collected from the appropriate unit (whether SMOH, LGSC or another site). Data must be collected on a month by month basis for the last year. Data must be collected both by facility and by LGA to be appraised. For each LGA, there should be one data report for the whole LGA and 8 individual PHC facility data reports.

Output Data Collection Forms (see Forms 6, 7 and 8) are sent out to the institutions to be appraised at least 2 weeks before the appraisal exercise. These are either blank (if no HMIS is operational) or completed as per paragraph one above.

It is the responsibility of the head of the institution to see that the form is either filled prior to the visit of the PPRHAA Team or if filled in already, the completed form is compared and corrected based on the data available at LGA and PHC facility level. Usually most of the data is collated by the head of the records department or equivalent person in the LGA. The head of accounts fills the financial section of the form. On arrival of the PPRHAA Team at the LGA/PHC facility, the person responsible for service outputs (DC) should immediately ask for the completed form. Sometimes the form is not filled by the time the team arrives and you need to help the facility managers to fill the form. You also need to check the data to see if it is complete and accurate. Quite often you can do this by comparing the data you have with the data source in the registers where the data was collected (e.g. the attendance registers).

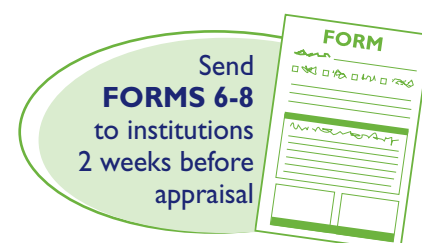
After completing the appraisal exercise, there is a need to update the HMIS database. The appropriate team members should work with the HMIS personnel. The HMIS personnel need to see that PPRHAA is an annual 'quality control' of the routine HMIS.

### Estimating Catchment Area Populations and Service Coverage

A tricky aspect of the data collection is that of estimating the catchment population of the PHC facilities or the LGA. This is needed as a denominator for several indicators (e.g. coverage indicators). Your aim is to get an estimate as close to the true one as possible. You need to work with a fairly senior person from the LGA headquarters or the PHC facility such as the M&E officer, the PHC co-ordinator or the head of the PHC facility. You will also need the population of the LGAs (from the most recent census) and the different wards (if available). You can obtain this from the State MoH. You must project it at 3% per annum.

For the LGA headquarter indicators use the projected LGA population. For the PHC facilities you can use one of three methods:

- First ask which wards the clients of the facility come from. You may get a list of 2 names, 3 or even up to 7. Write down the names of these wards. Then go through your list of names one by one and ask the manager assisting you to give you her best guess of the proportion of each ward



that uses the facility. Your list should look like this:

Ward Name	Proportion using Facility	Ward Population (Census Year-1991)	Estimated Population Using Facility
Kazaure	60%	82,360	49,416
Roni	20%	55,264	11,937
Gwiwa	25%	55,184	11,053
Yankwashi	20%	46,356	9,271
<b>TOTAL</b>			<b>80,777</b>

If you have the software, all you need is to enter the formula and the computer will do the rest. Similarly to extrapolate the population for the last 5 years you are assessing (e.g. from 1998-2002) use formulas in the spreadsheet using a growth rate of 3% (for Nigeria) or calculate manually.

- The second method is to allocate population within the LGA to each PHC facility using PHC facility workload as a guide. For example, if the LGA has two PHC facilities and one is twice as busy as the other, then the catchment population for the busier one is 2/3 of the LGA population and the less busy one is 1/3 of the LGA population.
- Another way is use the catchment figures that have been calculated and are in use by the HMIS.

Determine the best method prior to setting out for the appraisal.

Estimating catchment populations for PHC facilities is notoriously difficult and the best option may be to estimate catchment populations down to LGA level only. Then calculate the indicators (that use catchment populations as the denominator) for the LGA only.

### ***Calculating denominators for populations***

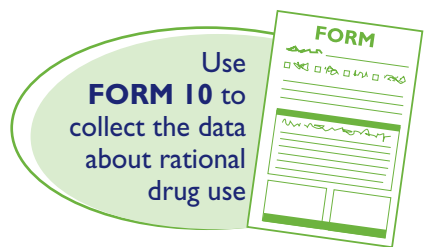
<b>Estimated deliveries, first ANC = 4% of the catchment population</b>
<b>Total infants 0-1 years = 4% of the catchment population</b>
<b>Total children under five = 20% of the catchment population</b>
<b>Total adults aged 15 years and over = 55% of the catchment population</b>
<b>Females of reproductive age (15-44) = 20% of the catchment population</b>
<b>Male population aged 15 and over = 28% of the catchment population</b>

### **Collecting Data about Rational Drug Use (RDU) and the Availability of Drugs and Other Medical Supplies**

This should be done by someone in the PPRHAA Team who has some knowledge of pharmacy and knows the generic names of drugs - either the Team leader or the data collector.

For the RDU, you want to work with the prescriptions of patients. If it is a small PHC or clinic, ask for all the prescriptions of the previous week or month and follow the following steps:

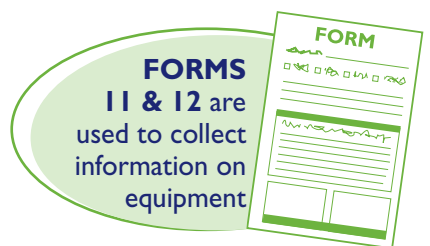
1. Pull out 30 prescriptions at random
2. Take each of the 30 prescriptions one after another and count the number of drugs on the prescription and put the number in the first column of your Rational Drug Use Form (Form 10).
3. See if the drugs prescribed in each prescription are generic only. If all are generic, record 1. If at least one is not generic, record 0 in column 2.
4. See if there is an antibiotic on the prescription. If yes, record 1 even if there is more than one antibiotic. If there is no antibiotic, record 0 in column 3.
5. Now look for injections and if you find any, record 1 in column 4. For no injection, record 0 in column 4.
6. Pick another prescription and go through the process again and continue until all the 30 cards are analysed.
7. Add up the numbers in each column for calculating your RDU indicators.



### **Collecting Information about the Availability of Drugs and Medical Supplies**

This is usually done by the same person who is doing the RDU.

- Step 1 Go to the pharmacy or the stores for supplies with the appropriate PPRHAA forms (Form 9).
- Step 2 Ask the officer working the store or pharmacy to show you each of the items listed in your form one by one.
- Step 3 For each item he shows you, tick it in your form. If there is none, mark a cross. The quantity shown does not matter at this point.
- Step 4 Add up the total number of items you saw. Record the total number of items you asked to be shown.



### **Collecting Information about the Availability of Equipment**

This is usually done by both the TL and the DC. They need to decide who collects what information. As the TL and the DC are doing the rounds of the facility/LGA headquarters they need to tick off the items on the equipment form (Forms 11 & 12).

### **Requirements**

- A list of state LGAs and wards containing the last population census.
- A laptop computer
- The PPRRAA software Program, DHIS programme or Excel
- If you have no computer, you need to have the table of indicators by year.
- A calculator

### **Software for Recording and Analysing Outputs**

A computer software programme, the PPRHAA Service Output Program, has been developed to make your work easier - if you have a computer. This would give you the calculated indicators and bar graphs for your comparisons.

You can also use the DHIS software which is available in several states. If the state has the DHIS, make sure that all data collected is entered onto the DHIS after the completion of the appraisal.

### **Analysing Data**

Every evening conduct some analysis using the interview guides (forms 2, 3 & 4) as well as the relevant facility performance indicator form (Form 14), tracer drug and medical supplies forms and other forms (forms 9, 10, 11 & 12). Analyse the service output data by entering it into a linked spreadsheet, the PPRHAA or the DHIS access programme.

Before the LGA Appraisal Feedback and Planning Workshop, score the LGA and associated facilities using the performance ranking tool (Form 15). This will be used to create spider graphs (see following chapter). The spider graphs will also be brought to the State or Zonal Appraisal Summit and the quarterly zonal reviews.

Note also that the feedback from the problem and solution identification cards will occur during the LGA Appraisal Feedback and Planning Workshop.

## Indicators

### PPRHAA LGA Performance Indicators

No	Indicator	Optimum	Explanation
<b>1. Use/coverage</b>			
1.	<b>OPD Utilisation per 1000 population:</b> (Total annual OPD Visits/ catchment population) x 1000	0,3 - 0,7	An indicator of utilization of the facility for minor ailments and the confidence clients have for the facility. Too high an estimate of catchment population would give too low values.
2.	<b>Full immunisation rate</b> (new fully immunised under ones/ target under 1 population) x 100	>80%	Gives you an indicator of the uptake and effectiveness of the immunisation services and the cold chain. If it is low, look for reasons and compare against other facilities.
3.	<b>Antenatal coverage</b> (number antenatal first visits/total expected deliveries in population) x 100	>75%	Look for trends in the same PHC. Is the indicator increasing? If it is decreasing or steady, why is it so? Compare with LGA and state targets.
<b>2. Efficiency</b>			
4.	<b>Budget performance rate</b> [Expenditure for quarter /(annual budget/4)] x 100	>80%	Look for trends within and across LGAs. Important measure of release of budget.
5.	<b>Facility data submission rate</b> (Number of monthly HMIS returns submitted to LGA within 30 days/ total number of expected returns to LGA) x 100	>90%	An indicator of the importance of the routine HMIS and thus if information is being used for planning and M&E
<b>3. Workload</b>			
6.	<b>OPD visits per staff member per month</b> (Total OPD visits/number of staff members)/12	200	Workload for staff at the facility. Compare across facilities and across years.
<b>4. Quality of Care</b>			
7.	<b>Immunisation drop out rates</b> (Total BCG doses - measles first dose before 1 year)/total BCG doses) x 100	≤10%	Look for trends in the same PHC. Is the indicator increasing? If it is decreasing or steady, why is it so? Compare with LGA and state targets.
8.	<b>Pulmonary TB cure rate</b> (Smear positive PTB cases cured/ smear positive PTB patients started treatment) x 100	≥85%	An indicator of how well patients are responding to treatment. High rates need review of treatment protocols
9.	<b>ANC HIV counselling rate</b> (Total first ANC attendees receiving counselling/total first ANC attendees) x 100	100%	This measures both the quality of the ANC and HIV/AIDS services

No	Indicator	Optimum	Explanation
10.	<b>Newborn BCG coverage rate</b> (Newborns receiving BCG/total newborns) x 100	<b>100%</b>	Measures the quality of the maternal health services.
<b>5. Availability</b>			
11.	<b>Tracer drugs availability rate</b> (Number of tracer drugs available / number on list) X100	<b>90-100%</b>	Lower values indicate problems with procurement and need to be investigated and corrected.
12.	<b>Tracer supplies availability rate</b> (Number of tracer supplies available at the end of quarter/number on list) X 100	<b>90-100%</b>	Lower values indicate problems with procurement and need to be investigated and corrected.
13.	<b>Essential tracer Equipment Availability Rate</b> (Total number of tracer equipment available and functioning/Number of equipment on list) x 100	<b>&gt;80%</b>	Lower values indicate problems with procurement and/or maintenance and need to be investigated and corrected.
<b>6. Access</b>			
14.	<b>Exemption rate</b> (number of patients given exemptions/[total inpatient admissions + total OPD headcount]) x 100	<b>6-10%</b>	Lower than 6% indicates that the criteria are being applied to strictly, while more that 10% indicates they are being applied too loosely.
15.	<b>Deferral rate</b> (number of patients given deferral/[total inpatient admissions + total OPD headcount]) x 100	<b>10-20%</b>	Lower than 10% indicates that the criteria are being applied to strictly, while more that 20% indicates they are being applied too loosely
<b>7. Participation</b>			
16.	<b>Community Participation - HMC Rate</b> (number of HMC meetings with community reps in attendance/ number of HMC meetings) x 100	<b>100%</b>	An indicator of whether the community is participating in the management of the facility
<b>9. Accountability</b>			
17.	<b>DRF Decapitalisation rate</b> [(money in bank + cash in hand + stock value) - total initial value of DRF]/total initial value of DRF x 100	<b>≥ 0%</b>	This indicator measures the functioning of the DRF system

**PPRHAA PHC Facility Performance Indicators**

No	Indicator	Optimum	Explanation
<b>1. Use/coverage</b>			
1.	<b>OPD Utilisation per 1000 population:</b> (Total annual OPD Visits/ catchment population) x 1000	<b>0,3 - 0,7</b>	An indicator of utilization of the facility for minor ailments and the confidence clients have for the facility. Too high an estimate of catchment population would give too low values.
2.	<b>Full immunisation rate</b> (new fully immunised under ones/ target under 1 population) x 100	<b>&gt;80%</b>	Gives you an indicator of the uptake and effectiveness of the immunisation services and the cold chain. If it is low, look for reasons and compare against other facilities.
3.	<b>Antenatal coverage</b> (number antenatal first visits/total expected deliveries in population) x 100	<b>&gt;75%</b>	Look for trends in the same PHC. Is the indicator increasing? If it is decreasing or steady, why is it so? Compare with LGA and state targets.
4.	<b>Measles coverage under 1 year</b> (measles first dose under 1 year/ target population under 1 year) x 100	<b>&gt;80%</b>	Look for trends in the same PHC. Is the indicator increasing? If it is decreasing or steady, why is it so? Compare with LGA and state targets.
5.	<b>BCG coverage under 1 year</b> (BCG dose under 1 year/target population under 1 year) x 100	<b>&gt;80%</b>	Look for trends in the same PHC. Is the indicator increasing? If it is decreasing or steady, why is it so? Compare with LGA and state targets.
<b>2. Efficiency</b>			
<i>Note: These indicators are dependent on the PCQA system functioning. If not, they cannot be measured through the client interview section of the CCV as there will not be a large enough sample.</i>			
6.	<b>Facility data submission rate</b> (Number of monthly HMIS returns submitted to LGA within 30 days/total number of expected returns to LGA) x 100	<b>&gt;90%</b>	An indicator of the importance of the routine HMIS and thus if information is being used for planning and M&E
7.	<b>Reported patient waiting time rate</b> (number of patients reporting a wait greater than 1 hour/number of PCQA questionnaires) x 100	<b>&lt;20%</b>	An indicator of whether patients have to wait or are seen timeously. If high suggest look at workload, organisation within the clinic or staff attitudes.
<b>3. Workload</b>			
8.	<b>OPD visits per staff member per month</b> (Total OPD visits/number of staff members)/12	<b>200</b>	Workload for staff at the facility. Compare across facilities and across years.

No	Indicator	Optimum	Explanation
<b>4. Quality of Care</b>			
9.	<b>Immunisation drop out rates</b> (Total BCG doses - measles first dose before 1 year)/total BCG doses) x 100	≤10%	Look for trends in the same PHC. Is the indicator increasing? If it is decreasing or steady, why is it so? Compare with LGA and state targets.
10.	<b>Pulmonary TB treatment defaulter rate</b> (new smear positive PTB patients on treatment defaulting/smear positive PTB patients started treatment) x 100	≤10%	An indicator of how well TB patients are following treatment. A high default rate has severe implications on the type and cost of treatment
11.	<b>Low birth weight rate</b> total live births under 2500g/total live births x 100		This measures the nutritional level of new births and the effectiveness of ANC.
12.	<b>ANC HIV counselling rate</b> (Total first ANC attendees receiving counselling/total first ANC attendees) x 100	100%	This measures both the quality of the ANC and HIV/AIDS services
13.	<b>U5 weighing rate</b> (Total U5s weighed/total U5s attendance) x 100	100%	This measures the quality of the child health services
14.	<b>Reported understanding rate</b> (number of patients reporting understanding explanation of condition/ number of PCQA questionnaires) x 100	>80%	This measures whether patients were informed of their condition and understood the explanation. If someone isn't given an explanation this would also be captured. It assesses the quality of the interaction between the provider and the patient.
15.	<b>Reported privacy rate</b> (number of patients reporting privacy during consultation/ number of PCQA questionnaires) x 100	100%	This measures whether privacy exists.
16.	<b>Reported staff with good attitude rate</b> (number of patients reporting good staff attitudes/number of PCQA questionnaires) x 100	>90%	This measures general quality of care and informs the staff on how the community see their attitudes.
<b>5. Availability</b>			
17.	<b>Tracer drugs availability rate</b> (Number of tracer drugs available/number on list) x 100	90-100%	Lower values indicate problems with procurement and need to be investigated and corrected.
18.	<b>Tracer supplies availability rate</b> (Number of tracer supplies available at the end of quarter/ number on list) X 100	90-100%	Lower values indicate problems with procurement and need to be investigated and corrected.

