IMPACT Manual

How to:

Conduct an Annual Peer and Participatory Rapid Health Appraisal for Action

For Hospitals

PRRINN-MNCH
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

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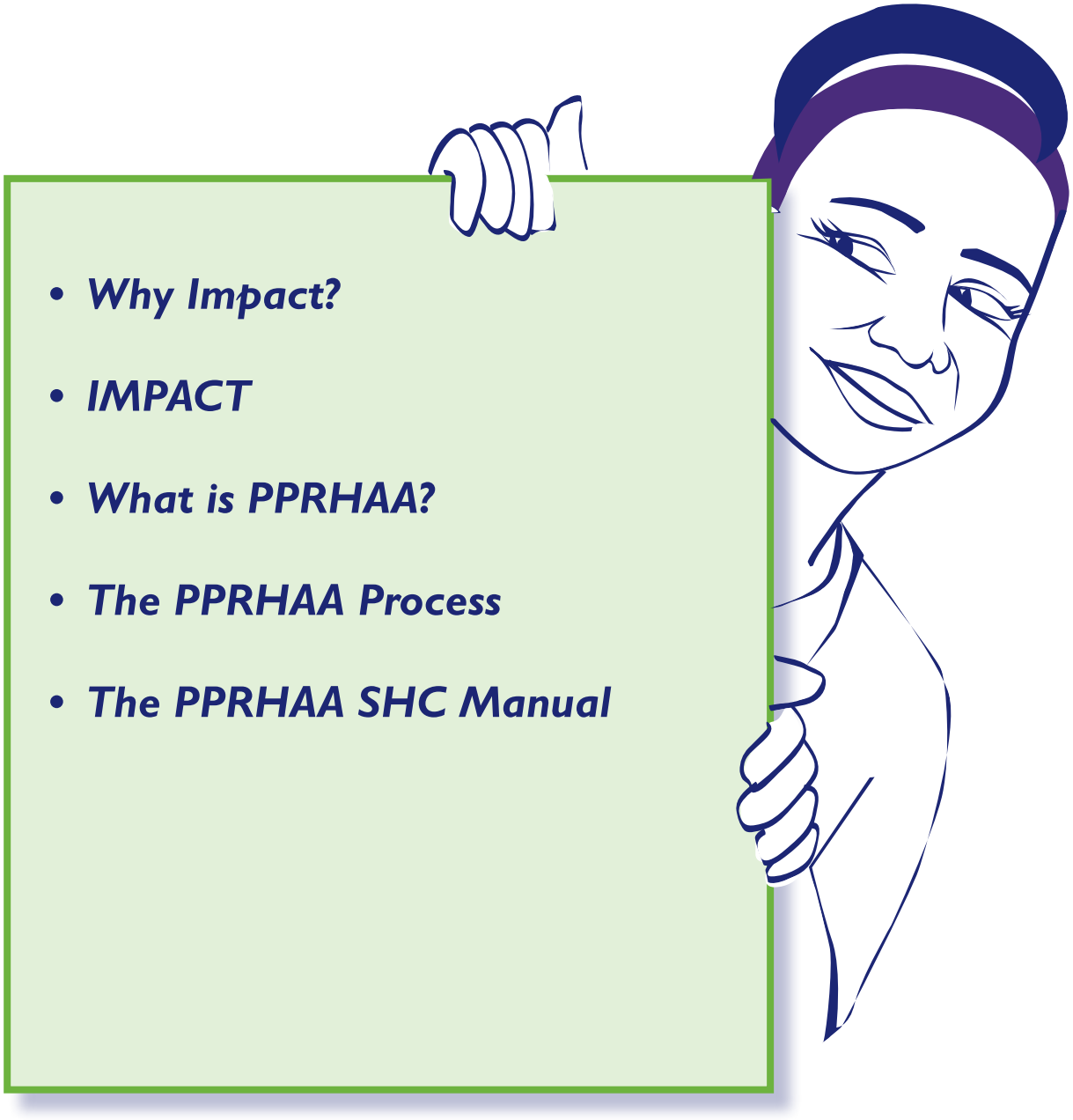

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Why Impact?

