



Undertaking 2011 Annual Peer Participatory Rapid Health Appraisal for Action (PPRHAA) in Yobe State

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PPRHAA, an acronym----, that stand for Peer Participatory Rapid Health Appraisal for Action is a health system strengthening tool for policy makers, health managers, service providers and consumers of health to facilitate the transformation of health system. It supports the generation of health system information through a rapid appraisal process, to prioritize and provide workable solutions for every level of the health system. It builds health system management capacity using a problem solving approach. The objective of the exercise is to identify issues that will feed in to the 2012 planning and budget.

The PPRHAA process was reviewed following a workshop in Ghana in September, 2010 with the objective of making the process less expensive and user friendly. The revised PPRHAA has 6 thematic areas namely; Health Service Delivery, Leadership and Governance, Health Financing, Equipment and Infrastructure, Human Resources for Health, Clients and Community Accountability and Health Management Information System.

The implementation of PPRHAA in the state witnessed a positive dimension in a number of ways; first, there is the newly established State Primary Health Care Management Board (SPHCMB) which resulted in the review of the current state team and inclusion of senior management staff of the board thus increasing the quality of the team, secondly and equally significant was the resolve of the board to fund the process by budgeting the sum of four million, six hundred and ninety two thousand, four hundred naira (**N4,692,400.00**) this indeed is a milestone and is equally historic. The Director General of the PHC board personally addressed the participants at the beginning of the team's training during which he

enjoined the teams to strive for qualitative data and report.

In this year's PPRHAA exercise the number of facilities visited in 2010 were maintained, i.e. 74 PHCs, 6 hospitals, 17 PHC departments of the local governments and 6 communities.

Findings from the PPRHAA exercise - the 6 Hospitals

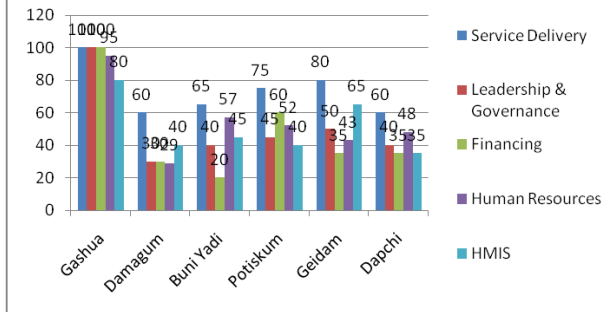
An appraisal of the 6 hospitals performance in the thematic areas is in the graph below which indicated a good performance in health service delivery of between 60 and 100%. The cross cutting strengths identified in the 6 hospitals include; Availability of 90% tracer drugs in 4, effective sharps disposal system in 5, effective D&E scheme in 4, established procedure for referrals in 5, improved data collection, collation and dissemination and availability of protocols for management of priority disease conditions in all, availability of universal precaution guidelines in 4 and 5 hospitals provide comprehensive emergency obstetric services (CEOC)

The cross cutting challenges include; Inadequate skilled staff, management meetings are not routinely held – not held since December, 2010 in Damagum hospital, weak DRF system – poor records, no system for recapitalization, data generated is not used for decision making and only Gashua hospital keep 50% of the internally generated revenue.

The general hospital at Dapchi where there is no Doctor and most of the services are weak requires an urgent attention.



Trend of performance of the 6 appraised hospitals by thematic areas
2011 PPRHAA, Yobe State



Performance of the 74 Primary Health Centre's

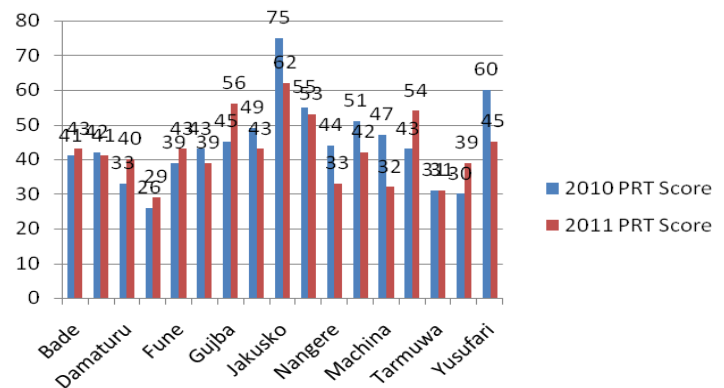
In the 2010 PPRHAA the performance ranking tool (PRT) was applied and assessed the performance of the 17 LGA, PHC departments; with the review of the tool and process, it was unanimously agreed at the review meeting of the tools in July, 2011 at Kano that the facilities form the bedrock of activities in health care and as such the overall score of the performance of the facilities be used as indicator of the LGAs performance.