No	Indicator	Optimum	Explanation
19.	<b>Essential tracer Equipment Availability Rate</b> (Total number of tracer equipment available and functioning/Number of equipment on list) x 100	>80%	Lower values indicate problems with procurement and/or maintenance and need to be investigated and corrected.
<b>6. Rational Drug Use</b>			
20.	<b>Items per prescription</b> total items dispensed/number of prescriptions	1-2 (WHO)	Higher values indicate poly-pharmacy which should be discouraged. Expect a lot heat from doctors over this.
21.	<b>Prescriptions - generic drugs only rate</b> (number of prescriptions with only generics prescribed/number of prescriptions) x 100	100%	The WHO recommendations and the teaching in medical school is that all drugs should be prescribed using generic names. Generic drugs are cheaper and just as effective. In Nigeria doctors claim they use brand names in order to avoid the use of fake drugs.
22.	<b>Prescriptions – antibiotic rate</b> (number of prescriptions with antibiotics prescribed/number of prescriptions) x 100	<10%	Higher values indicate too much use of antibiotics. Too many antibiotics increase the risk of making organisms resistant to antibiotics.
23.	<b>Prescriptions – injection rate</b> (number of prescriptions with injections/number of prescriptions) x 100	<10%	Injections are more risky than oral medications. Are 5 times more expensive and need other supplies such as syringe and needles, etc and nurse time.
<b>7. Access</b>			
24.	<b>Reported patients needing exemption approval rate</b> (number of patients given an exemption or deferral/ number of patients reporting needing an exemption or deferral from PCQA) x 100	> 80	This links together the PCQA system and the D&E system to give some idea of whether the D&E is meeting reported needs
25.	<b>Exemption rate</b> (number of patients given exemptions/[total inpatient admissions + total OPD headcount]) x 100	6-10%	This indicator gives you a measure of whether the D&E system is working. If too low examine how the D&E system functions
26.	<b>Deferral rate</b> (number of patients given deferral/[total inpatient admissions + total OPD headcount]) x 100	10-20%	This indicator gives you a measure of whether the D&E system is working. If too low examine how the D&E system functions
27.	<b>Reported facility information display rate</b> (number of patients reporting adequate information on opening times, services and cost of services /number of PCQA questionnaires) x 100	> 90	This informs managers whether the facility is providing enough information for the clients

No	Indicator	Optimum	Explanation
<b>8. Participation</b>			
28.	<b>Community Participation - HMC Rate</b> (number of HMC meetings with community reps in attendance/ number of HMC meetings) x 100	100%	An indicator of whether the community is participating in the management of the facility
<b>9. Accountability</b>			
29.	<b>DRF Decapitalisation rate</b> [(money in bank + cash in hand + stock value) - total initial value of DRF]/total initial value of DRF x 100	≥ 0%	This indicator measures the functioning of the DRF system

## Assessing Client and Community Views

### Purpose

The incorporation of client and community views (CCV) about health services is an integral part of the overall PPRHAA process for PHC facilities and LGAs. It has four main aims:

- To provide PHC facilities and LGAs with the views of clients and communities on their services and how they feel they should be improved.
- To raise awareness among facility and management staff of the need to hear and listen to the views of clients and communities.
- To support facility staff to develop action plans that respond to the concerns of clients and communities.
- To encourage PHC facilities and communities to work together to resolve some of the problems identified in the PHC facility and included in the action plan.

### What does assessing client and community views consist of?

Assessing Client and Community Views involves:

- Conducting two focus group discussions, one with men and one with women. The focus group discussions should involve clients and non-clients of the facility. During the focus group discussions the CCVO will conduct a ranking exercise.
- Conducting up to 10 interviews with clients at the facility<sup>2</sup>.

<sup>2</sup> If the facility you are appraising conducts PCQA you should draw upon this information and do not need to conduct client interviews.

- Conducting interviews with key informants such as community leaders and community representatives on Facility Health Committees.

During the LGA Appraisal Feedback and Planning Workshop team members support the group work to ensure that facility staff address the concerns of the clients and community. If appropriate, community representatives can be asked to participate in the LGA Appraisal Feedback and Planning Workshop and if they are particularly strong, they can be invited to the State/Zonal Appraisal Summit.

### **Who collects the Client and Community Views (CCV)?**

It is the role of the Client and Community Views Officer (CCVO) to conduct client interviews and facilitate the two focus group discussions. During the interviews and focus group discussions, the CCVO should be assisted by a note-taker. The Team Leader conducts the Key Informant Interviews. The client and community views Interview Guide is found in Form 4.

**FORM**  
4 is the client  
and community  
views interview  
guide



### **Assessing Client And Community Views During The PPRHAA Appraisal**

You will have approximately 4 hours to complete the CCV assessment during the PPRHAA appraisal. This is not enough time to conduct ten interviews and two focus group discussions but you need to do as much of this as possible. We suggest that you start with focus groups discussions on some days and client interviews on other days. If time permits do both. For example, some PHC facilities may not receive any clients during the PPRHAA team's visit, in this case the CCVO could usefully conduct two focus group discussions (FGDs) – one with men and one with women in the nearby community. However, if there are many clients at the facility during the PPRHAA team visit, the CCVO could spend much of the time interviewing clients and then only have time to conduct one focus group. During the visit the team leader conducts individual interviews with key informants in the community, including community representatives on the Facility Health Committee where they exist. As there is probably not time enough for the CCVO to do two focus group discussions and client interviews at each facility, the team needs to ensure that within an LGA (and their accompanying 8 facilities) that an appropriate mix of client interviews and focus group discussions with both men and women are conducted. Similarly, the team leader needs to ensure that enough key informants are interviewed in a LGA.

### **Things to do before the PPRHAA Visit begins**

- Ensure that the LGA community liaison officers have worked with community representatives of Facility Health Committees, where they exist, to notify selected communities of your planned visit and that community leaders are willing to arrange two focus group discussions.
- Get enough flipchart paper, pens and masking tape for the facility/ community visits from your PPRHAA team leader

- Draw up two flipcharts with the outline of the ranking matrix (see example below).
- Buy a bag of beans or groundnuts to use in the ranking exercise during the focus group discussions.
- Get enough money from the PPRHAA team leader to pay for light refreshments for the focus group discussion participants. There will be approximately 10 participants in each focus group you conduct (10 in the men's group and 10 in the women's group), so multiply this by the number of FGDs you expect to hold and the number of communities you will visit
- Discuss and agree with the PPRHAA team leader how many community representatives can be invited to the LGA Appraisal Feedback and Planning Workshop. Ensure there are sufficient funds in the budget to cover their transport and (if necessary) accommodation costs.
- CCVOs may need an interpreter if they don't speak the same language as the clients/communities. Care should be taken to find an interpreter who will translate exactly and not change, summarise or adapt what the client or community member has said.
- Once you have agreed with the PPRHAA team leader, type up and print off as many letters as you will need to invite the community representatives to the LGA Appraisal Feedback and Planning Workshop. As a priority, community representatives sitting on functional Facility Health Committees should be invited to attend the workshop.
- Your team may feel it is also necessary to notify the communities in the catchment area of the PHC facilities in advance that you will be visiting including the time and date of the visit. If so, an example of a letter for communities explaining this is found in Appendix 2. However, sending letters to all communities may be seen as too great a logistical exercise and it may be acceptable to inform the community on arrival during the day of the visit.

## APPENDIX

2 is an example of an introductory letter for community leaders

## FORM

4 is the CCV Interview Guide



## Methodology

### The CCV Interview Guide

The CCV Interview Guide will help you to structure discussions during client interviews and focus group discussions. You should not use it as a questionnaire. Instead, it should be used as a reminder for you of key areas of interest, which you should discuss with clients/community members.

### How to Conduct a Focus Group Discussion in the Community

Focus group discussions provide the opportunity for men and women of all ages, ethnic backgrounds etc. to relate their experiences of health services, particularly those provided by the Primary Health Care facility you are appraising, and participate in finding solutions to some of the challenges identified. This is an important step in building a relationship between

facilities and communities, to improve the responsiveness of health services to clients and to strengthen health provider accountability to clients.

For focus group discussions to be effective, it is important that people feel free to speak. We therefore suggest that:

- Focus groups for men and women are held separately;
- Focus groups are held away from the facility.

When working with groups it is inevitable that some participants will participate more than others; your job as facilitator is to try and get everyone to contribute to the discussion and express their views. Using the ranking exercise within the focus groups is a good way to get everyone involved in the discussion. All the participants are given 5 beans or groundnuts which they use to vote on different aspects of several health facilities, including the one involved in PPRHAA. This means that all the participants get a chance to put their point of view forward; however you will still need to use your facilitating skills to make sure that one participant does not dominate the discussions and overly influence the other participants.

You are trying to find out about peoples' experiences of the facility that is involved in PPRHAA. However some of the focus group participants may never have used this particular facility. This is interesting in itself – why don't they use the services? Is it lack of information? Lack of accessibility? Poor reputation? You may need to ask questions beyond those listed in the CCV Interview Guide (Form 4) to find out their real views and concerns. The ranking exercise will also help to find out how the facility being appraised compares with other health providers.

Normally, each focus group discussion lasts about one hour. This means that you may not have time to cover all the issues covered in the CCV Interview Guide. If this is the case, let the discussion focus on the issues that are important to the participants.

### ***What you need to do on arriving at the facility/ community:***

On arrival in the community the CCV team members assessing community views will:

- Meet and greet the community leader. Explain to him that you are here to conduct two focus groups, one with men and one with women, as part of the PPRHAA appraisal of the local health facility. Ask whether the focus group participants have been selected and are ready to participate and check which group you should start with. Agree with the community leader where the focus group will be held. Try to choose somewhere quiet where few interruptions are likely.
- Confirm with the community leader that the PPRHAA Team Leader can interview him later in the day.
- When gathering the focus group participants together, make sure you have different age ranges involved and that different social or ethnic groups which live in the community are represented. Each focus group

should involve 10-15 people.

- Ask the community leader or someone in the community to organise light refreshments for both the groups (make sure you have brought funds with you to cover this).

### ***What to do during a focus group discussion:***

- Explain to the participants that you are conducting a PPRHAA appraisal of the local health facility with a view to developing an improvements plan for that facility and for health services in the LGA. As part of the appraisal, facility users and communities are being asked their views on the services provided by the facility and invited to contribute to finding realistic ways for improving the services. This is the task of the focus group discussion.
- Begin the discussion by asking people what health providers they use. Write the preferred providers into the ranking exercise matrix that you prepared the night before. Then, using the CCV Interview Guide, focus on the first thematic area (barriers to access).
- Once you have discussed one thematic area, spread out the flipchart for the ranking exercise on the ground or on a table. Explain the purpose of the ranking exercise and ask participants to rank their preferred providers (see the next section for a description of how to carry out the participatory ranking exercise).
- Work through as many of the thematic areas in the CCV Interview Guide as possible during the hour discussion, voting on each in the ranking exercise.
- During the discussion, the note-taker should take detailed notes of the main discussion points.
- Before closing the focus group discussion, ask participants to identify 3 problems with the health facility under appraisal and 3 possible solutions. Ask participants to focus on solutions that the facility or LGA can take forward, perhaps with community involvement. Write the problems and solutions identified on separate cards. Keep the cards safe (or give them to the PPRHAA team member responsible); they will be used during the LGA Appraisal Feedback and Planning Workshop.
- Finally thank the group for their participation and ask the group if there are any members who would like to represent the views of the community at the LGA Appraisal Feedback and Planning Workshop to be held the following week.

### ***Conducting a Participatory Ranking Exercise in a Focus Group Discussion***

The ranking exercise allows community members to compare different health providers against six thematic areas (listed in the CCV Interview Guide) and identify those that are performing well and those that are performing poorly in certain areas. This comparison helps CCVOs (and health facility and LGA staff) to understand where the facilities under appraisal are strong and where they are weak and in need of improvements.

It also provides an opportunity for CCVOs to facilitate a discussion of possible improvements in the facility under appraisal. Each member of the group votes (using beans or groundnuts/sweets/pebbles etc) on how different health providers in their community compare on the six key areas identified in the CCV guide. This means that all the participants get a chance to put their point of view forward, however you will still need to use your facilitating skills to make sure that one participant does not dominate the discussions and overly influence the other participants.

At the LGA Appraisal Feedback and Planning Workshop, the ranking exercises in a LGA will be combined to give a community picture of how services in the LGA are viewed. If there are large differences between the communities, this needs to be highlighted as well. The results of the ranking exercise can then be shown to LGA and facility staff so they see how the communities view their services compared to other health providers in other LGAs.

### ***What you need to do to facilitate a participatory ranking:***

- Prepare a ranking matrix like the one below on a flipchart. If possible, use the local language instead of English. If your focus group participants are not likely to be literate, use pictures to explain the themes.
- At the start of the focus group discussion, ask participants which local health providers they use, including the facility being assessed by PPRHAA and write/draw these as column headings
- Facilitate a discussion on the first thematic area in the CCV Interview Guide (barriers to access).
- At the end of the discussion of the first thematic area, explain that participants are now going to compare the performance of each of the health providers they use for this theme. Give each participant five beans/groundnuts. Ask each participant to vote with their beans or groundnuts to indicate which facility/health provider performs the best under each of the six themes. If the participant places all of his/her 5 beans or groundnuts on one health facility this indicates that they believe the facility is the best out of all the health providers for this theme; placing no beans or groundnuts indicates that the facility/health provider is the worst under that theme. They can place between one and five beans or groundnuts with any facility.
- Add up the number of beans or groundnuts under each facility and write this in the relevant box of the matrix and return the beans or groundnuts to the participants. Make sure all participants can see the result. Sometimes, participants like to debate the result – they might not agree with it and you will be able to find out more about their views of particularly health services.
- Discuss the next theme and then ask the participants to vote with the beans/groundnuts as before. Repeat until you have covered all the themes and completed the ranking matrix.

- Sometimes, you may find that the result of a ranking vote doesn't reflect the discussion that preceded it. If this is the case, try to find out why participants have voted in the way that they did and how this matches up with what they said earlier. It is extremely important that the CCVO has a total understanding of their views.
- Once you have covered all the themes, add up the totals for each health provider (i.e. down the column) to find out their overall score.
- At the end of the focus group discussion, take the completed ranking matrix with you. You will need to summarise it in your report. Once you have recorded the ranking in your report you can return the flipchart to the LGA/PHC facility representative during the LGA Appraisal Feedback and Planning Workshop. You can suggest to them that they display the rankings in their LGA/PHC facility so that clients can see their communities' assessment of the LGA/PHC facilities. As further PPRHAA exercises are carried out they will be able to see changes – hopefully improvements! – over time.

**An example of the ranking matrix to prepare before the focus group**

{Ask the group to choose four or five local health providers and write as column headings during the focus group}

<b>THEMES</b>	<b>Provider 1</b>	<b>Provider 2</b>	<b>Provider 3</b>
Cost and affordability			
Satisfaction with care			
Drug availability			
Staff attitudes and behaviour			
Hygiene and upkeep of environment			
Community Participation			
Totals {add up for each health provider, i.e. down columns}			

An example of the results of a ranking exercise carried out in a women's focus group in Enugu state:

	<b>General Hospital (undergoing Appraisal)</b>	<b>Private hospital</b>	<b>Herbalist</b>	<b>Health centre</b>	<b>Private Chemist</b>
<b>Cost and affordability</b>	50	0	0	0	0
<b>Quality of care</b>	10	25	3	2	10
<b>Drug Availability</b>	17	26	0	0	7
<b>Staff attitude</b>	19	17	3	0	11
<b>Cleanliness and environment</b>	0	27	3	5	16
<b>Total</b>	<b>96</b>	<b>95</b>	<b>9</b>	<b>7</b>	<b>44</b>

Do not place too much emphasis on the exact numbers in the matrix; they only provide a general indication of what the group feels. The discussion that the ranking exercise provokes among group members is the most important element. If you find people are focusing too much on the numbers the next time you do the exercise, try shading in the relevant box to show roughly the level of satisfaction. So, for the example above, the first box on cost/general hospital would be completely shaded (50 out of 50) and the others left blank (0 out of 50). For the next row half of the quality of care/private hospital box would be shaded (25 out of 50), just less than a quarter of the quality of care/general hospital and quality of care/private chemist (10 out of 50) would be shaded and a very small section of the herbalist and health centre boxes (3 and 2 out of 50) would be shaded.

The experience from Enugu State was that the communities often scored the general hospital higher than other health providers, particularly for cost and affordability. This is an indication of the value that communities place on government facilities; they felt very bitter that the public facilities had deteriorated to such an extent. When these charts were displayed at the facility workshop, the fact that the community ranked the hospitals so highly acted as a good motivator to staff and emphasised the need for the hospital to improve services as the communities clearly rely on the affordable and often, good quality care they provide.

## **Tips:** Focus Group Discussions

Introduce yourselves (i.e. facilitator and note-taker) and explain briefly about PPRHAA and why you are holding the focus group

You can make copies of the report template and use this to take notes during the focus group. This helps to ensure that you have a record of the community responses in all the key areas

The note-taker should jot down particularly pertinent quotes; try to get them word for word as this will give a powerful voice to clients during your presentation and report writing

Explain that the group discussion will be confidential and that if anyone does not want to be part of the group, they are free to go

Ask only a few open-ended questions on the issues given in the guide and then let the participants talk freely, you can ask more in-depth questions on areas of particular importance to the group

Explain the ranking exercise clearly and make sure that you cover all the issues in the guide

Look out for strong/confident participants who may be willing to represent their community at the LGA Appraisal Feedback and Planning Workshop

Try to encourage everyone to talk, using the ranking exercise may help with this. If one person dominates the discussion, try to control them. One way to do this is to turn your head away from them and lose eye contact – this will normally stop them talking!

At the end - Thank the participants and hand out the refreshments

At the end of the discussion, give feedback to the group on key issues they have raised to be sure you understood them correctly

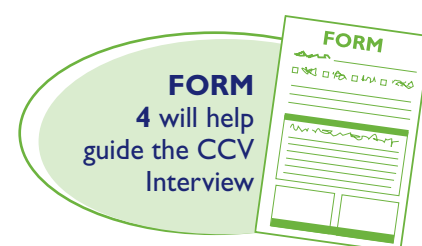
### How to Conduct Client Interviews

The CCVO should try to conduct up to 10 interviews with clients (although if the facility you are appraising conducts PCQA then the CCVO should draw feedback from these client questionnaires and does not need to conduct client interviews during PPRHAA).