One night recently, a young woman came into the hospital of a small Nigerian town, still bleeding after a difficult delivery. It took 40 minutes before anyone saw her and then an hour to get the doctor, by which time she was close to collapse. "She needs a drip immediately and two units of blood" he said. The staff were silent. The hospital had no drip sets and they knew the woman could not afford the blood – even if the laboratory could do the testing and cross-matching, which it couldn't.

The doctor told this story at a recent state meeting. "It is not what I was trained for. As I watched that poor young woman leave the hospital, it was clear she would die within an hour or two. It was both a tragedy and a crime. A sick hospital cannot help sick people: first we must treat the hospital. We have to diagnose the symptoms and causes, plan effective treatment, organise the necessary remedial care for the hospital and then implement conscientiously, all while supporting "the patient" to make sure the treatment works. This is what PATHS must do: help us to get our health services working well." The doctor and other health staff were clear that good health care requires that all parts of a clinic, hospital or other service work well, and, for them to work well, they need good systems and methods of management.*

* *PATHS is the "Partnership for Transforming Health Systems", a programme supported by the UK Department for International Development (DFID) and the Federal Ministry of Health.*

Health facilities, especially hospitals, are very complex organisations. They include hotel-type services for housing and feeding patients; technical departments that deliver a range of different services; complicated medical equipment; "mini-factories" for producing medical supplies; sales outlets for drugs; and a wide range of support services. These individual areas are made up of various systems, but all these systems need to operate effectively together if quality health services are to be provided to communities. If one or more of these systems is not working well, it effects service delivery and reduces the quality of patient care.

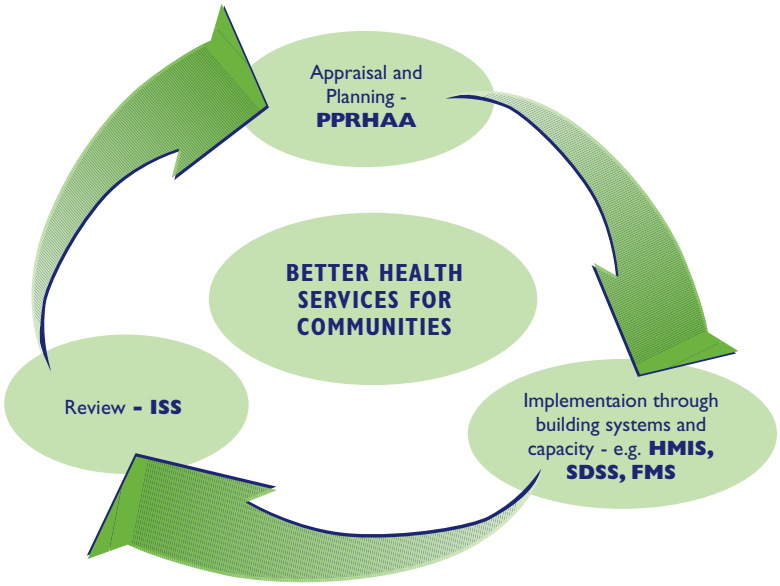
In the commercial world, well-trained business managers would oversee these systems. Yet in Nigeria, and perhaps most of sub-Saharan Africa, health facilities are run by doctors and nurses with little, if any, business management skills.

It is no wonder that health institutions are under-managed and face so many serious difficulties. Services are often inefficient; 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. 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 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?

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.

Peer... ***Carried out by peers within the health sector***

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

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

Health... ***Focused on health systems and services***

Appraisal for... ***An annual appraisal***

Action... ***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. hospital management 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 community members and health staff/ managers 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 a State-level Appraisal Summit at the end where senior health officials, the appraisal team and donors have an opportunity to discuss the findings, develop plans and address cross-cutting issues. As most states have appraised PHC facilities and hospitals together, the summit is often combined with both PHC and SHC people attending.