The graph below is the comparison of the performance ranking in 2010 and that of 2011 in which the averages of the number of facilities in each LGA was scored. Whereas in 2010 Jakusko LGA was the only one that scored the expected 75% minimum performance, in the 2011 ranking where the facility scores were used, none of the 17 LGAs met the minimum score. It is however interesting to note that Jakusko LGA facilities came top over all the others with a score of 62%.

7 LGAs of Bade, Damaturu, Fune, Yunusari, Fika, Gujba and Potiskum improved on their performances with Gujba scoring 56% as against 45% in 2010, Potiskum 54% as against 43%, Damaturu had 40% as against 33%, Fune had 43% as against 39%, Yunusari 39% as against 30%, Fika 29% as against 26% and Bade that had a 2% increase over 2010 score of 41%.

The implication of this data is that there is a lot that need to be done to improve the level of services provided by these facilities and should be aimed at improving the systems.

Trend of Performance Ranking Tool Scores LGAs versus Facilities scores. Yobe State PPRHAA



Tabular presentation of the PRT

LGA	2010 PRT score	2011 PRT score
Jakusko	75	62
Gujba	45	56
Potiskum	43	54
Karasuwa	55	53
Nangere	44	53
Yusufari	60	45
Fune	39	43
Gulani	49	43
Bade	41	43
Nguru	51	42
Bursari	42	41
Damaturu	33	40
Geidam	43	39
Yunusari	30	39
Machina	47	32
Tarmuwa	31	31
Fika	26	29



Cross cutting strengths in the 74 PHCs

Improved record keeping in 96% of the facilities
80% of the appraised facilities conduct outreach services for routine immunization and ante natal care services (ANC)
Increased facility utilization for routine immunization, ANC and delivery services in 96% of facilities
52% of facilities follow the universal precaution guidelines
93% of the facilities displayed and utilized information, education and communication (IEC) materials

Cross cutting challenges in the 74 PHCs:

Insufficient technical staff – Doctors, Nurses, Midwives and CHEWs – only 12% reported adequacy of skilled staff
Weak referral system – no feedback and no transport arrangement. None of the 74 PHCs and 6 hospitals has a 3 way referral system
Only 42% of the facilities have a tracer drugs availability of more than 90%
Weak mechanisms for tracking immunization defaulters
Majority of the facilities cannot provide basic laboratory services – no equipment and skilled staff

Recommendations

Although improvements have been recorded in 2 thematic areas, a lot need to be done to improve the system of referral which has been a recurrent problem. Facilities can only function effectively if they are adequately funded. The ability of a facility to increase utilization is related to the availability of drugs and skilled staff. These were also the challenges in the 2010 PPRHAA.

In order to improve the system of referrals in the state, the primary health care board should spearhead a joint meeting with the secondary health care facilities where most of the referrals are channeled to establish an understanding on the need to provide feedback to lower facilities.

Similarly, facility in charges needs to be sensitized to relate with their communities and establish transport arrangement by the communities to ensure clients in an emergency situation are taken to facilities in record time

The need to fund the facilities no matter how minimal is a step in the right direction to improve the delivery of health care services. PHC board should ensure that the facilities are given imprest on a regular basis

The situation of the hospitals at Damagum and Dapchi require urgent intervention to reverse the poor trends that include no management meetings and no Doctor at Damagum and Dapchi respectively. The hospitals management board should consider this intervention as a matter of emergency.

A situation where only one out of the 6 appraised hospitals is allowed to keep 50% of its generated revenue should be reversed. Hospitals can only perform effectively if they are adequately funded

The inadequate skilled staff situations as well as the insufficient tracer drugs in the 6 hospitals and the 74 PHCs are challenges that have been recurring since 2009. The hospitals management board as well as the primary health care management board should address these as a matter of top priority by a special memo to the Executive Governor indicating the implications of not addressing the trend

Weak DRF system in the 6 hospitals – PRRINN-MNCH is currently supporting this initiative; there is however the need to fast track this particularly in the area of accounting system and replenishment of drugs.

Please email info@prinn-mnch.org for the full report