### What you need to do to conduct a client interview:

- Select individual clients randomly, trying not to let the facility staff choose clients for you. Where possible, interview an equal number of men and women of different ages, who have come to the facility with different health problems. However, this may be difficult at PHC level where women are the main service users.
- At the start of each interview, explain briefly that you are conducting a PPRHAA appraisal of the facility with a view to developing an improvements plan for that facility and for health services in the LGA. As part of the appraisal, facility users and communities are being asked their views on the services provided by the facility and invited to contribute to finding realistic ways for improving the services.
- Emphasise that the interview is anonymous and confidentiality will be kept.
- Ask the client if they are still willing to talk to you. If they say no or look too ill or unsure, don't force them, just let them go.
- If the client agrees, use the CCV Interview Guide (Form 4) to help you ask questions relating to the six key themes. After each theme, ask them how they feel the facility could improve – these suggestions will form the basis of the 3 problems/solutions cards for the LGA Appraisal Feedback and Planning Workshop.
- Jot down the client's responses. Try to write down particularly pertinent quotations. Get them word for word as this will give a powerful voice to the clients during your presentation and report writing.
- Conduct interviews in privacy, out of ear-shot of staff.
- You may not be able to cover all the points in the CCV guide, but make sure that you have enough information on each of the general themes in the guide.
- At the end of the interview, feedback the main points with the interviewee and check that you've understood everything s/he has said
- Thank them.

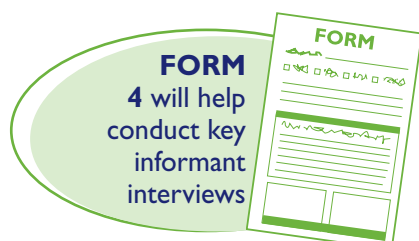
Once all the interviews are complete, fill in the 3 priority and solutions cards with issues identified by the clients.



## How to Conduct Key Informant Interviews

Key Informants are community leaders who may have experience of engaging with their local PHC or LGA. They may be on the Facility Health Committee or another such body in the community.

Key Informant Interviews are conducted by the PPRHAA Team Leader. The interview should focus on community participation in the facility and community views on the strengths and weaknesses of the facility. The Team Leader should use Form 4 as a guide.



### What you need to do to conduct a key informant interview:

- At the start of the interview, explain briefly that you are conducting a PPRHAA appraisal of the facility with a view to developing an improvements plan for that facility and for health services in the LGA. As part of the appraisal, facility users and communities are being asked their views on the services provided by the facility and invited to contribute to finding realistic ways for improving the services.
- Emphasise that the interview is anonymous and confidentiality will be kept.
- Ask the interviewee if s/he is still willing to talk to you. If they say no don't force them.
- If the interviewee agrees to continue, ask him/her about any systems or structures the community use to engage with the health facility.
- Once you have found out about community involvement in the facility, ask about the four main strengths and four main weaknesses at the facility. Get the interviewee's ideas about possible solutions to address the weaknesses and how the community could contribute to realising these solutions.
- Conduct interviews in privacy, out of ear-shot of staff.
- If they are particularly strong and knowledgeable about health issues in their community and the performance of the PHC, you may consider inviting them to the LGA Appraisal Feedback and Planning Workshop.
- At the end of the interview, feedback the key issues to the informant and thank them for their time.

## **Tips:** Client/Key Informant interviews

You are aiming to get clients/key informants to open-up and tell their point of view, NOT just reconfirm what you think; so try to ask open-ended questions not closed or leading questions.

Examples of open-ended questions include:

- How do you feel about.....?
- What do you think about.....?
- Why.....?

Try not to use closed questions, for example:

- Did you wait too long?

Or leading questions: i.e.

- Do you feel the staff here have a bad attitude?

Establish rapport with clients, chat to them informally before the interview begins

Try to interview somewhere quiet away from facility staff, if they do come and listen, ask them politely to leave

### **Identifying Individuals to Represent the Community at the LGA Appraisal Feedback and Planning Workshop**

It is your job as the CCVO to ensure that the views of clients and the community are heard and acted on by the facility and LGA staff. The problem/solution cards are one important way of doing this. When presenting your feedback on the flipcharts at the LGA Appraisal Feedback and Planning Workshop, highlight the 3 most common problems identified during the focus groups and from the client and key informant interviews. As these problem/solution cards are analysed and addressed during the planning sessions of the LGA Appraisal Feedback and Planning Workshop it is important that the CCVOs support the group work to ensure that facility staff do address these problems and consider the solutions given by clients and communities.

To ensure that community views are reflected in the facility and LGA action plans developed during the LGA Appraisal Feedback and Planning Workshop it is important that some community representatives attend the Workshop. During the CCV assessment, the CCVO should identify possible community representatives.

Identifying individuals who can represent the views of the community – and not just their own personal views – is not easy. You need to look for people who have some involvement in the health sector e.g. community representatives on a facility management committee. The people you select

also need to be comfortable speaking in a public forum. If you invite community members to the Workshop you must have agreement from the PPRHAA team leader that their transport and allowance costs will be covered. It may only be practical to invite 3 or 4 representatives.

If you do identify someone suitable to represent community views at the LGA Appraisal Feedback and Planning Workshop, give them an invitation to the Workshop. An example of the invitation letter is below:

Re: Peer and Participatory Health Appraisal  
for Action LGA Appraisal Feedback and  
Planning Workshop {Date, Venue}

Dear Sir/Madam,

A Peer and Participatory Health Appraisal is currently being carried out in {name of State} and as part of this assessment we are seeking the views and experiences of communities in accessing and using primary health care services. In order to help this process, we would like to invite you to participate in the workshop to be held on {Date} in {Venue}. Your costs {specify transport/accommodation/daily allowance} will be covered.

The workshop will include staff from the PHC Facilities and LGAs visited during the assessment. The Appraisal team will present their findings on different aspects of health facility management and also on the client and community views collected during the study. Your participation in the discussions to represent the views and experiences of your community in accessing and using health services will be much appreciated.

Yours sincerely,

CCV Team, PPRHAA in xx State

### ***Sharing CCV Findings with the PPRHAA Team***

Throughout the whole PPRHAA process it is important for the CCVO to share the issues that arise from the interviews and focus groups with other members of the PPRHAA team. This is particularly true during the facility visits when members of the PPRHAA team looking at other issues such as External Linkages or Patient Care Management find information that appears to contradict what the clients or community say. Discuss this with other team members before the LGA Appraisal Feedback and Planning Workshop to allow time to check the information obtained or agree to discuss the issue with facility staff during the workshop.

## Keep Track of Form 13

Experience shows that Form 13 and the coloured cards, which identify problems and solutions, tend to get lost if distributed before the visit. They should be distributed immediately after the meeting with the LGA Management Team or facility staff on the day of the team's visit. Explain the importance of proposing solutions that can be carried out by the LGA or facility teams using locally available resources, without relying on outside authorities to solve problems.

Copies of Form 13 should be distributed to each head of each LGA department as well as all staff in the PHC facility. Encourage them to fill out their cards on their own. Help those with literacy problems to fill it out. The CCVOs conducting focus group discussions in the community should use three problem and solution cards to capture the key problems and solutions identified by the community. Either the CCVO or one of the participants (depending on literacy levels) can write the problems and solutions on the coloured cards. The CCVOs interviewing clients fill out three problem and solution cards themselves based on all their interviews. Similarly, the TL completes the cards for key informants if they have raised important problems and/or solutions.

When reviewing the problem and solution cards later, the team should group the problems and solutions identified according to the categories listed in the Appraisal Tool, which are:

- Patient Care Management
- Finance and Equipment
- Internal Management and External Linkages
- Client and Community Views
- Service Outputs and Coverage

NB. Client and Community Views could relate to any of the five categories. For example, if clients and communities have raised concerns about poor staff attitudes towards patients, then this should be included under patient care management. Anything that relates specifically to client and community involvement in the facility should come under the category 'Client and Community Views'.

These cards will be used at the LGA Appraisal Feedback and Planning Workshop. If you have a 'Minister for Paper' he or she should be responsible for collecting and keeping all cards safe until they are used in the workshop. In addition, the same person should collect all parts of the reports and the indicator ranking forms for that LGA and PHC facilities, as well make sure they are typed. Use checklists to make sure all are completed.

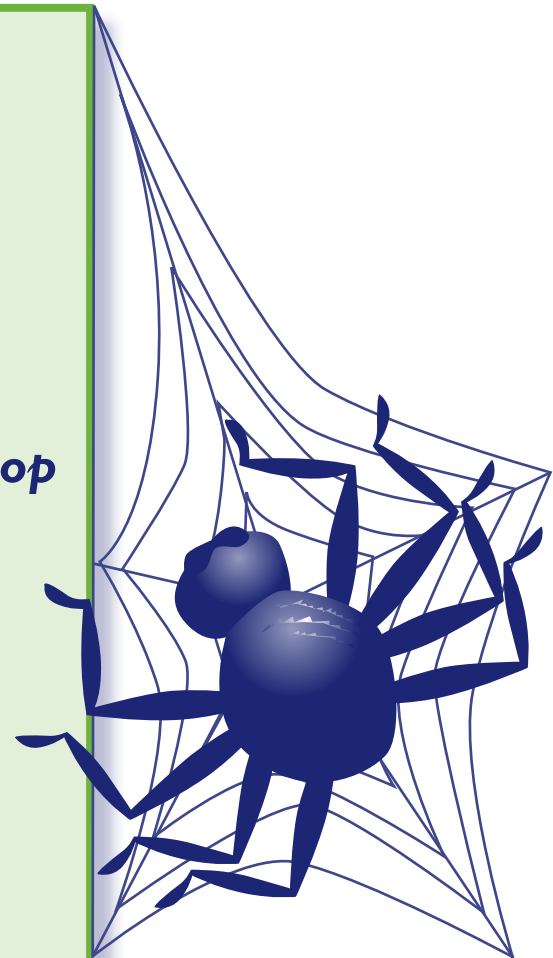


# Writing Appraisal Reports

CHAPTER

5

- *General Principles*
- *Writing PHC Facility/ LGA HQ Reports*
- *Finalising the LGA Report/ Preparing for the Appraisal Feedback and Planning Workshop*
- *Systems Analysis*
- *Spider Diagrams*
- *Analysing Service Outputs and Indicators*
- *Collecting Reports and Action Plans*



## General Principles

These are the reports that are used for the LGA Appraisal Feedback and Planning Workshop:

- Brief reports for each facility and LGA HQs, using Form 5, and service output data. Note that the performance ranking tool (Form 15) is completed for each facility and the LGA HQs. But, this is used as the basis for compiling the LGA performance ranking tool – this is the one presented at the LGA Appraisal Feedback and planning Workshop.
- A brief report, also using Form 5 and Form 15 (the performance ranking tool) for each LGA, that consolidates key points from each facility and the HQ visited in that LGA.

The reports cover all five PPRHAA thematic areas (patient care management, CCV etc).

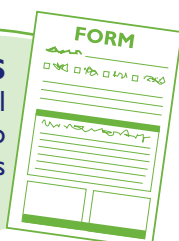
Later the reports from all the LGAs appraised are compiled into five theme reports (patient care management, CCV etc) for the State/Zonal Appraisal Summit and an overall report (see chapter 8).

One concern expressed from other PPRHAA exercises has been the length of the reports and the time it takes to write them. While there is excellent information in each report, the length can be a stumbling block because it takes time to read and digest all the information. In addition, much of the appraisal time can be consumed with report writing, meaning that the PPRHAA appraisal teams have less time for discussing issues emerging from individual institutions and important cross cutting issues.

Thus, the following resources and measures were designed to make report writing easier:

- A report format is used by all appraisal teams. This format is based on the Interview Guides and is included in this manual as Form 5.
- The performance ranking tool was developed (Form 15) which is used to score the LGA (LGA headquarters and the PHC facilities).
- Members of the appraisal team are encouraged to take notes in a note pad during appraisal interviews. At the end of each day, each facility report must be completed using the report format (Form 5).
- In addition, four areas of strength and four areas needing improvement need to be extracted
- The performance ranking tool, a summary of the report and the four areas of strength/needing improvement will be presented during the LGA Appraisal Feedback and Planning Workshop. There is one presentation for each of the LGA HQs and their accompanying PHC facilities.
- By following these guidelines, the evening team meetings can be devoted to other activities such as team building (Chapter 3)
- Each individual institution report is typed using the report format and adapted following the LGA Appraisal Feedback and Planning Workshop and including comments and thoughts emerging from the evening team meeting.

**FORMS  
5 and 15** will  
be needed to  
compile reports



- The report is typed by someone other than a team member – either a person in the public sector, within PATHS or an outside contractor. The team members do not have time to type up their reports.

### **Tips:** Facilitating Report Writing

Keep the evening reflective meetings going throughout the PPRHAA exercise so even on report writing days the team can share concerns and experiences.

Experience shows report writing can be the most difficult part for team members when they are doing this for the first time

Spend time with each of the groups, asking questions and helping them analyse and highlight important issues

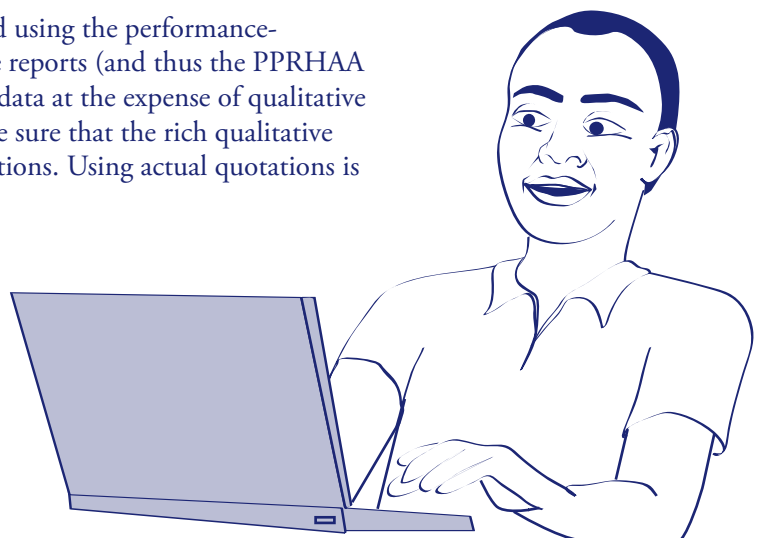
## Writing PHC Facility/ LGA HQ Reports

Team members should use the notes they made during the appraisal to fill out the report formats (Form 5). Key points in these reports should:

- Answer questions in the guide with each sub-heading in a separate paragraph. Your report will be too long if you answer every question, so choose the most important ones to deal with in your report
- Be specific and factual, give evidence and facts to back up your opinions
- Give an assessment of performance for each sub-heading
- Highlight good practices as well as bad practices.

But shifting the focus to report formats and using the performance-ranking system has caused concern that the reports (and thus the PPRHAA appraisal) will over emphasise quantitative data at the expense of qualitative data. Facilitators and catalysts need to make sure that the rich qualitative data is captured and fed back to the institutions. Using actual quotations is one way of doing this.

Notes  
from **FORM**  
5 will help with  
writing reports



## **Tips:** Maximising qualitative data

- Use quotes liberally – both from the community and the facility staff
- Ensure community members are present at all workshops, summits and review meetings
- When completing the report format, concentrate on adding tips and comments from what you have observed and heard
- The four areas of strength and four areas of weakness are critical and must include qualitative aspects
- Use the evening team meetings to concentrate on qualitative aspects and ensure they are included in the reports

The CCVOs draw on material from the FGDs, the client interviews and the key informant interviews. In the evening after the facility visits, the CCVO should complete the CCV sections of the reports for each facility covered during that day. These include:

- Form 5 (CCV part)
- Form 15, Section D.

If clients and communities hold very different views you will need to write these separately under each theme in Form 5; where their views are similar you can combine them to reduce space.

To complete Section D of Form 15 for each PHC facility you should take an overview of views of clients and communities. Add up the performance ranking indicators (where yes = 1 and no = 0) to give a score out of 20. Based on each PHC facility, at the end of the week, the performance ranking tool for the LGA (HQ and associated PHC facilities) will be scored. This will be included in the LGA the spider diagram.

The facility/LGA HQ report must be finalised before visiting the next facility to avoid piling up reports and mixing up important issues.

While travelling to the next facility in the afternoon or morning, the team can discuss and comment on reports from the various groups. This will enable other team members to help fill in gaps, if any. Make sure to incorporate the changes in the report. In addition this is a good opportunity to do further “self-appraisal”. The team can discuss how well the appraisal went, what problems were experienced and if any common issues emerged across the LGA.

As soon as possible, preferably the day after the visit to an institution, the team’s report should be typed and edited.

## Finalising the LGA Report/ Preparing for the LGA Appraisal Feedback and Planning Workshop

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A Report is compiled for each PHC facility/LGA HQ and then one is compiled for the LGA and associated PHC facilities after all the visits have been completed and before the LGA Appraisal Feedback and Planning Workshop. Different sections of the reports are drafted by the team members (e.g. CCVO writes the CCV part; TL writes the patient care management section). Key elements of the report and the presentation at the workshop need to be discussed by the team prior to the workshop and again after the workshop. In compiling the composite reports, review the existing reports (on the LGA headquarters and on each PHC facility) compiled during the appraisal visits by comparing them with your notes and:

- Answer key questions from the Interview Guides in the Appraisal Tool
- Avoid vague generalisations, give specifics and facts
- Highlight key issues, especially those that concern systems
- Discuss the management systems and procedures currently in place and whether or not they are working (not an activity report)
- State your evidence when making judgements
- Bring out differences
- Highlight “best practices” to share with others and describe them
- Mention serious problems at specific institutions but be constructive
- Emphasise issues the institutions can resolve on their own
- Draw out the most common findings across the LGA and try not to make unduly negative criticisms about individual facilities.
- Remember to include the name of the LGA and the date of the report.
- Sort out any contradictions between the different sections of the appraisal
- Discuss what has been found
- Review problems that were identified in the coloured cards
- Extract key overall messages for the LGA/PHC Facilities
- Identify any dangerous practices (especially those related to patient care management such as universal precautions) for feedback to management at the LGA Appraisal Feedback and Planning Workshop.
- Draw a spider diagram for the LGA (i.e. LGA HQ and PHC facilities visited) based on the ranking in each area.