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.

The PPRHAA Process

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 take place over a two week period with a team of 8 people able to appraise 4 hospitals. The PPRHAA team is made up of 6 of the state "catalysts" (the other 6 are involved with PHC), plus other members who are peers from all the health facilities being appraised, plus a national consultant (to assist the team and maintain an objective, outside perspective). Initially, there will also be international consultants to support the process, but over time the national consultants should take over. The team should include a range of disciplines (doctors, nurses, pharmacist, accountant, etc.) and managerial experience so that a comprehensive appraisal and planning process can be carried out. Some experience among the team of working with communities is also important. More facilities can be appraised with a larger team (i.e. 16 people can split into two teams and appraise 8 hospitals within the same two weeks). If there is more than one team, the six catalysts should be divided evenly throughout the teams.

FIGURE 2: The PPRHAA Process

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

- 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, 4, and 5)

- 1-2 days of Team training on how to use the appraisal tools and how to conduct the facility workshop
- Four days of hospital visits, each day visiting a different facility:
  - Morning: Interviews and observations with facility staff and clients, focus groups and local communities
  - Afternoon: A workshop with facility staff to present back findings from the appraisal and analyse problems
  - Evening: team reflection and finalising facility reports
- On the weekend: finalizing reports and reflection

STAGE 3 - PPRHAA: Planning - first two days of Week 2 (covered in Chapter 6)

- 1 day of team training on how to conduct the planning workshop
- 2 team members visit each facility to conduct half-day planning workshops

STAGE 4 - State Appraisal Summit: at the end of Week 2 (covered in Chapter 7).

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

The two week annual appraisal

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

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

STAGE 6 - Repeat the process annually in remaining hospitals or facilities.

The PPRHAA SHC Manual

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 secondary 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 facilities, and health institutions 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.

CHAPTER
2

Preparations for PPRHAA

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

Checklist For Planning a PPRHAA Exercise

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 (SMoH, SHMB) to carry out the tasks detailed in this chapter.

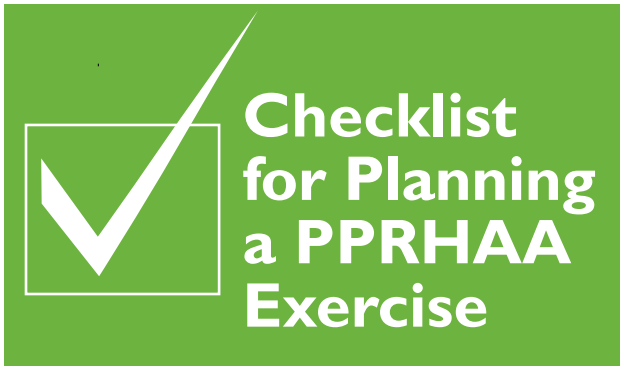
If this is the first time a team or state has conducted a PPRHAA appraisal, it may need some national[1] or international consultancy support to get to grips with the methodology. In this case it is recommended that a team of at least two consultants, one PPRHAA/clinical consultant and one social development 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 hospitals now originate from the SHMB. 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[2]' are involved, more time needs to be allocated for the planning and preparations.

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 Hausa name for district that is used in Jigawa State

FIGURE 3: Checklist



PRIOR PLANNING

Visit by national consultants to explain PPRHAA process and purpose to stakeholders and work with small team of the supervising organisation (i.e. SMoH, SHMB), preferably at least one month before.

SELECT HOSPITALS/MANAGEMENT BODIES (SHMB/SMoH) (including facilities for the pilot PPRHAA during the team training, if necessary).

This should start approximately one to two months before the actual appraisal.

SELECT PPRHAA TEAM

Remember: To appraise 4 facilities you will need 6 'catalysts' plus 2 others (3 of the 8 should have experience in community development), representing different disciplines and each of the hospitals/institutions being appraised. Senior people from the SMoH/SHMB need to be involved. For 8 facilities you will need 6 'catalysts' plus 10 others (i.e. two teams of 8 people each)

This should start at least one month before the appraisal.

DRAW UP A PPRHAA ITINERARY

- Two-week timetable covering training, facility visits, evening meetings for reflection, time for report writing, planning training, planning visits, finalizing reports – preparation for State Appraisal Summit
- Timetable for each day at facilities for appraisal and planning visits

Remember:

- Minimize travel time
- If necessary, find convenient places to sleep (preferably allow the team to go home every night)
- Use weekends for report writing and team discussions

PREPARE A DETAILED BUDGET

Form 1 provides a budget framework

ORGANIZATION

- Contact Hospitals/HMB/SMoH
- Provide team members with the briefing paper and tools,
- Prepare and send letter to community liaison people at facilities for community leaders explaining focus group discussion process
- Organize for a documentalist/typist to join the team
- Reach agreement on allowances and who should provide refreshments at feedback and planning workshops
- Organize for printing and copying of reports

GET LGA POPULATION DATA

- Most recent population figures for each LGA, including wards (contact HMIS section)

ADMINISTRATIVE AND LOGISTIC ARRANGEMENTS

- Organize transport, venues, meals, stationery, and equipment needed
- Print enough copies of the guides, forms, reporting formats, etc. as well as the colored cards
- Community visits: include funds to cover refreshments for participants in focus groups (roughly 20 in each community visited).
- Buy bag of beans for ranking exercise

PRIOR PREPARATION BY FACILITIES/HMB/SMoH:

- Arrange release of team members
- Assemble Hospital data
- If possible identify a suitable community, get approvals and make prior contacts
- Inform heads of departments and staff
- Arrange a meeting place and if agreed, refreshments for feedback and planning workshops

Select Participating SHC Facilities

Initially, PPRHAA starts with a small number of hospitals 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 of 8 usually appraises four hospitals. If it is necessary to cover more than 4 facilities, additional teams of 8 should be assembled.

Make sure that hospitals are selected well in advance (at least one month). The selection should be mindful of local sensitivities covering technical (geographical spread, facility commitment, etc), social, economic and cultural issues. Choose a range of hospitals 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 LGAs/districts; 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.

Management-level PPRHAA (Board or Ministry): peers could come from other management structures within the state (including development partners and mission hospitals), from equivalent structures in other states and one or two from hospitals within the state.

Select the PPRHAA Team

The allocation of the team is as follows:

- Patient Care Management - 2 people
- Internal Management and External Linkages 1 person
- Finance and Equipment - 1 person
- Client and Community Views - 3 people
- Output data - 1 person

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.

Three Client and Community View Officers (CCVOs) are needed in each team to collect client and community views. 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. In addition, each hospital 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 Community Liaison officer in each hospital 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 facility management, the community and the PPRHAA team
- Contact the leader of the selected community and deliver a letter addressed to the community leader 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

Management-level PPRHAA (Board or Ministry): At this level the 'community and clients' are seen as the facilities/institutions that they manage. Hence interviews and/or focus group discussions can be held with the 'clients' i.e. the facilities/institutions and the 'community', i.e. community members of health management committees (HMCs) or equivalents at facility level.

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, health education officers. 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 sixteen appraises 8 SHC facilities. The 2 teams each appraise 4 SHC facilities in the first week. More teams can appraise more facilities. After the day or two of appraisal training (after the first year only one day's training is usually needed), each team spends four days appraising the 4 SHC facilities. The second Monday is used for planning training and the Tuesday is the planning workshops in each hospital. The next two days are spent preparing for the State/Zonal Appraisal Summit on the Friday. This method allows the SHC team to work closely with the team doing the LGA/PHC appraisal as the teams have the same two week plan.