After the workshop, this draft report can be revised to include comments from the groups.

## Tips: CCV Section Report Writing

Look out for differences in views by age, gender, and education/wealth levels.

Include any quotations that you have noted down, this will make your reports and presentations much more interesting and give a stronger voice to the clients and communities

Indicate whether views were held by a majority or only apply to an individual.

The LGA report forms the basis for the feedback and the action planning that occurs during the LGA Appraisal Feedback and Planning Workshop (see chapter 7).

For the LGA Appraisal Feedback and Planning workshop presentations, team members should decide on the 4 most important strengths and the 4 most important weaknesses for the key area/s they assessed and write these on a flip chart. This is for the LGA and associated PHC facilities. These strengths and weaknesses can cover each of the five PPRHAA appraisal areas (patient care management, CCV etc) or be an amalgam of all the five areas. In addition the team will need to fill out the performance ranking tool (Form 15) for each area and add up the score. This is also for the LGA and associated PHC facilities. One member of the team should also prepare a large blank Spider Diagram. One or more members of the team should also be collecting up the completed problem/ solution/recommendation cards.

**FORM 15** will help to identify and list what needs to improve



## Systems Analysis

The team should develop other important skills, particularly the ability to conduct a systems analysis on the institution. This is not easy to do. It is easier for the PPRHAA appraisal team to use the appraisal tool, the performance ranking tool (Form 15) and the reporting format to identify and list what needs to improve. This will leave the LGA (and associated PHC facilities) with a large number of areas they need to work on. It is useful, though, for the appraisal to identify the underlying systems that need improvement. Otherwise, only the symptoms of malfunctioning systems will be addressed, not the underlying causes. This is obviously more difficult and the team needs to develop these skills over time.

If system problems are identified, this will leave the institution with a smaller number of areas that they need to work on. They can then develop action plans which over time evolve into operational plans that highlight areas needing improvement which they can fix themselves. In most institutions, a number of other activities are undertaken as well. This is usually in response

to a number of challenges identified in the appraisal that the facility can resolve easily and quickly.

### **Examples of systems analysis**

During the appraisal, the team found that the DRF was not working. Investigating further, they discovered that the D&E part was being overused with little follow up to recover deferred fees. This had led to decapitalisation. No guidelines were available to say who qualified and two staff members allowed many people to use the D&E scheme.

The rest of the DRF could easily be revitalised. The issue was the D&E scheme.

During the appraisal, the team found no weighing scales in the PHC clinics in one LGA. Looking closer, they learned that the clinics' budgets were not based on income and that no committee existed to prioritise spending. The LGA HOD decided what to buy and child nutrition was not seen as a priority.

The underlying problem was the lack of an effective budget and expenditure system.

### **Tips: Conducting systems analysis**

When identifying four strengths and four weaknesses, think systems

Use the LGA Appraisal Feedback and Planning Workshop to identify system problems not symptoms

Use the 'but why' technique to get participants to look critically at deeper issues (see chapter 6)

Use the evening team meetings to discuss systems problems

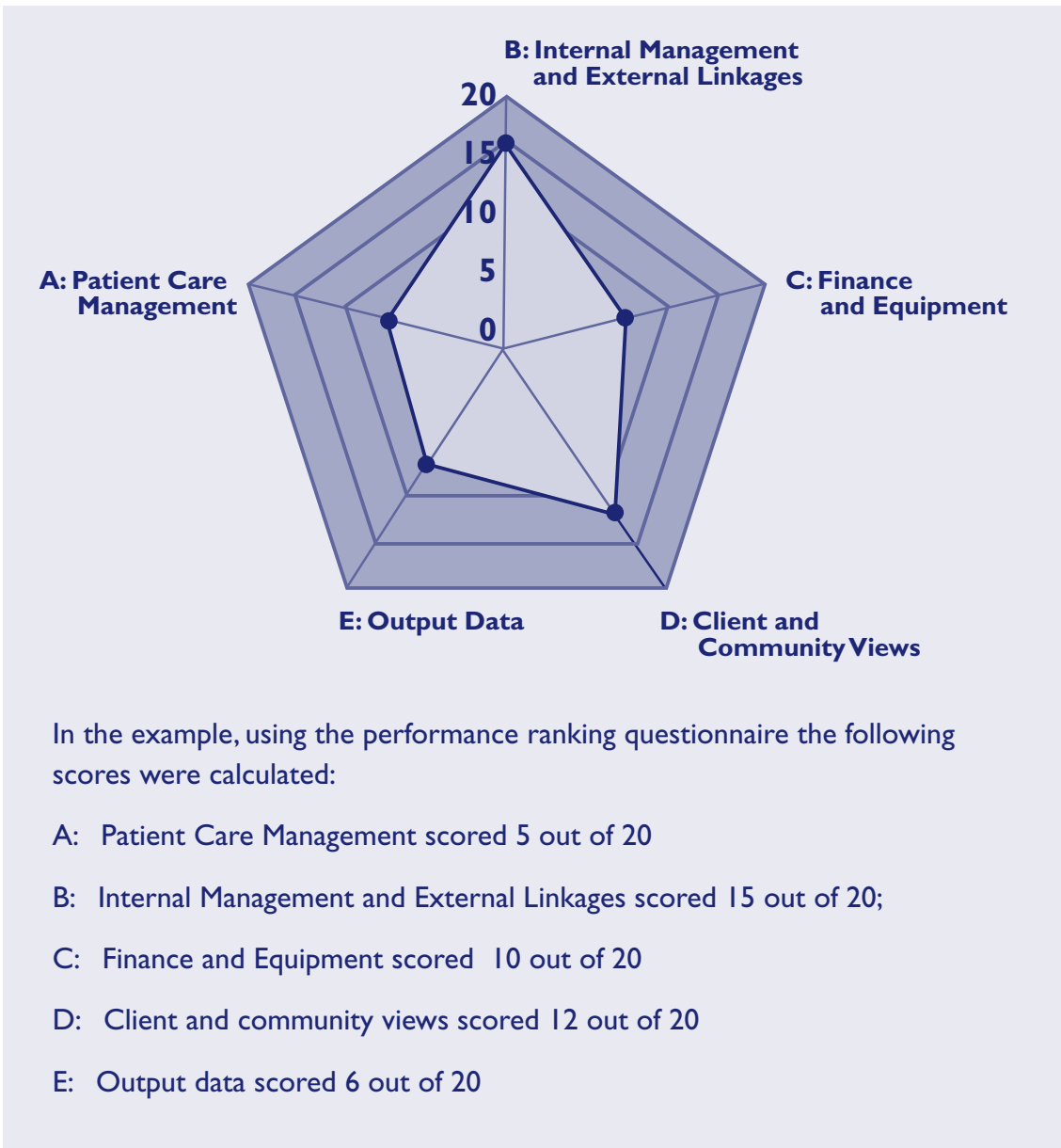
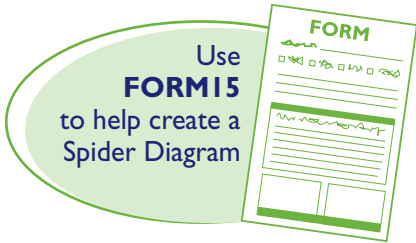
Before the LGA Appraisal Feedback and Planning Workshop prepare a short input highlighting institutional systems issues

Distill the ideas from the appraisal, the LGA Appraisal Feedback and Planning Workshop and the evening discussions

## Spider Diagrams

Spider diagrams are a way of presenting a summary of the LGA's or PHC facility's performance in each of the 5 PPRHAA areas. Just by looking quickly at the diagram you can see which areas of the LGA are performing well and which still need improvement. The diagrams should be kept so it is easy to see which areas have improved or got worse over time. Once the PPRHAA exercise is over they can be displayed at LGAs and their PHC facilities to keep clients informed of how well their LGA/facility is performing.

During the LGA Appraisal Feedback and Planning Workshop, the PPRHAA team presents a spider diagram for the LGA and the associated 8 PHC facilities. The start of this process is completing the performance ranking indicators given in Form 15; add up all the 'yes' answers and this will give you a score out of 20 for each area. Mark the appropriate point on the spider diagram and then link up the points – see below.



### **How to create a spider diagram:**

- Before the LGA Appraisal Feedback and Planning Workshop, a member of the PPRHAA team draws a spider diagram on flipchart paper for each LGA/group of 8 PHC facilities. Follow the example above with an arm for each area of the appraisal and a scale of 0-20 up each arm.
- While preparing for their presentation at the LGA Appraisal Feedback and Planning Workshop, the PPRHAA team member(s) responsible for each LGA uses the performance ranking questionnaire (see Form 15) to rank their area (A,B,C,D,E) where yes = 1 and no = 0. Add up all the ones. As there are 20 indicators, this gives you a score between 0 and 20.
- Mark each score on the spider diagram.
- Finally, join all the ranking marks together to give a clear visual representation of performance. For a greater visual effect you can colour in the area below the marked lines as demonstrated in the example above.
- As part of the presentation at the LGA Appraisal Feedback and Planning Workshop by PPRHAA team members, the completed spider graph is pasted on the wall and highlights are presented.



During the planning session, the LGA will use their spider diagram to help them prioritise the areas that they need to work on.

The spider diagrams can then be displayed next to the plans; during the afternoon presentation it will be easy for the workshop participants to see if the facility's plans really do address the areas most in need of improvement.

### **Process for Developing Spider Graphs on Excel**

Developing the spider graphs involves the following steps:

1. Analyse the results of the performance ranking scores
2. Using Excel, develop a table for entering the various scores for the five categories of issues focused on – Patient Care Management, Internal Management and External Linkages, Finance and Equipment, CCV and Service outputs on the horizontal axis. To maximise the use of cells, it is better to use letters (A,B,C,D,E) to represent each category
3. Enter the names of the LGAs on the vertical axis in Excel. Make sure to group the LGAs by zone so that it becomes easier to compare the performance of LGAs by zone.
4. Using the in-built templates for generating graphs in Excel, select radar graph template.
5. To ensure that the graph generated provides a good picture of the situation on the ground, it is important to create a row under the categories in which the maximum score of 20 is entered for each category.
6. For each facility, capture the maximum score and the actual scores to

generate the graph. Use of the control key allows the capture of both the maximum scores and actual scores.

7. Use a radar graph template that automatically allows the use of two colours to represent the maximum and actual scores.
8. In case the person developing the graph does not have a good understanding of excel, there is the need to generate separate tables for each LGA with using steps 5 and 6 above.
9. When letters are used to represent the categories are explained in Step 2, it is important to provide a key so that those using the spider graphs will understand what each letter represents.

### ***Interpreting the Results of the Spider Graphs***

There is the need to provide support in gaining an understanding of the spider graph generated as this is the basis for developing action plans as part of the PPRHAA process. It is the level to which the graph is interpreted that helps to trigger off positive responses from those responsible for taking remedial action to improve the quality of health care delivery.

In interpreting the spider graph, it is important to link the discussion to some of the responses received during the data collection exercise. This element is critical as it helps to justify the situation and therefore reduces resistance to the outcome of the exercise. When people are exposed to a situation where the graph shows poor performance on most categories, there is the tendency to challenge the outcomes. The spider graph has the ability to expose in a graphical manner the weaknesses in the system and therefore could be found to be unpleasant by those who are directly involved in service delivery.

It is also important to ensure care is taken in entering and analysing the data. In view of this, it is important to cross-check the information before generating the graphs so that the end result can be defended with all confidence.

## **Analysing Service Outputs and Indicators**

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The following lists some of the ways to analyse and calculate service output indicators from data collected at the institution:

- A custom built software designed for PPRHAA. If this is available, use it. This will eventually interface with the HMIS.
- Use Excel, Access or another statistical software package (e.g. the DHIS).
- Or calculate the indicators using the formulae in the indicator tables in chapter 4.

Remember, the team collects data for at least the past year. As the annual cyclical PPRHAA appraisal process continues, several years of data will be available to illustrate changes and trends.

## CHAPTER 5 - Writing Appraisal Reports for the LGA Appraisal Feedback and Planning Workshop

Your report should also describe the state of medical record keeping, data collection, collation, analysis and use of data for decision-making. It should put the indicators for LGAs/PHC facilities into the following related groupings:

### **1. Use/coverage indicators**

- OPD utilisation
- Percentage of children under one fully immunised
- ANC coverage/first ANC visit
- Measles and BCG coverage

### **2. Indicators of Efficiency**

- Facility data submission rate
- Reported patient waiting time rate
- Budget performance rate

### **3. Workload indicators**

- OPD visits per staff per month

### **4. Quality of Care indicators**

- Immunisation drop out rates
- Pulmonary TB cure rate
- Pulmonary TB treatment defaulter rate
- ANC HIV counselling rate
- Low birth weight rate
- U5 weighing rate
- Reported understanding, good attitude and privacy rates
- Newborn BCG coverage rates

### **5. Indicators for Availability of Drug and Supplies**

- Percentage of Tracer drugs available on day of appraisal
- Percentage of Tracer supplies available on day of appraisal
- Percentage of Tracer equipment available on day of appraisal

### **6. Rational Drug Use Indicators**

- Average Number of Drugs per Prescription
- Percentage of prescriptions with Generic Drugs only prescribed
- Percentage of Prescriptions containing at least one Antibiotic
- Percentage of Prescriptions containing at least one Injection.

### **7. Access Indicators**

- Patients needing exemption approval rate
- Exemption and Deferral rate
- Facility information display rate

### **8. Participation Indicators**

- Community participation in HMC rate

### **9. Accountability**

- DRF decapitalisation rate
- Patient preferential treatment rate
- Patient payment receipt rate

For each indicator,

- Explain briefly what the indicator tells the institution
- Compare to the norms where there is a known norm
- Discuss trends and implications (when several years' data is available)
- Make comparisons between institutions

For more information on interpreting indicators see the ISS Manual.

## **Collecting Reports and Action Plans**

Make one team member responsible for collecting all reports and action plans (developed during the LGA Appraisal Feedback and Planning Workshop – see chapters 6 & 7) for each LGA/PHC facility group. Make sure reports are typed as soon as they are submitted. Back up copies must be made once typed. Action plans will be on the flipcharts used during the LGA Appraisal Feedback and Planning Workshop

Do the same for the reports and action plans during the State/Zonal Summit.

A simple checklist like the one below can be used to track the collection of reports. You could draw this on a flip-chart and stick it up in the room where team meetings are held, this may help the stronger team members who have completed their report to help those that are behind.

### **Checklist For Monitoring Submission Of Facility Reports & Action Plans**

<b>Name of LGA/PHC Facility</b>	<b>Institution report</b>	<b>Client and Community view report</b>	<b>LGA/Facility Output &amp; Coverage</b>	<b>Action Plans</b>	<b>Remarks</b>



# Planning Training

CHAPTER

6

- 
- A stylized illustration of a calculator and a pencil. The calculator is white with a dark blue display showing '171'. It has several buttons labeled 'MC', 'M+', 'C', 'M', 'MR', 'x', and '-'. A pencil is positioned vertically to the right of the calculator, with its tip pointing downwards.
- *Purpose of Planning*
  - *Planning Workshop Agenda and Process*
  - *From Appraisal to Planning*
  - *Tools for Planning*
  - *From Action Plans to Operational Plans*

The second Monday is used to train the appraisal teams in planning. This is normally done together with the hospital PPRHAA team.

Planning discussions should also be integrated into the whole two weeks of the appraisal period:

- while the PPRHAA appraisal team is visiting the institutions, the evening team meetings are opportunities to discuss planning.
- identification and prioritisation of problems is a key first step in planning.
- developing suggestions for solutions to the problems identified further develops planning capacity.

The LGA Appraisal Feedback and Planning Workshops (see chapter 7) occur together on the second Tuesday of the two-week appraisal period. Each team runs a workshop at the LGA and associated 8 facilities that they appraised in week one. If there are 8 teams there would be 8 separate workshops. Following the appraisal feedback in the morning session, the LGA/PHC facility participants (including the community members) are broken into groups to discuss the feedback and prioritise issues and problems that emerge. This is followed by the planning session of the workshop. The workshop details are explained in the next chapter. This chapter covers the Tuesday planning training workshop that prepares the teams for the planning aspects of the LGA Appraisal feedback and Planning Workshops.

## Purpose of Planning

Why do we plan? All institutions operate in a resource constrained environment. We cannot do all the things that we would like to do. We have to choose. Often it is not apparent how the choices are made. At times, certain key members of management decide and implement what they think are the priorities. Planning helps management allocate scarce resources by developing systems that allow:

- Identification of needs
- Prioritisation according to identified strategies and criteria
- Development of tools to monitor implementation
- Processes for review and revision of plans

In a sense, planning is an important management tool as it allows a structured process for allocation of scarce resources according to priorities and the review of the implementation and effectiveness of the plans adopted.