Two Week Plan	
Week 1	
Monday	**Appraisal Training**
Tuesday-Friday	**Two (or more) teams: each team appraises 4 SHC facilities**
Saturday	**Report writing**
Week 2	
Monday	**Planning training**
Tuesday	**Planning workshops concurrently in each hospital (8 workshops)**
Wednesday/Thursday	**Preparation for State/Zonal Appraisal Summit**
Friday	**State/Zonal Summit**

By using more teams, coverage can be extended. For example, in Ekiti in 2006 all 16 LGAs, 21 hospitals 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.

Another option is to extend the duration of the appraisal. For example, if there are more appraisals to be done, then during the second week (Monday to Wednesday) the teams can do further appraisals with the planning Workshops occurring on the Friday and the State/Zonal summit accordingly delayed.

A further option is to delay the summits. For example, facility staff can be too busy or not available at the time of the appraisal for various reasons. Thus, there might be a need to 'mop up' of these facilities at the end. Thus, 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.

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.

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 facilities are notified of visits by the team. A sample budget framework is provided in Form 1.

Tips: Planning appraisal visits

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

A full day should be provided for each hospital.

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

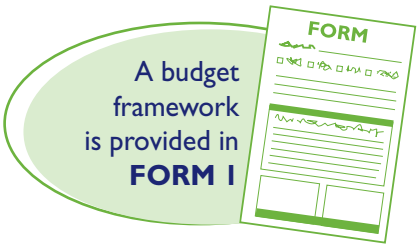
Use evenings to write up facility notes and do initial analysis

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 planning workshop and the state/zonal summit in week 2

Prior Organisation

At least a month before the appraisal, the PPRHAA consultants/facilitators should contact the SMoH/SHMB and participating SHC Facilities to explain the PPRHAA process; notify PPRHAA team members and provide them with a briefing paper; and make sure key issues are explained to managers. After some time the SMoH/SHMB 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 budget framework is provided in **FORM 1**

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 hospitals, while the CLO (or someone delegated by the CMD) should contact the communities. A sample letter for communities is provided in Appendix 2. If necessary during the first training, a hospital 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.

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 workshops and Summits. When writing reports, ensure that you make comparisons with the information from previous appraisals.

APPENDICES
1 AND 2 are examples of letters that should be sent prior to the appraisal

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 states 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 SMoH data against their actual hospital 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.

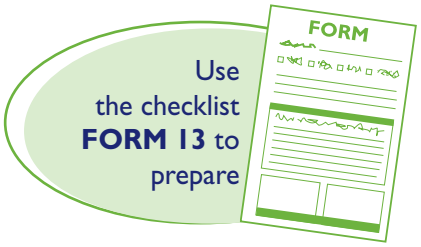
M&E officers usually have data for each ward

Administrative and Logistic Arrangements

Other key tasks for getting the team organised include:

- Arrange a venue, materials, equipment, meals, etc. for the State/Zonal Appraisal Summit and, if necessary, discuss with the LGA/PHC 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 Planning Workshops and the State/Zonal Summit.
- 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. You will need about 70 cards of each colour per institution.
- Arrange suitable transportation to convey the team from one location to another and work out the schedule in detail.
- Use the checklist (Form 13) to ensure that you have enough copies of each form for each hospital. An A4 envelope should be prepared for each hospital, prior to the start of the PPRHAA appraisal, with the appropriate forms in the envelope.

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 hospitals and PHC facilities 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 Hospitals

The hospitals 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 hospital data;
- informing heads of units in the hospital about the upcoming appraisal;
- identifying one person within the facility to liaise with the community;
- identifying a community close to the hospital for the focus group discussions and getting approval from the community leaders for the PPRHAA visit
- organising the venue and snacks for participants for the appraisal feedback and the planning workshops.

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 it's 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 hospital 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 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.

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.

Refer to section 2.4 for details on the PPRHAA itinerary.

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

If possible, ask PPRHAA team members to review each other's reports and plans

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

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 PPHRAA activities and processes
- Get familiar with the appraisal tools and forms
- Pilot/test the tools in a nearby hospital
- 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.

Proposed Time-table for PPRHAA Appraisal Team Training - Day 1

Time	Activity	Method
9.00 – 9.30 am	**Opening Ceremony:** • Welcome and introduction • Aims and objectives • Expected outcomes	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	**Introduction to PPRHAA** • What is PPRHAA? • What is the Purpose of PPRHAA? • How is PPRHAA carried out? • Roles of team members and how to work together	Short inputs and plenary discussions. Use catalysts if available Use question and answer – 'but why' –to extract importance of PPRHAA
10.00 – 11.00	**The Appraisal Tool and Interview Guides**	Overview of the PPRHAA appraisal Go through one of the sections in the interview guide together in a plenary session The CCVOs break away from the main group to practice and role-play using the CCV appraisal guide
11.00 - 11.20 am	Break – refreshments	
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 practice facilitating focus groups in the community and the ranking exercise 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	

Time	Activity	Method
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 first afternoon after 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 hospital 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 4) 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 3) 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 hospital manager and another to be the PPRHAA interviewer. First review the tool together asking the 'hospital manager' to develop a scenario when going through the tool.

Then role-play the interview. After the role-play, 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 4 & 12). Then they should prepare a short presentation (as practice for what they will do in the facility workshop).

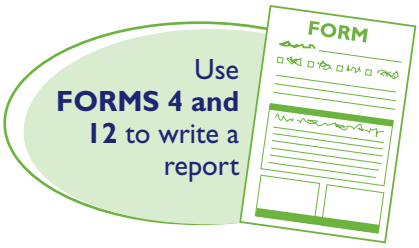
Each group should deliver the presentation in a plenary session. Ask another group to give critical feedback

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 hospitals and other health facilities in order 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 hospital level and needs to be strong for informed financial decision-making.

As another example, if the light bulbs in the hospital 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 a hospital 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 hospitals. Discuss how all the systems must work together if

patients are to receive quality 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 hospital or facility being appraised as well as peer managers from adjacent hospitals. Community representatives also have the opportunity to give their views of services delivered and priorities for improvements.

The PPRHAA appraisal consists of 6 stages:

Stage 1: Preparation

Stage 2: The PPRHAA appraisal

Stage 3: Plan development

Stage 4: Dissemination of findings and building consensus for action.

Stage 5: Follow-up visits to appraised hospitals or facilities

Stage 6: Repeating the process in remaining hospitals or facilities.

During the training workshop, refer to Figure 2 in Chapter 1 to help explain these stages. Copy the diagram 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 Management and External Linkages

C: Finance, Accounting, Equipment and Infrastructure

D: Client and Community Views (including key informant interviews)

E: Service Output and Coverage

The first four areas have several questions or key points that are grouped together under various subheadings (listed in Forms 2 & 3). These are meant 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 4 provides a simple reporting format for the first four areas, while Form 5 is used for hospital output data. Form 6 is used to collect hospital financial data, and Forms 7, 8, and 9 are used to collect information about the availability and use of drugs, medical supplies and equipment. Form 11

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 notebooks provided. These notes are used to fill in the reporting format before the facility workshop. At the end of each day (after the facility workshop and the team meeting), the completed reporting format can be updated if necessary. This forms the basis for the hospital report. 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.

Tips: in Interviewing

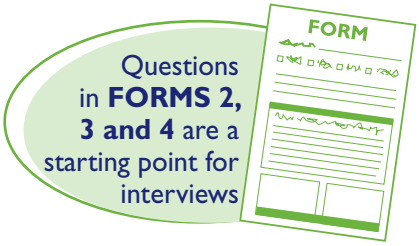
Use the 'questions' in Forms 2 and 3 as a starting point. Don't ask every question listed in the guides

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 hospital 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 workshops and the State/Zonal Summits you can use energisers to keep the participants 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 energizers 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 4) and performance ranking tool (Form 12) 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 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. Here are examples of different kinds of claps you can use. Groups can invent their own as well.