## Planning Workshop Agenda and Process

The following agenda is suggested for the planning workshop

Time	Activity	Method
08h00 – 09h00	<b>Introduction to Planning</b> <ul style="list-style-type: none"> <li>• What is planning?</li> <li>• Simple planning formats</li> <li>• Action versus operational planning</li> <li>• Strategic versus operational planning</li> <li>• Introduce Federal Health Sector Reform process and State Strategic Health Plan</li> </ul>	Short inputs and plenary discussions. Use catalysts if available Use formats and handouts that are presented below Prepare summary on HSR status and State SHP
09h00 - 10h00	<b>Preparing an institutional problem summary, group and prioritise the problems</b> <ul style="list-style-type: none"> <li>• Summarising appraisal report and the problem/solution sheets</li> <li>• Extract key problems using the five gold standards</li> </ul>	Use the reports from the appraisal visits (for the whole group use one LGA and associated PHC facilities as an example) Divide into five groups reflecting the five appraisal areas Group problems (and if possible link these to key state strategies) Ensure all five key areas are covered (especially CCV, as this can be lost)
10h00-10h30	<b>Plenary</b>	Discuss a few problem statements that have been generated and agree that they meet the 5 gold standards. Ensure that this is not critical and threatening.
10h30 – 11h00	<b>Tea</b>	
11h00 – 12h00	<b>Session Continued</b> <ul style="list-style-type: none"> <li>• Use this session to do 'but why' exercises to get to systems issues</li> </ul>	After this groups do the 'But Why' exercise on their own 1-2 problem statements. No need to write this on flipchart paper – use ordinary A4 paper. Facilitators to move from group to group to help where necessary.

Time	Activity	Method
12h00 - 13h00	Plenary	Feedback and discussion from the groups on problem identification, the five gold standards and the 'But Why' exercise  Possibly use the gallery presentation method
13h00 – 13h45	Lunch	
13h45 – 15h00	Prepare Action or Operational Plan	Use formats (see below)  Divide into groups  Use SMART to identify appropriate activities from the 'but why?' exercise  Complete the planning format for the prioritised and grouped problems
15h00 – 16h00	Plenary	Feedback and discussion of the developed plans
16h00 – 17h00	Planning for Tuesday's Workshop	In groups plan for the workshops the next day

**Notes for facilitators:**

1. The times above are suggested times – in reality adjust according to the group.
2. Before breaking into groups for the problem statement definition, in plenary use an example to illustrate the use of the five gold standards (all the tools mentioned here are explained in detail later in this chapter). Example could be: 'This General Hospital does not provide adequate maternal services for pregnant women'. In plenary apply the 5 gold standards to this problem statement.
3. Before breaking into groups to do the 'But Why' exercise on the problem statements - do a 'But Why' exercise in plenary using the example in note 2. Draw this on a flipchart paper. Try to identify not more than 5 roots and follow these down.
4. Before breaking into groups to do the SMART exercise do a SMART exercise using the problem statement in note 2 that was developed into a root diagram in note 3. Also discuss SMART and apply this to some of the activities identified. Then show people how to fill in the planning format by writing 4-5 SMART activities on the paper (A4) and then completing each row. Prepare 10 flipchart sheets beforehand.

You should now have a plan that is based on the appraisal with 1-2 problems identified in each theme.

## From Appraisal to Planning

### Appraisal

Presentation by team at appraisal feedback session of workshop: Appraisal of the five themes; Strengths and weaknesses on flipchart for 5 themes (PCM; CCV; finance; internal management; service outputs)

Pink problem cards on flipchart for each theme

Spider for LGA/associated PHC facilities

### Problem Statement Definition

Use 5 Gold standards: Break into five theme groups – each group to identify 1-2 priority problems from weaknesses identified in the appraisal; problems identified in the PCQA (if available); and red card problems

Define simple problems; and define them as systems problems and not a lack of resource problem

### Root Causes Identification

Use 'But Why' Approach

Five theme groups to do exercise for each of their 1-2 problems; identify root causes at higher levels as well.

### Identify SMART activities

Following the 'But Why' approach, theme groups have identified 4-5 activities per problem

Apply SMART criteria to the activities; Activities need to be able to be addressed locally

### Transfer SMART activities onto Planning Format

List 4-5 SMART activities on planning format

Complete planning format for each activity: - responsible; resources; timeframe; outcome/indicator

Be specific

Planning starts in the appraisal feedback section of the LGA Appraisal Feedback and Planning workshop; continues during the planning part of the workshop in the afternoon; and culminates in the State/Zonal Appraisal Summit. The plans are then reviewed and refined during the monthly and quarterly follow up visits (see Component 3 manual).

Use the following steps to move from the appraisal feedback to the development of plans

## Tools for Planning

### Five Gold Standards for a Problem Statement

1. Is it a serious and important problem for the LGA/facility and/or the community?
2. Is it a problem with the quality, efficiency, access and/or coverage of services from the LGA or PHC facility?
3. Is it a problem about how things are done or managed at the LGA/PHC facility, or the end results needed?
4. Is it a problem we can adequately handle at our level?
5. Is the problem statement a clear and understandable sentence?

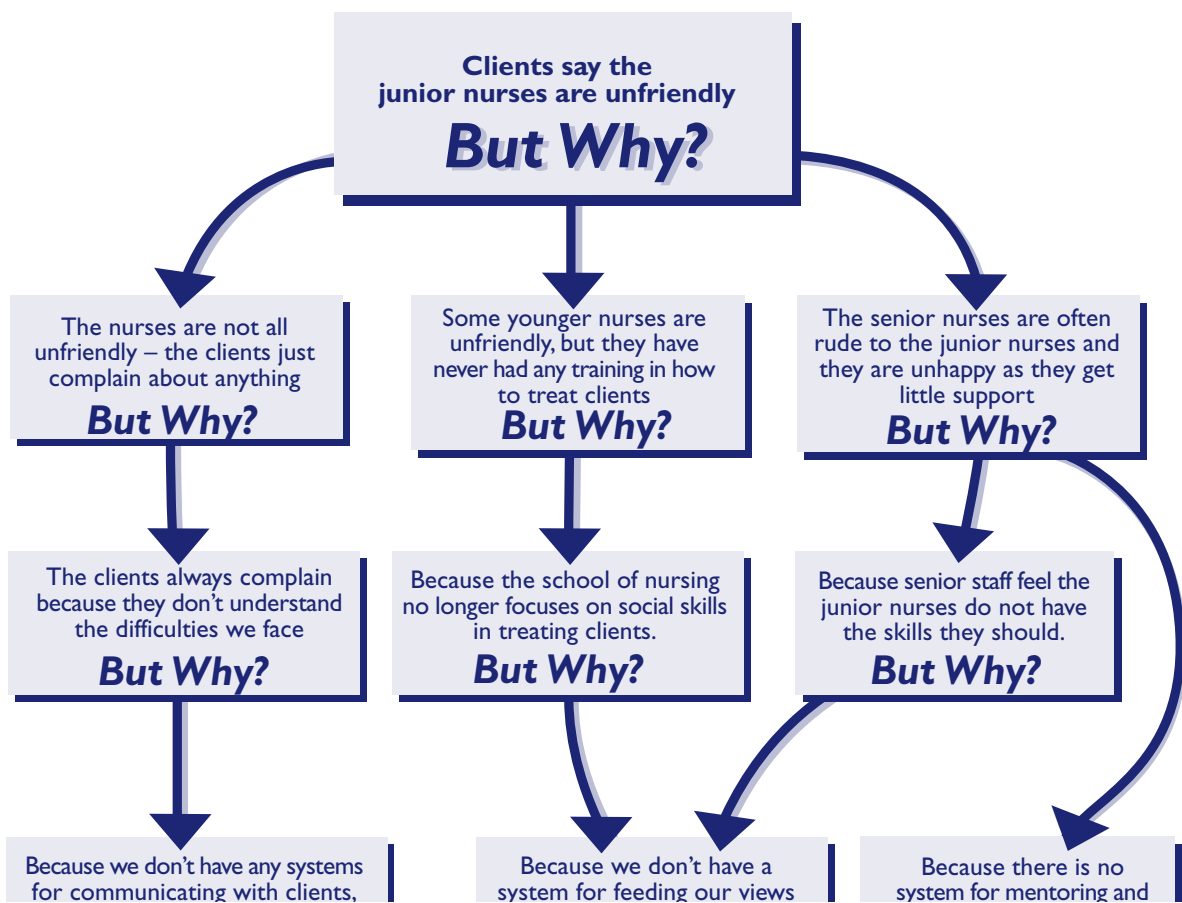
### ***‘But Why?’ Exercise***

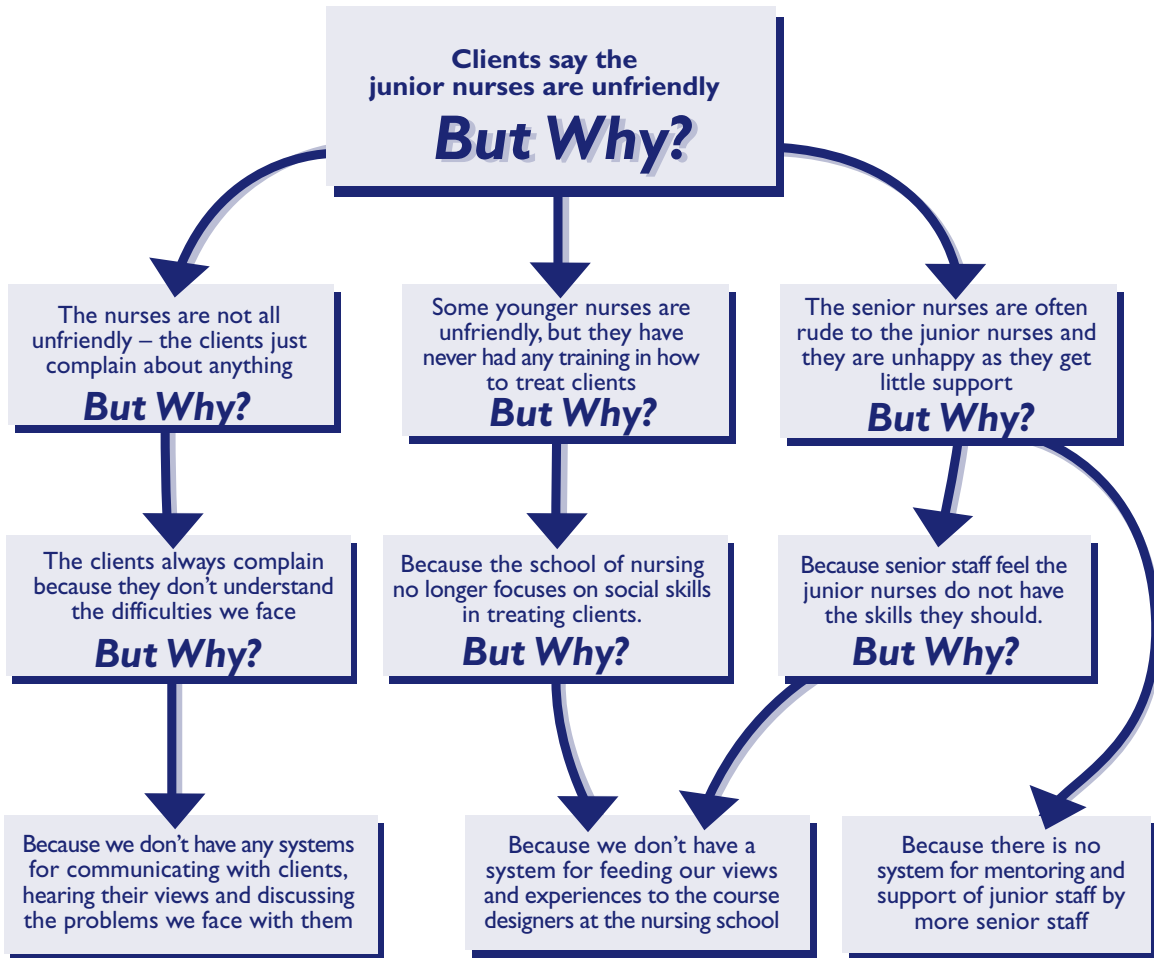
Using the ‘But why?’ exercise is a good way to help staff think about the root causes of problems and start to identify systems within the LGA/PHC facility that need to be established or improved. The ‘but why’ exercise follows these steps:

- During the planning workshop the participants break into groups covering the 5 PPRHAA areas.
- Each group takes the priority problems in their area
- Each priority problem is written at the top of a piece of flip-chart paper
- Taking each problem in turn, the group ask themselves, ‘but why does this problem exist?’
- Each time the group come up with an answer, which is effectively a new problem, they write this on the flip chart

- The group then looks at this new problem and again asks, ‘but why does this problem exist?’
- The process continues until the group feel they have got closer to the root causes of the problem.
- The facilitators or the PPRHAA team members facilitating the LGA Appraisal Feedback and Planning Workshop should spend time with each group to help them identify the underlying causes to the problems – often the lack of effective systems.

**An example of a ‘But Why?’ diagram**





As you can see from the example above, the ‘But Why?’ exercise helps to identify some of the systems that may not exist within the facility and the wider health sector. This can be very helpful in identifying the solutions to some of these problems.

### **Smart Activities**

Specific; Measurable; Achievable; Realistic; Time bound

Possible SMART activities that can be identified from the maternity services example that can be done locally at LGA or facility level.

1. LGA to initiate LSS training.
2. LGA/PHC facilities to list/cost minimum resource package needed to provide BEOC.
3. LGA/PHC facilities to develop budgets and ensure minimum resource package is included.
4. PHC facilities to develop DRF and D&E schemes.
5. LGA/PHC facilities to establish links/forums with the local communities.
6. Links/forums to discuss maternity service issues.
7. Etc.

### **Planning Format**

To assist in the planning, a standardised format will be used. To avoid a complex planning format and process, a simple format has been adopted for the three month action plans. As the planning process matures a more complex form can be used. This is to ensure that the valuable time of institutional managers is not consumed by the process but by the outputs. The fundamental thrust of the IMPACT Initiative is to ensure action. The planning process and formats hopefully reflect this.

Plans that are developed using the standardised format need to be shared with and used by all LGA/PHC facility staff and managers. Plans should be displayed in departments and facilities within the LGA.

As the process deepens, individual departments and facilities need to produce operational plans specific for their department or PHC facility. These need to be aligned with the LGA plans.

## ***The Three Month ACTION Plan Format***

For each PPRHAA Area:

### ***A: Patient Care Management***

What Activities need to be done to solve the priority problem identified?

By Whom?

By When?

What resources are needed?

How will it be monitored?

### ***B: Internal Management and External Linkages***

What Activities need to be done to solve the priority problem identified?

By Whom?

By When?

What resources are needed?

How will it be monitored?

### ***C: Finance and Equipment***

What Activities need to be done to solve the priority problem identified?

By Whom?

By When?

What resources are needed?

How will it be monitored?

### ***D: Client and community views***

What Activities need to be done to solve the priority problem identified?

By Whom?

By When?

What resources are needed?

How will it be monitored?

### ***E: Output data***

What Activities need to be done to solve the priority problem identified?

By Whom?

By When?

What resources are needed?

How will it be monitored?

Note that Client and community views should focus on client and community involvement in the health facility. Other issues raised by clients and communities during the appraisal should be addressed through actions under categories A-C and E.

Examples of plans and activities at different levels

In a LGA, one of the activities in the operational plan might be to produce a budget for the coming year that is based on projected income. Then for each department, the activities that are necessary for this aspect of the plan to be realised are:

- to estimate income from their department based on last year's income
- to estimate expenditure needed to run their department based on last year's expenditure
- to prioritise and cost items needed to maintain or improve service

Another activity might be to improve patient care management through practicing universal precautions. Facilities would develop activities such as:

- Ensuring a supply of disposable gloves
- Developing a system for the disposal of sharps
- Displaying the policy on the walls of the facility
- Implementing a system of non re-use of needles and/or syringes
- Teaching all staff safe handling and disposal of body fluids

These would then be converted into the action planning format.

## From Action Plans to Operational Plans

Following the first round of the PPRHAA process, it is important that institutions do not develop plans which are too complicated so they will not be understood or used by all LGA/PHC facility staff. Plans must be SMART. If institutions develop plans that can never be realised, we are setting up our institutions for failure. On the other hand if the plans developed do not address the underlying system problems; we are not going to see significant improvements over time.

There is a delicate balance here. There are no fixed answers for this dilemma. Each state and each PPRHAA team needs to make judgements as the

PPRHAA process unfolds and to ensure that the planning and review process reflects the maturity of the emerging health system.

In the first round, short three month action plans need to be made. These need to reflect key problems identified by the institutions and be activities that can be achieved. If possible, more systemic problems need to be addressed. Encourage the LGA/PHC facilities to choose around 4 problems from those identified during the appraisal feedback workshop.

During the cyclical PPRHAA process, plans need to deepen in two significant ways:

- Plans need to be based on the state (or equivalent) Strategic Health Plan (SHP).
- The time frame needs to widen from short three month action plans to one year operational plans. There can be an interim six month plan phase.

It is important that the state develop a Strategic Health Plan (SHP). This will most probably be based on the Federal Health Sector Reform process. Developing a SHP will allow the state to focus on a common vision and a set of agreed strategies. Rather than squander scarce resources, the development of a SHP will allow all the role players to pull in the same direction.

However, the LGAs/PHC facilities cannot wait until the state develops a SHP. They need to address their priority problems. When developing an operational plan, ensure that the LGA/PHC facilities choose a realistic number of problems. Develop an understanding with the LGA/PHC facility team that they cannot cover everything in one year and that they must not set themselves up for failure.

Past experience has shown that there can be difficulties if you ask the groups in the workshops to link activities in their plans to State-level objectives, strategies or outputs. This usually confuses the participants (at least initially) and undermines the direct connection between priority problems and planned activities, which is very important. If necessary, it is easy for facilitators, state officials or senior managers to write a short introduction later on, that explains how the planned activities help to reach higher strategies or objectives (such as reduced maternal mortality). Alternatively, facilitators and senior managers can introduce important priorities from the state strategic plans into the discussion of the LGA's own problems, but this should be done carefully, so as not to confuse participants or break the link between problems at the LGA/PHC facility and the plans that are produced.

Ensure that all participants understand that an outcome or indicator is not needed for each activity. Rather group the activities and see if one outcome or indicator can reflect that a group of activities has been implemented and been successful. Also ensure that activities are spread over the timeframe and not all to be done in the first couple of months. It is very important that realistic time frames are used.

On the next page is an example of the format for an operational plan.

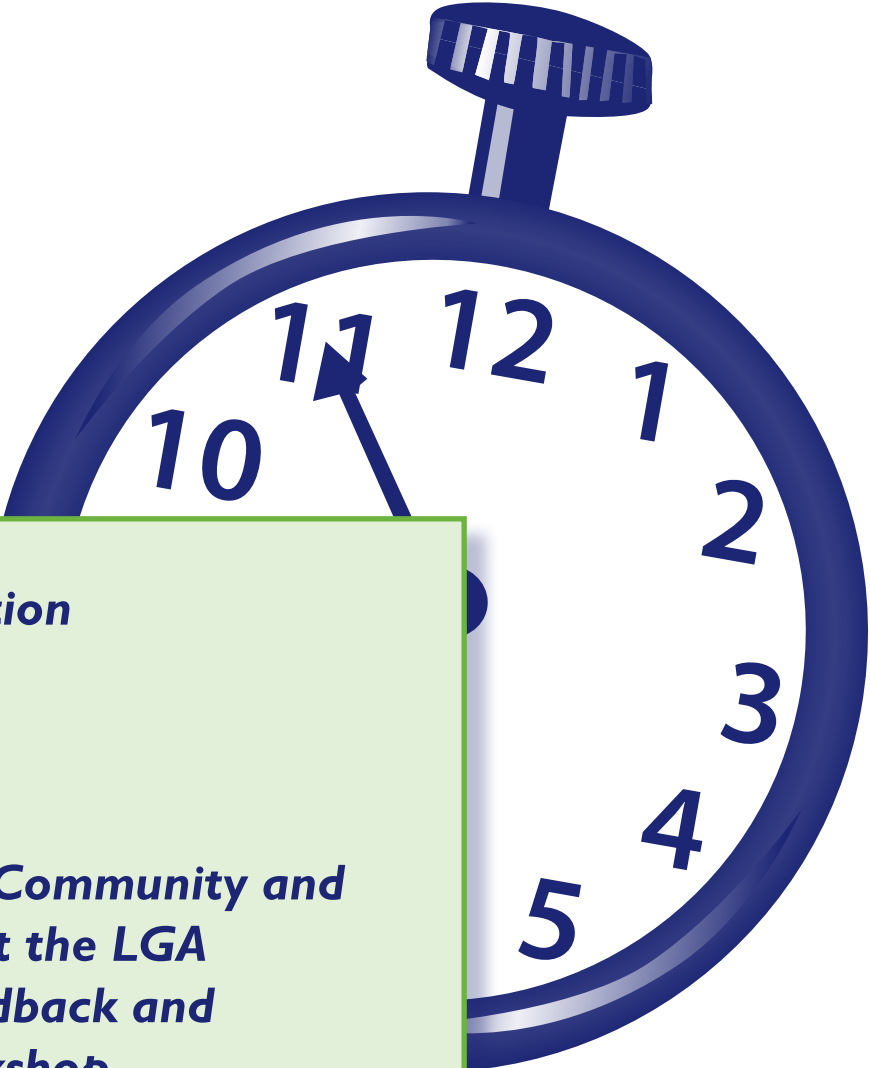
<p style="text-align: center;"><b>OPERATIONAL PLAN</b></p> <p style="text-align: center;">{Indicate time frame – normally 1 year} {Indicate level i.e., Facility or SMoH or HMB}</p> <p style="text-align: center;">Problem Statement: _____</p>						
#	Activities	Responsible	Resources	Timeline	Outcome/Indicator	
				J F M A M J J A S O N D		



# Feedback and Planning Workshop

CHAPTER

7

- 
- *Prior Preparation*
  - *Agenda*
  - *Facilitation*
  - *Representing Community and Client Views at the LGA Appraisal Feedback and Planning Workshop*

## Prior Preparation

The LGA Appraisal Feedback and Planning Workshop usually occurs on the second Tuesday of the two week period. If there have been 8 teams (each assessing LGA headquarters and associated PHC facilities), then 8 separate workshops will be held on this Tuesday – one in each LGA<sup>3</sup>. Each team (a minimum of three) prepares for and facilitates the workshop. This is described in this chapter<sup>4</sup>. The PPRHAA team has the weekend, the evenings and the Monday planning training for this. Use it wisely.

First, the team must analyse the data collected from health facilities, management structures, and communities. Then, they must produce summary reports and presentations for dissemination at the workshop (described in Chapter 5). This can be a difficult process for some team members, but it will be much easier if facility/institution reports are written up on the day of the appraisal. The team should prepare the following:

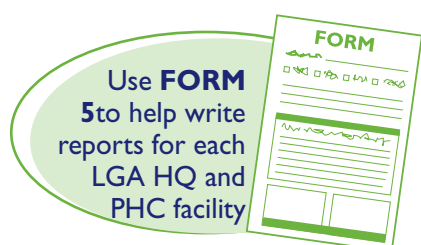
- Reports for each LGA HQ and each PHC facility that are given to each individual institution. Use the report format (form 5) for this.
- A composite report for each LGA (both the HQ and the associated PHC facilities) that covers all five key PPRHAA themes. The PPRHAA team will present the report theme-by-theme and answer questions. Each team will also design one or more flipcharts that identify four points of excellence and four areas needing improvement.
- The CCVOs may want to write one report on client views and one on community views (both from the FGDs and the key informant interviews) for each LGA. Often, clients and communities view facilities quite differently and it can be useful for the facilities in the LGA to see both.
- A presentation on key output data.
- A spider diagramme for the LGA (including the PHC facilities).

In addition to the institutional reports and presentations, the appraisal team should also have collected the completed problem and solution cards distributed to all LGA department heads, facility staff, community focus groups, and key informants, plus the three cards based on client interviews. When reviewing the problem and solution cards for each LGA, the team should group the problems identified according to the headings of the assessment tool such as

- Patient care management
- Finance and Equipment
- Internal management and external relations
- Community and Client Views
- Service Outputs

<sup>3</sup> Note that in some states this has been a combined workshop between the PHC facilities and the SHC facilities

<sup>4</sup> Having a separate LGA Appraisal Feedback and Planning Workshop followed by the combined State or Zonal Summit allows several options in states. For example, in Kaduna ECWA and NPHCDA recently appraised their facilities. This allows them to have separate Appraisal Feedback and Planning workshops but a combined Summit.



The cards are pasted on flipcharts under the heading of that theme area. Any duplicates can be removed and replaced with a number to indicate how many times this problem/suggestion has been raised. These are to be used mainly in the planning session of the LGA Appraisal Feedback and Planning Workshop.

Finally, the team should have its assessments of each day's work from the evening meetings where key messages are decided. The team should now have a rich knowledge base available to use in helping the LGAs and facilities develop plans.



### Agenda

The LGA Appraisal Feedback and Planning Workshop consists of two phases, with the first devoted to feedback from the PPRHAA appraisal team and the second used for developing LGA action plans. Draft an agenda for the LGA Appraisal Feedback and Planning Workshop such as the one below.

Time	Activity	Method
8h30 – 10h00	<b>Session 1: Appraisal</b> <ul style="list-style-type: none"> <li>Composite report by PPRHAA team on five themes (A, B, C, D, E) for each LGA and their facilities</li> </ul> <p><i>Note: the gallery material should be put up before starting and the opening ceremony slotted in where necessary</i></p>	Use performance ranking spiders Develop a spider for each LGA (a composite spider of the LGA and all 8 facilities under that LGA). Identify four key points of excellence and four needing improvement per theme for each LGA. Presentation can be a gallery presentation – the PPRHAA team stands by the station with graphics, spider and posters behind, presents and answers questions. Use quotes for CCV.
	<ul style="list-style-type: none"> <li>Output data presentation</li> </ul>	Presentation of output data
	<ul style="list-style-type: none"> <li>Plenary Discussion</li> </ul>	Following the gallery presentation
10h00 – 10h30	<b>Opening Ceremony:</b> <ul style="list-style-type: none"> <li>Welcome and introduction</li> <li>Aims and objectives</li> <li>Expected outcomes</li> </ul>	Use icebreakers for getting to know each other (see ideas for energisers and icebreakers) and short inputs for the rest Handout (one page) explaining IMPACT Explanation of IMPACT and PPRHAA (what, purpose, and how carried out) Slot this session in where appropriate – normally at the beginning unless the invited guest (e.g. the LGA chairperson) is delayed.

Time	Activity	Method
10h30 – 10h45	Tea	
10h45 – 11h15	<b>Session 2: Planning</b> Explanation of Planning <ul style="list-style-type: none"> <li>• What is planning?</li> <li>• Simple planning formats</li> <li>• Action versus operational planning</li> <li>• Strategic versus operational planning</li> <li>• Introduce Federal HSR process and state SHP</li> </ul>	Short inputs and plenary discussions. Use formats and handouts Prepare summary on HSR status and state SHP (if necessary)
11h15 – 13h00	<ul style="list-style-type: none"> <li>• Group work to Review Appraisal Feedback and Identify Key Problems</li> </ul>	LGA groups looks at the five themes based on the presented reports Depending on numbers, one group can cover one theme Identify and prioritise specific problems from the presentations and the flipcharts with the problem/solution cards. Extract key problems using the 5 Gold Standards
	<ul style="list-style-type: none"> <li>• Followed by Plenary Presentation of group reports</li> </ul>	Allow at least 30 minutes for the plenary feedback
13h00 – 13h45	Lunch	
13h45 – 15h45	<b>Development of Action Plans</b> Prepare an action or operational plan for each facility and LGA HQ as a unit – at this stage do not do 9 separate plans but one combined plan. As the process evolves, individual facility plans can be made	Discuss potential solutions – look at solutions from problem/solution cards on flipcharts Continue with the group work by theme Use this session to do ‘but why’ exercises to get to systems issues Use ‘SMART’ to identify appropriate activities from the ‘but why’ exercise. Use planning formats provided Complete the planning format for the prioritised and grouped problems
15h45- 16h00	Tea	
15h00 – 16h00	<b>Plenary: Looking Forward</b>	Second gallery presentation Each theme group has a station and posters with their plans Participants and PPRHAA team members ask questions Encourage participants to relate the plans to the appraisal and the LGA spider Facilitate a discussion after the gallery session Half an hour for gallery and similar for plenary discussion Include a discussion on the way forward
17h00 – 17h15	<b>Wrap up and Evaluation</b>	

## Facilitation

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Each LGA and its 8 PHC facilities attend their own LGA Appraisal Feedback and Planning Workshop. Make sure that each of the LGAs and facilities visited are represented at the workshop to ensure that the planning component is representative of all the stakeholders. In addition, community members should have been invited.

The PPRHAA team members will use the skills they developed during the planning training workshop the day before. They will need to demonstrate with appropriate examples how to use the Gold Standards, the “But Why” exercise and SMART – as indicated in the agenda.

At the end of the LGA Appraisal Feedback and Planning Workshop, each LGA (and associated facilities) should have prepared an action or an operational plan that addresses the main issues identified in the PPRHAA appraisal and cover all the five PPRHAA themes. This is then brought to the State/Zonal Summit (usually on the last Friday).

### **Tips:** Improving The Planning Session

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Facilitators must be confident and know the material well

Ensure that the introductory inputs are simple and clear

Don't assume the senior people in the institution necessarily know better than the junior ones.

Planning must be made simple and output focussed

Group problems; ensure all five themes are covered; and the links to key state strategies are identified

Plans must have activities that institutions/facilities can do

## Representing Community and Client Views at the LGA Appraisal Feedback and Planning Workshop

During the planning session, facility and LGA staff can forget to respond to the concerns raised by clients and communities. It is however extremely important that they do, since communities will not use the health services if they do not respond to their needs. During the LGA Appraisal Feedback and Planning Workshop, it is the CCVO's role to ensure that facility and LGA staff hear and understand the views of clients and communities and respond to these in their plans. Using the problem/solution cards with client and community views is one important way of doing this. When presenting the appraisal feedback on the flipcharts at the LGA Appraisal Feedback and Planning Workshop, you should highlight the 3 most common problems identified during the focus groups and from the client and key informant interviews. These problem/solution cards are analysed and addressed during the planning sessions of the LGA Appraisal Feedback and Planning Workshop. The CCVO should support the group work to ensure that facility staff do address these problems and consider the solutions given by clients and communities.

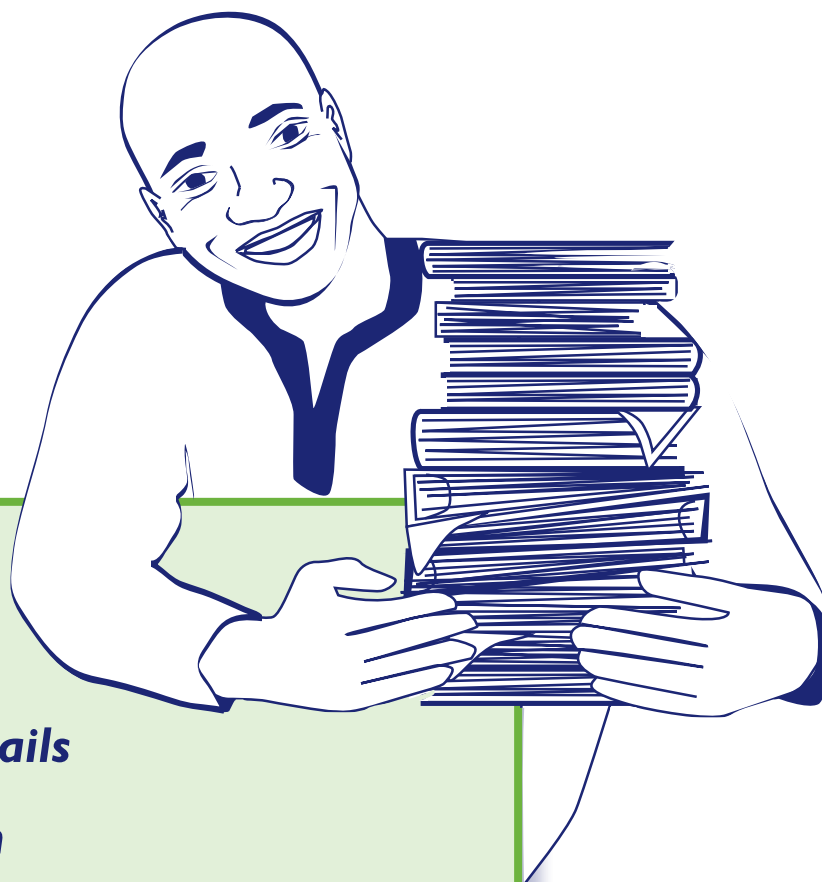
### **Tips:** for PPRHAA team during workshop

- Remember that the afternoon session will develop the plans
- Encourage groups to focus on problems that are amenable to local action
- Let the group choose a Reporter and a Chairperson before they start the group work
- Avoid getting bogged down in the scoring on the spider chart
- Facilitate all participants, including the community, to participate effectively
- Groups can use beans or groundnuts or stickers to prioritise problems rather than just discussion

# The State/Zonal Appraisal Summit

CHAPTER

8



- **Summit Agenda**
- **Session Details**
- **Preparation**
- **Other Considerations**
- **Looking Forward**
- **Evaluation**
- **Writing the Summit Report**
- **Finalising and Distributing Reports**

This chapter describes the state/zonal summit which is normally held together with the hospital appraisal team at the end of the whole PPRHAA exercise. The team has two days to plan the appraisal summit and prepare all the reports. This is the Wednesday and Thursday of the second week. All the teams now work together.

## Summit Agenda

Time	Activity	Method
08h30 – 10h30	<p><b>Session 1: Appraisal Feedback</b></p> <ul style="list-style-type: none"> <li>Report by PPRHAA team on four key appraisal themes (A, B, C, D)</li> <li>Output data presentation (E)</li> <li>Plenary discussion</li> </ul>	<p>Use performance ranking/spiders</p> <p>Besides individual LGA spiders, develop a state spider</p> <p>Identify four key points of excellence and four needing improvement for each theme</p> <p>Presentation is not in plenary, but a gallery presentation – a PPRHAA member stands by a station with graphics, spiders and posters behind and answers questions</p> <p>CCV station has quotes on wall</p> <p>Plenary presentation of output data</p> <p>Use graphs liberally</p> <p>Following gallery presentation</p> <p>Facilitator is key</p> <p>PPRHAA team needs prior discussion with facilitator re points/areas to cover</p>
10h30 – 11h00	<b>Tea</b>	
11h00 – 11h30	<p><b>Session 2: Opening</b></p> <p>Official opening session</p>	<p>Official opening by dignitary (Commissioner or PS)</p> <p>Overview of IMPACT</p> <p>Handout (one page) explaining IMPACT</p> <p>Fit this session in at an appropriate time</p>

Time	Activity	Method
11h30 – 13h30	<p><b>Session 3: Planning</b></p> <ul style="list-style-type: none"> <li>• Presentation by LGAs of institutional plans</li> <li>• Plenary Panel discussion</li> </ul>	<p>Each LGA/PHC facilities group has a station and posters with their LGA spider and their plans</p> <p>Participants move around and ask questions</p> <p>Encourage participants to relate the plans to the appraisal</p> <p>Each LGA has a representative on the panel and ‘defend’ their plans</p> <p>Audience members and the facilitator ask questions on the plans</p> <p>Facilitation and prior planning are key again</p> <p>Query whether plans are SMART</p>
<p><b>Note: if you have a large number of institutions, run parallel group discussions in Session 3 – try to keep groups not bigger than 4-6 LGAs</b></p>		
13h30 – 14h30	<b>Lunch</b>	
14h30 – 15h30	<p><b>Session 4: crosscutting issues</b></p> <ul style="list-style-type: none"> <li>• Presentation</li> <li>• Plenary panel discussion</li> </ul>	<p>A PPRHAA team member presents (in plenary) the cross cutting issues and the recommendations to higher levels</p> <p>Identify key people for panel – politician, senior administrator, donor etc</p> <p>Discuss arising from the presentation</p>
15h30 – 16h00	<b>Session 5: Way forward</b>	<p>Plenary discussion on way forward</p> <p>Discuss quarterly review process</p> <p>Try to get commitment from key role players</p>
16h00 – 16h30	<b>Tea and Evaluation</b>	Be creative here

## Session Details

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### **Session 1: Appraisal – Gallery presentation**

The appraisal feedback presentation is done as a “gallery” presentation which consists both of visual material (e.g. spider graphs on a flipchart, a flipchart on four strengths and weaknesses, the ranking exercise from the focus group discussions) and short presentations. Each presentation covers one theme; which means that there will be four stations.

In the gallery presentation, the audience is divided into four equal groups and rotates from one station to the next. At each station, the visuals are presented and other areas highlighted. There is approximately 10 minutes per station. This is followed by a plenary presentation on the service output data and then a general discussion.

### **Session 2: Opening Ceremony**

This session includes an opening ceremony, which is optional but necessary if you have invited a public figure such as a politician or a senior civil servant to open the Summit. Talk with the master of ceremonies, the chairman and the VIP so they understand the agenda. The opening ceremony can be slotted in where appropriate to accommodate the VIP’s schedule.

This opening ceremony includes an explanation of IMPACT and PPRHAA

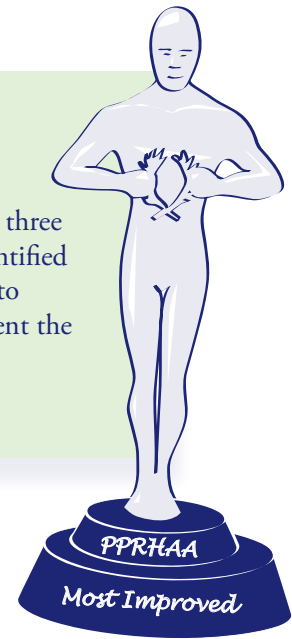
- IMPACT stands for Improving Management through Participatory Appraisal and Continuing Transformation (see figure 1).
- PPRHAA stands for Peer Participatory Rapid Health Appraisal for Action.
- PPRHAA is carried out by peers of managers and professionals from other neighbouring LGAs and PHC facilities
- Managers of the LGA/PHC facility being appraised also participate
- The process encourages immediate local action by managers and staff, using local resources.
- Following PPRHAA there is a cyclical process of support and follow up
- In addition, there are specific systems development initiatives

### **Session 3: Planning - Action Plans for each institution**

Now it is the turn of LGAs/PHC facility groups to present the action plans they prepared when the team held the LGA Appraisal Feedback and Planning Workshop. This again is a gallery presentation followed by a panel ‘defence’. Each LGA group should have flipcharts with their appraisal spider and their action plans (over time, the action plans will become operational plans).

### ***Have some Fun with Planning***

For some fun, you might ask participants to rank the top three plans, or the three most improved plans or the three plans that best address the weaknesses identified in the appraisal. Make this entertaining (e.g. use 'Oscars'). Get participants to anonymously rank; a PPRHAA team member will count the votes and present the outcome in the final session.



### ***Session 4: Cross cutting issues and recommendations***

Ensure that a PPRHAA member has a good presentation – preferably on power point. Ensure that the panel has been briefed and is representative and senior. The facilitator needs to have excellent skills and be adequately briefed.

### ***Session 5: Way forward***

Now you need to decide with all participants what the next steps are. The lead facilitator should lead the discussion on the following issues:

- Dates for follow-up visits of the PPRHAA team to facilities
- Date for review meeting in 3 months
- Role of PPRHAA team when they return to their institutions
- Any state-level activities
- Commitments from key role players

## Preparation for the State/ Zonal Appraisal Summit

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As the summit will be held on the Friday<sup>5</sup> of the second week<sup>6</sup>, ensure that participants from afar come in on the Thursday night and are accommodated near the venue. Also ensure the LGAs are aware that they need to bring their appraisal spiders, their plans on flipcharts and that they need to allocate someone for the panel discussion. The number of participants from each LGA is dependent on how many LGAs/facilities have been appraised and whether the Summit is Zonal or State (or even District). The PPRHAA team needs to make this decision. Remember that you have two days to prepare – below is an outline of what to do on these two days.

### Day 1

The whole team needs to prepare the following (one set for PHC and one set for SHC):

- A composite report for each theme which covers all the reviewed LGAs and PHC facilities e.g. one report for Patient Care Management for all the PHC facilities in the state/zone. This is presented in a gallery presentation style. In addition, each team designs one or more flip chart posters which identify four key points of excellence and four areas needing improvement in each theme.
- A presentation on key output data - with charts and figures of the service output indicators (use power point if possible)
- A spider diagram combining data from all the LGAs and facilities visited in the state

To do the preparation, PPRHAA team members work in theme groups.

Remember that in the preparation for the LGA Appraisal Feedback and Planning meeting (see chapter 5) that individual LGA and PHC facility reports, spiders, CCV reports and service output data reports have been prepared. The teams preparing for the summit use these reports to prepare a theme report.

Refer to sections in chapter 5 (e.g. “key points to consider in preparing consolidated reports” and “analysing service outputs and indicators”) to help you.

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5 This is normally a one day event but can be a two day event

6 Some states have separated out this event further. The state will have zonal summits, but the meeting with key policy makers follows these summits and is a shorter more focussed meeting where key points that have emerged from the zonal summits are presented and discussed. The team needs to be experienced to handle this without the support of the consultants.

**Report writing by team groups on each Theme**

This can take up to 8 hours. When you have got all the reports on all institutions, you need to compile a consolidated report on each theme area for all institutions. This is used as the basis for your presentation and does not need to be typed as it will not be submitted to anyone. Use the same reporting format as a guide. The report should follow the same pattern as that for individual institutions, again making sure you are answering the questions on your assessment guide and giving evidence where you are making a judgement. What are the common practices? What is done differently in the different facilities?

Areas of interest should be part of your presentation and put on the flip charts for the gallery session. Finally, extract four key areas of excellence and four areas needing improvement. These will be presented during the appraisal summit.

In addition, to the theme reports for areas A, B, C and D the team needs to prepare a consolidated service output data report for presentation in the plenary. Some members need to be allocated this task.

**Tips: Preparing Posters for a Gallery Presentation**

- Focus on the four key points of excellence and four points needing improvement for your theme
- Keep your poster clear and simple – you will be standing next to your poster to explain in more depth if you need to
- Write in clear large handwriting so people can read your poster from a distance
- Use diagrams and pictures if you can – this can be more interesting than text alone
- Use quotations where you can, especially the CCV team, to help your poster come to life.
- Prepare the spider graphs

## **Day 2**

Day 2 should be reserved for

- Discussing each consolidated theme report by all the PPRHAA Team members
- Finalising the consolidated presentations
- Drawing up presentations on flip charts
- Preparing for the gallery session
- Picking out major issues to address (four areas of excellence, four areas needing improvement)
- Finalising the agenda for the summit.
- Arranging for the summit
- Discussing the facilitation
- Discussing desired outcomes from each session
- Identifying potential panellists
- Allocating team members for the consolidated report on crosscutting issues and recommendations to higher levels

### ***Discuss Team Group reports***

It is important that all of the reports are finished on the first day. On the second day, each theme group presents the consolidated reports to the rest of the PPRHAA team. If they have time the previous day, they could prepare their posters for the gallery presentation and discuss these. This is to enable other team members to comment on your report (or poster) and to avoid repetition of issues or contradictions across the different reports/ posters. Keep notes of all suggestions from members of the team so you can edit your report accordingly.

During the discussion, major issues that cut across all institutions are listed on a flip chart. Your recommendations will be derived from this list. They should focus on issues that the institutions can address themselves.

### ***Pick out cross-cutting issues***

By the end of the presentation and discussion, the whole team will assemble a list of main areas of excellence and weakness for all LGAs. Make sure all thematic areas are covered and try to keep to a maximum of four areas of excellence and four of weakness per theme. For each of the four areas of weakness, list actions that the institutions can take to reduce or solve the

problem. When you have finished this, take the same issue and see what the LGA/MOLG can do towards solving the problem. The table below provides examples of two crosscutting issues and actions.

**Example of a Table of Cross-Cutting Issues and Actions**

	<b>Issue</b>	<b>Action By Facility</b>	<b>Action By LGA/ MOLG</b>	<b>Action By PRRINN-MNCH</b>
1.	Quality of Care	<ul style="list-style-type: none"> <li>Set up suggestion boxes in prominent places and create awareness for use.</li> </ul>	Set-up quality assurance systems in LGA including system for monitoring patients' views and satisfaction, standard treatment protocols and strengthen emergency referral linkages with hospitals	Procure an expert in quality assurance and support setting up of program in LGAs and PHC facilities in the state
2.	Patient records and registers	<ul style="list-style-type: none"> <li>Produce standard record forms and registers</li> <li>Orientate staff on the use of forms</li> </ul>	Produce templates of standard record forms and registers and mandate PHC facilities to charge for them	

This will form the basis of Session 4 during the State/Zonal summit.

**Finalise the Summit agenda and share out roles and responsibilities**

The Team is now ready to share responsibilities for the Appraisal Summit. Take the draft agenda which you drew for the Summit and insert the names of those who are going to do the presentations and be the facilitators.

Other roles you need to assign are:- recorders for discussions; registration; raising key issues, etc.

Remember to discuss desired outcomes/issues to be raised in each session.

## Other Considerations

Before the Workshop, have someone visit the venue to be used to:

- Re-arrange the chairs into a horse-shoe arrangement.
- Set up stations for the gallery sessions and ensure there is enough free space around each station
- Test multi-media (LCD) or overhead projectors, if you plan to use them.
- Make sure materials are available, including flipcharts, flipchart stands, loud speaker if necessary, note pads, pens, A-4 paper, and copies of reports.
- Paste charts around the conference room for the gallery session
- Select and brief chairperson(s)
- Organise participant registration

The Appraisal Summit is the zenith of all your work. The purpose of it is to present your findings and the plans of the LGAs/PHC facilities to the managers of the institutions you have appraised, LGA staff, political heads, etc. In addition, it is an opportunity for promoting action by higher management authorities and/or all LGAs on key issues that LGAs/PHC facilities cannot solve by themselves.

### **Workshop requirements:**

- A large enough hall with tables and chairs where all team members can work and consult each other
- Breakaway rooms if parallel sessions are to be held
- A typist with a computer and printer
- Laptop computers for members who have them and can use them
- All the draft reports and notes from all the appraised LGAs and their PHC facilities
- Output data from LGAs and facilities
- Spiders
- One page summary on IMPACT
- A-4 paper
- Flipcharts
- Markers

**Tips:**

**For a Successful LGA Appraisal Feedback and Planning Workshop**

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In your invitation let people know that the first gallery session will start at 08h30 before the official opening

The gallery presentation allows the team to start before the 'official opening' session – fit this in at an appropriate time

The workshop format is very interactive and many sessions will get participants out of their seats

Prior to the workshop, the team needs to discuss what they want to achieve from each session

Facilitation is key; so use good facilitators and brief them well

Encourage management structures (LGA) that have been appraised to participate fully

Be creative and keep participants active. Use the ideas provided for evaluation and energisers.

Session 1 is run by the PPRHAA team; session 2 by the PPRHAA team and the institutions

Arrange seating in a horseshoe or circle. As much as possible, avoid people sitting behind others

**Tips:**

**For The Facilitator**

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Assist the Chairman as much as you can

During the Summit, the Facilitator should fade a bit into the background. It is the PPRHAA Team's show.

Be available to help the team but be cautious of taking over

Pull out strategic issues as the findings are presented

## Looking Forward

At the end of the Summit, PPRHAA team members should include the input of other participants into the final appraisal report; the agreed-upon list of cross-cutting issues and actions to be taken by the different stakeholders; and action plans for each LGA (LGA HQ and all PHC facilities) for the next 3-4 months.

Participants can then decide the next steps. The lead facilitator can lead a discussion on the following issues:

- Dates for follow-up visits of the PPRHAA team to facilities
- Date for review meeting in 3 months
- Role of PPRHAA team when they return to their institutions
- Any state-level activities
- Any LGA-led activities
- Commitments from key role players




## Evaluation

At the end of the summit, it may be useful to get feedback on both the summit and the whole PPRHAA process. The following are some evaluation ideas:

As an energising way to get an instant impression you could ask all the participants to stand up and make a line – ask them if they think the PPRHAA exercise has been useful. The ones who feel it has stand at one end of the line and those that think it has not stand at the other end. Those who found it quite useful stand somewhere in the middle – the line becomes a scale and you can get an instant view of how valuable people found PPRHAA. You can ask different questions and adapt the exercise for use at any point during the summit or during the PPRHAA process.

To get more detailed feedback hand out two post-it notes to each participant ask them to write one good thing about the PPRHAA exercise and one thing that needs improvement. Stick two pieces of flipchart on the wall and label one flipchart as ‘PPRHAA Positives’ and the other flipchart as ‘PPRHAA Improvements’. As participants leave the summit they can stick their post-its on the appropriate flipchart.

To gauge the mood throughout the summit you could use ‘smiley-faces.’ On a flipchart draw a matrix with three columns. Give each participant enough stickers for each session. If they feel happy with the way the session is going they place the sticker on the happy face and so on. If during the Summit you find a lot of miserable faces, the facilitator can ask participants what the problem is and try to rectify it.

			
Session 1			
Session 2			
Session 3			
etc			

You can adapt these ideas and come up with your own to use throughout the PPRHAA exercise. You might want to get your PPRHAA team to evaluate their experiences of being involved in PPRHAA. This helps improve training, facility visits and other aspects of PPRHAA in the future.

## Writing the Summit Report

Make sure every presentation made at the summit is collected, including copies of all action plans from participating LGAs.

The summit report must have the following headings:

**Introduction**, which states when and where the summit was organised, who participated and its purpose.

**Key Findings** for each theme from the summit’s Appraisal Feedback session (extracted from the performance ranking spiders, the four strengths and weaknesses and the reports on the five key areas, including CCV and output data).

**Action Plans** developed by each group of LGA and 8 PHC facilities

**Crosscutting Issues**

**Key Conclusions and Recommendations.**

**Annexes** made up of action plans from LGAs, individual LGA and facility reports, cross-cutting issues and recommendations, statements/speeches from key stakeholders, and the summit agenda.

## Finalising and Distributing Reports

The key facilitator (national or international) has the responsibility for compiling, formatting and distributing the overall appraisal report; the LGA Appraisal Feedback and Planning Workshop report; the State/Zonal Summit report; and the individual LGA/facility reports.

In summary, the following reports are compiled:

### **Institution Report:**

A brief report for each LGA and PHC facility completed by each team of 3 in the evening after their visit. After two weeks, you should have a total of 48 PHC reports and 6 LGA HQ reports. Use form 5 for this report.

### **LGA Report:**

A report for each LGA that consolidates findings from all the LGA's facilities and HQ and is divided by the five Appraisal themes (PCM; internal general management and external linkages; finance, accounting, infrastructure and equipment; CCV and output data). These reports are finished before the LGA Appraisal Feedback and Planning Workshop and serve as a basis for the flipchart presentations for each LGA during the appraisal feedback. At the end of two weeks, you should have a total of 6 LGA reports. The report would include the output data and the spider graphs.

### **Summit report:**

This report brings together thematic reports and key cross-cutting issues and includes the way forward for the LGAs and the state.

### **Overall Appraisal Report:**

The usual report format for the PRRINN-MNCH programme should be used and the reports mentioned above will form annexes to the main report. In addition the report should:

- Present findings from the five key themes in the Appraisal Tool (PCM; Internal general management and external linkages; finance, accounting, infrastructure and equipment; CCV and output data) sub heading by sub heading. Highlight similarities across LGAs, as well as discrepancies.
- Not indicate the name of particular PHC facilities or LGA HQs. Where there are outstanding positives the LGA can be named. Where there are bad practices, criticise constructively.
- End with a summary to give a picture of LGA performance and suggest key areas for improvement/action.

Use **FORM 5** to help write the institutional report



# APPENDICES



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## APPENDIX I: Briefing Paper for PPRHAA Team Members

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### Introduction

PPRHAA stands for:

**P**eer... *Carried out by peers within the health sector*

**P**articipatory... *Staff from all facilities being appraised and community representatives participate*

**R**apid... *Normally done in just two weeks for a whole state*

**H**ealth... *Focused on health systems and services*

**A**ppraisal for... *An annual appraisal*

**A**ction... *Leads directly into action planning and later into operational planning*

It is a simple approach for assessing health facilities and/or management bodies (LGAs), with the active involvement of staff from the facility itself and their peers from other institutions within the State. It is a rapid way of identifying problems in health facilities for immediate planning and action by facility managers and staff. It can also be used with hospitals and their management structures – there is a separate briefing paper to cover Hospitals and SHMB/SMOH which can be found in the hospital manual.

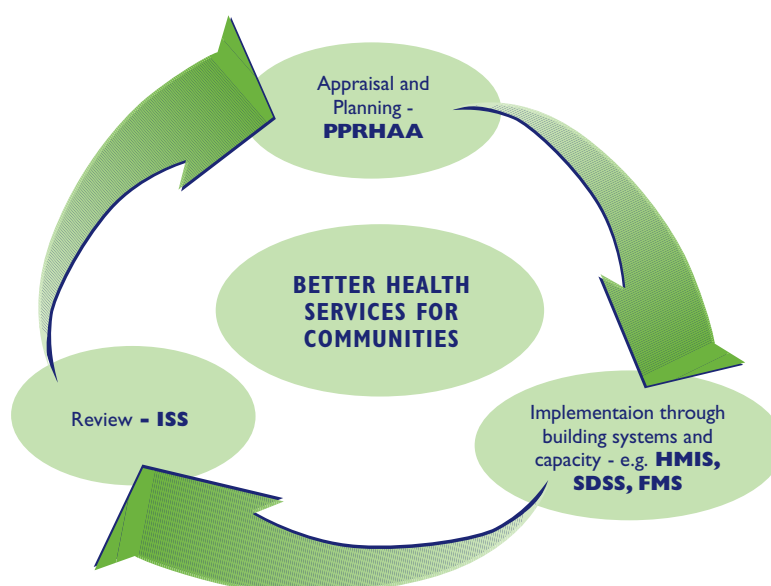
PPRHAA is one part of the IMPACT Initiative (Improving Management through Participatory Appraisal and Continuous Transformation) which includes other approaches to develop systems within health facilities and to provide the support and follow-up needed for PPRHAA and systems development.

## What Is The Purpose Of PPRHAA?

The purpose of PPRHAA is to introduce reforms into the management of PHC facilities and their supervisory bodies and build the skills of managers in analysing, planning and solving management problems, in order to strengthen middle level responsibility, authority and accountability.

The IMPACT Initiative of which PPRHAA is the appraisal and planning tool aims to ultimately improve the delivery of health services. In order to do this key systems within the health sector such as financial, management, patient care and community accountability systems must be developed and strengthened both at facility and management levels. The diagram below illustrates how IMPACT, including the annual appraisal process of PPRHAA, combine to improve service delivery.

## Impact



## Who Forms The PPRHAA Team?

The PPRHAA team is selected from the LGA level and from each of the participating health facilities. These are a mix of professionals – medical, nursing, pharmacy, administration/management, accounting, health statistics and those with experience in community development. The size of the team depends on the number of participating institutions. A team of 18 people is needed to appraise 6 LGAs and 48 facilities.

A key part of the PPRHAA process is the identification and development of ‘catalysts’. Any member of the PPRHAA team can become a catalyst, but to do so must display particular enthusiasm, commitment and capacity to being involved in PPRHAA and to develop effective systems within their facilities. Catalysts are able to benefit from the capacity building aspect of component 2 of the IMPACT which aims to develop effective systems and the capacity to design and implement these systems within the facilities.

### **How Is PPRHAA Carried Out?**

The diagram below shows the 6 stages of PPRHAA. As a member of the PPRHAA team initially you will be involved in Stages 2 to 5. PPRHAA is carried out annually, so in the second year you may be involved in Stage 1 as well – particularly if you become a catalyst.

### **How Does The PPRHAA Team Operate?**

Before the team starts work, members are trained. The aim of this training is to prepare the PPRHAA team for carrying out effective appraisals in the selected facilities and in the communities they serve.

Facility visits: Appraisal

After the training day the team spends the next two weeks carrying out the appraisals. Each team spends three to four days at each LGA (doing LGA HQ and 8 PHC facilities). After meeting with senior staff to explain the purpose and activities, the team divides up to cover the each area of the appraisal as follows:

Remember the allocation of the team is as follows:

<b>Appraisal Task:</b>	<b>Carried out by:</b>
Health Staff Interview	Team Leader
Client Interviews	CCVO and notetaker
Observation/Record Reviewer	Data Collector
Community FGD	CCVO + Notetaker
Key Informant Interview	Team Leader
Community Observation	All to do; Data Collector will collect the forms

Team members visit all parts of the LGA/facility, hold discussions with management and staff, examine facilities, equipment, records, registers and documents, interview clients and hold focus groups and key informant interviews in the community.

After the visits, the team member(s) responsible for each area (LGA or PHC Facility; Client and Community Views; Output data) must complete a report of their findings using the reporting format provided in Form 5. There is also time in the evening for team reflection to review, consolidate and reach common agreement on the assessments for each facility. The evening meetings are also for reflection on process issues (e.g. facilitation) and capacity building of team members

**STAGE 1 - Preparing before the PPRHAA exercise**  
(covered in chapter 2 of the manual):

- Selecting facilities and the appraisal team
- Drawing up a timetable and budget
- Contacting participating facilities
- Arrange Focus Group Discussions in focal communities
- Making all the necessary arrangements

**STAGE 2 - The PPRHAA Appraisal**  
(covered in Chapters 3 and 4)

- 2 days of Team training on how to use the appraisal tools, followed in the second week by one day's training on planning and how to conduct the LGA Appraisal Feedback and Planning Workshop
- Four days of LGA and facility appraisal visits
- In the evenings and weekends, team reflection, writing and finalising LGA and facility reports

**STAGE 3 - LGA Appraisal Feedback and Planning Meeting**  
(covered in Chapters 5, 6 and 7)

- Feedback to each LGA and associated 8 PHC facilities
- Includes the initial planning component

**STAGE 4 - State/Zonal Appraisal Summit** (at the end of the appraisal period) – usually the LGAs and PHC facilities will join with the hospitals (covered in Chapter 8).

- Finalising reports and plans and preparing for the State Appraisal Summit
- Disseminate findings and build consensus for action at the one day State Summit

**STAGE 5 - Follow-up on PPRHAA and the plans** (covered in ISS manual)

- Follow-up visits to appraised LGAs/PHC facilities at appropriate intervals throughout the year.
- State, zonal, district or LGA review meetings every 3 or 4 months

**STAGE 6 - Repeat the process annually in remaining LGAs and PHC facilities in the State.**

The two week annual appraisal should cover stages 2, 3 and 4

### ***LGA Appraisal Feedback and Planning Workshops***

In the second week the team reports back to each LGA (and their accompanying 8 PHC facilities) what they have found and then helps the LGAs/PHC facilities develop operational plans.

During the LGA Appraisal feedback and Planning Workshops, representatives from each of the appraised facilities (and possibly from facilities that may be appraised in the future) come together with policy and decision-makers in the LGAs. If during their visits to the communities, the Client and Community Views (CCV) team find strong community representatives, these may also be invited to the workshop to provide the community perspective and begin a process where community representatives can hold facilities accountable for the changes they plan to make. The workshop provides the opportunity for PPRHAA team members to present their findings and for LGAs/facilities to develop their plans.

### ***State/Zonal Summit***

The appraisal feedback and the plans are further presented and fine tuned during the Summit. The summit combines both PHC and SHC institutions. The summit also provides an opportunity for debate and agreement on LGA and State level cross-cutting issues and the follow-up activities to start the facility reforms.

After the meeting, the representatives return to their LGAs/facilities with their action plans. Members of the PPRHAA team make regular follow-up visits in the next few months to assist with implementation.

### ***What Preparations Should Every PPRHAA Team Member Make?***

Being a member of the PPRHAA team means you must be prepared to leave your work for at least two continuous weeks. If necessary, arrangements will be made for accommodation for all team members in a central location. Otherwise team members will come and go each day from their own houses. To be able to compare notes and for ease of movement, every member of the team is expected to stay at the accommodation arranged for the team until work is completed each day. You will be given money to cater for upkeep including, accommodation and feeding during the training, data collection, analysis, planning and report writing and the summit period. You will also be given a refund for your transport from and to your duty station.

If fully residential, remember to come along with:

- Enough appropriate clothing
- Your toiletries

Remember also that, during the two weeks' period:

- PPRHAA will be your full time assignment. You will be required to devote all your time to PPRHAA.
- Even in your own facility you are still a PPRHAA team member.
- Be a Good Team Player!!



## APPENDIX 2: Sample Introductory Letter for Community Leaders

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Dear Sir/Madam,

We would like to request that we visit your community on { insert date } at 9.00 am, as part of a review of health services in {insert name of State}. We are involved in the Peer and Participatory Rapid Health Appraisal for Action (PPRHAA). This covers all aspects of health facility management and aims to support health staff to improve the quality of care that they provide to patients and other members of the community

An important part of the review process is to hear the views of communities, their leaders and clients of the health facilities in your community. To do this we would like to conduct two focus group discussions in your community. The two focus group discussions will be organised as follows:

- One group of ten women of a variety of ages
- One group of ten men of a variety of ages

If it is possible, community leaders can also be invited to join the relevant focus group discussion. We would be grateful if you could invite them to a village square or other quiet place where we can hold the group discussion.

Thank you in advance for your assistance in this matter.

Yours sincerely

CCV Team

PPRHAA Preparation Team in xx State



## APPENDIX 3: Energisers and Ice-Breakers

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Here are some further ideas for energisers and ice-breakers which you may want to include in the training, feedback, planning workshops or even the State Appraisal Summit. They help to generate energy and help the group to get to know each other and therefore work better as a team. Ask participants to share other energisers and ice-breakers that they know and like.

### **FIRE! FIRE!**

#### **Purpose:**

To energise a group.

To share hopes, expectations, and reflections related to the course with others.

To divide participants into small groups.

#### **Procedure**

Explain to the group that the floor has become a bed of hot coals. There is nowhere cool to stand so everyone should hop around from one foot to the other in an effort to keep his or her feet cool. Facilitators yell out “Fire! Fire!” as this happens.

After a few minutes, the facilitator calls out a number. Participants grab the nearest person/people and form a small group of the size called out by the facilitator. In a small group, the floor is cool and they can relax!

The facilitator asks a question or makes a statement (general or course related) to which members of the small group respond among each other. E.g. “your name and where you were born”; “two things you remember from yesterday”; “one thing you look forward to today”, etc.

Allow the groups enough time for each person to share. Then yell “Fire! Fire!” Groups break up and every one hops randomly around the room on the hot coals until another number is called out.

Continue until questions are complete. Four or five questions are usually adequate.

Finish in groups of the number required for the next activity if necessary.

This activity can be ‘sprung’ on the group at anytime when energy levels are low. Simply yell “Fire! Fire!” and get people moving!

## Getting To Know You!

### Purpose

- To get to know people's names.
- To interact purposefully with several group members individually.
- To practise asking questions of people you don't know.
- To begin to notice similarities and differences between yourself and others in the group.

### Procedure

- Give out a sheet of questions with blanks to fill in with group members' names.
- Give the group something like 15 minutes to walk around the room and find someone who meets each criterion. Do not stop until all the blanks are filled in.

### Debriefing

There are three possible ways of debriefing this exercise. One is to ask people to talk about the experience of asking questions of people they do not know well. Related to this one might ask the question: 'Now that you know this information about the person, do you feel you know them?' with the intention of leading on to how knowing facts is less useful than knowing how someone feels. The other is to focus on unexpected similarities and differences discovered in the interaction and how they might influence people's feelings about each other or about being in the group.

## Calm Down And Encourage Quiet Reflection

Sometimes the problem is not warming up, but the need to calm or "come down" after some intensive material is presented. Also, to get the full benefit of new material, some "introspective time" is needed. This could involve many different activities:

- Have participants lay their heads on their tables, lay on the floor, or get in a comfortable position. Get them to focus on their breathing in ...and breathing out.. Then, have them reflect on what they have just discussed in the workshop. After about five minutes, say a key word or short phrase and have them reflect on it for a couple of minutes. Repeat one or two more times then gather the group into a circle and have them share what they believe is the most important points of the concept and how they can best use it at their place of work.

Note: This may seem like slack time to many, but reflection is one of the most powerful learning techniques available! Use it!

- Each person finds a quiet place and writes a few important things that they have learnt, are thinking about, or are worrying them. You can choose whether this is entirely private or shared with a partner or with the group. This form of written reflection should be a frequent activity that punctuates the day.

## **Let's Make A Deal**

**4-8 people per team (10 minutes).**

Make up a worksheet with 6-8 items listed that the team members would likely have with them. Make 1 or 2 items, more uncommon things. Assign a recorder based on some criteria (i.e., person with the oldest car, whose birthday is next, who has the longest last name, etc.). The team gets points for each person who has these items. Only 1 of each item per person can be counted and the team with the most points wins. Your list could include: a photograph, a calculator, a pencil, more than 3 credit cards, an unusual key chain, something red, etc.

This icebreaker helps give a team a sense of identity. Be sure to award a prize!

## **Team Brainstorming**

**4-6 per group (10-15 minutes).**

Ask teams to list: things that are round, things associated with a holiday, things that are red, things you can make out of tires or coat hangers, excuses for speeding, etc. No discussion, just list items! Assign a recorder (see criteria in activity #4 or 5). The team with the most wins.

This activity helps everyone feel equal and sets the stage for activities on the course topics.

## **Beach Ball Brainstorming**

**Entire group (5-10 minutes).**

Announce a topic (things associated with a season, a holiday, the workshop content, the company, etc.). Then pass around an inflatable beach ball. Have everyone stand and pass the ball. When someone catches the ball, they shout out something related to the topic and then toss the ball to someone else. If the group is small, they can pass the ball in a circle chain.

This activity gets people up and moving, and is a fun one to do in the afternoon to break up a long session. It's guaranteed to wake everyone up!



## ACRONYMS

<b>ALOS</b>	Average Length of Stay
<b>ANC</b>	Antenatal Care
<b>ARI</b>	Acute Respiratory Infection
<b>BEOC</b>	Basic EOC
<b>CCV</b>	Client and Community Views
<b>CCVO</b>	Client and Community Views Officer
<b>CEOC</b>	Comprehensive EOC
<b>CHAN</b>	Christian Health Association Nigeria
<b>CHEW</b>	Community Health Extension Worker
<b>CHO</b>	Community Health Officer
<b>DC</b>	Data Collector
<b>D&amp;E</b>	Deferment and Exemption
<b>DfID</b>	U.K. Department for International Development
<b>DHB</b>	District health Board
<b>DHIS</b>	District Health Information System
<b>DOTS</b>	Directly Observed Treatment Shortcourse
<b>DRF</b>	Drug Revolving Fund
<b>DSA</b>	Daily Subsistence Allowance
<b>ECWA</b>	Ecumenical Churches West Africa
<b>EOC</b>	Emergency Obstetric Care
<b>FMoH</b>	Federal Ministry of Health
<b>FP</b>	Family Planning
<b>HISP</b>	Health Information Systems Programme
<b>HIV</b>	Human Immunodeficiency Virus
<b>HMB</b>	Hospital Management Board
<b>HMC</b>	Health Management Committee
<b>HMIS</b>	Health Management Information System
<b>HOD</b>	Head of Department
<b>HQ</b>	Headquarters
<b>HR</b>	Human Resource
<b>HSR</b>	Health Sector Reform
<b>IGR</b>	Internally Generated Revenue
<b>IMCI</b>	Integrated Management of Childhood Illnesses
<b>IMPACT</b>	Improving Management through Participatory Appraisal and Continuous Transformation
<b>ISS</b>	Integrated Supportive Supervision
<b>LGA</b>	Local Government Authority

<b>LGSC</b>	Local Government Service Commission
<b>LSS</b>	Life Saving Skills
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MSP</b>	Minimum Service Package
<b>MOLG</b>	Ministry of Local Government
<b>NGO</b>	Non Governmental Organisation
<b>NPHCDA</b>	National PHC Development Agency
<b>OPD</b>	Outpatient Department
<b>PCM</b>	Patient Care Management
<b>PCQA</b>	Patient Focussed Quality Assurance
<b>PDE</b>	Patient Day Equivalent
<b>PHC</b>	Primary Health Care
<b>PNC</b>	Post Natal Care
<b>PPM</b>	Planned Preventive Maintenance
<b>PPRHAA</b>	Peer and Participatory Rapid Health Appraisal for Action
<b>PRRINN-MNCH</b>	Partnership for Reviving Routine Immunisation in Northern Nigeria; Maternal Newborn and Child Health Initiative
<b>PS</b>	Permanent Secretary
<b>PTB</b>	Pulmonary TB
<b>QAR</b>	Quality Assessment and Recognition
<b>QoC</b>	Quality of Care
<b>RDU</b>	Rational Drug Use
<b>SHC</b>	Secondary Health Care
<b>SHMB</b>	State Hospital Management Board
<b>SHP</b>	Strategic Health Plan
<b>SMART</b>	Specific Measurable Achievable Replicable Time bound
<b>SMI</b>	Safe Motherhood Initiative
<b>SMoH</b>	State Ministry of Health
<b>SPHCA</b>	State PHC Agency
<b>STI</b>	Sexually Transmitted Infections
<b>TB</b>	Tuberculosis
<b>TL</b>	Team Leader
<b>U5</b>	Under Five
<b>VIP</b>	Very Important Person
<b>WHO</b>	World Health Organisation



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