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

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

Stay together

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

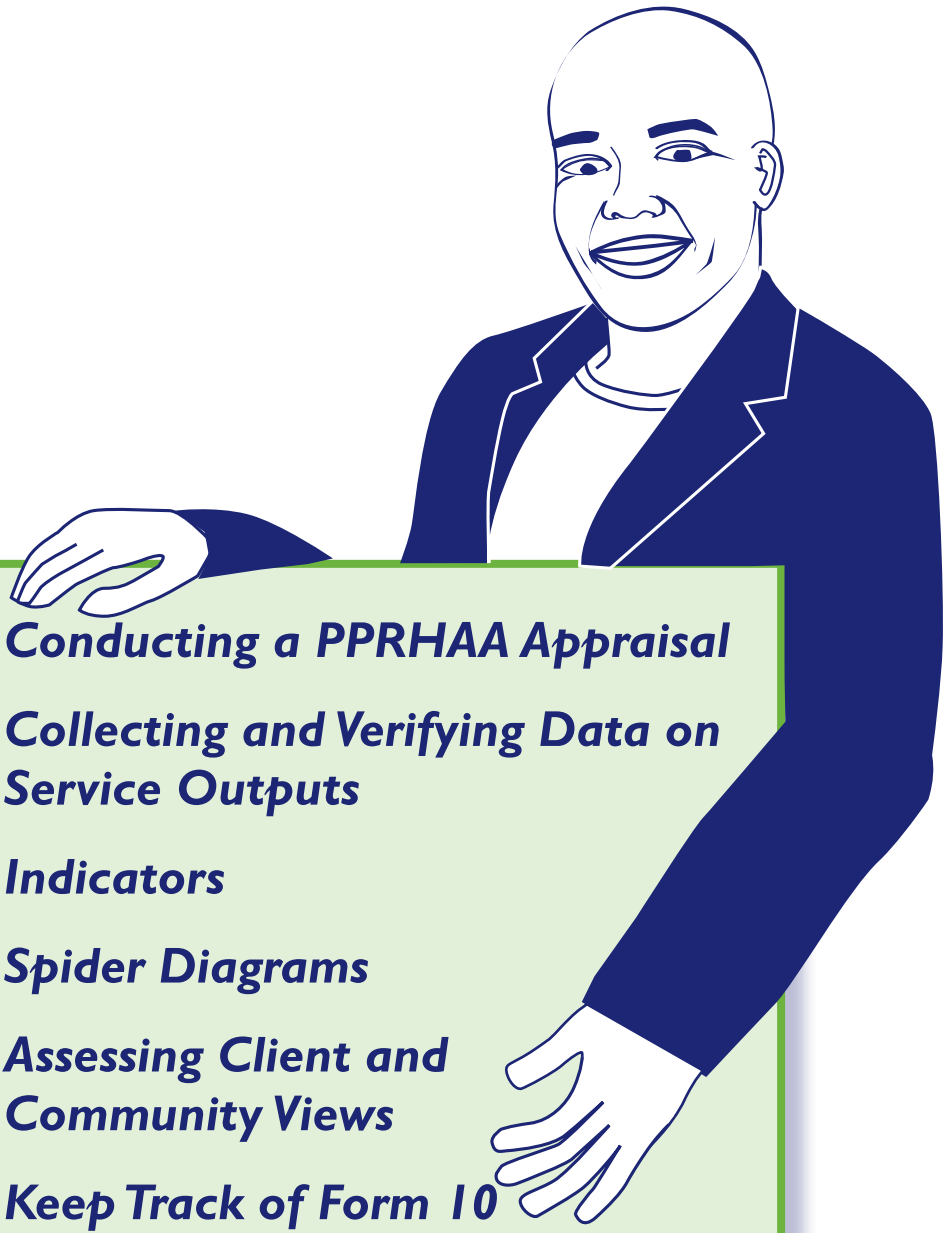
Debrief Daily

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, the evening meeting can be used 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 – 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.

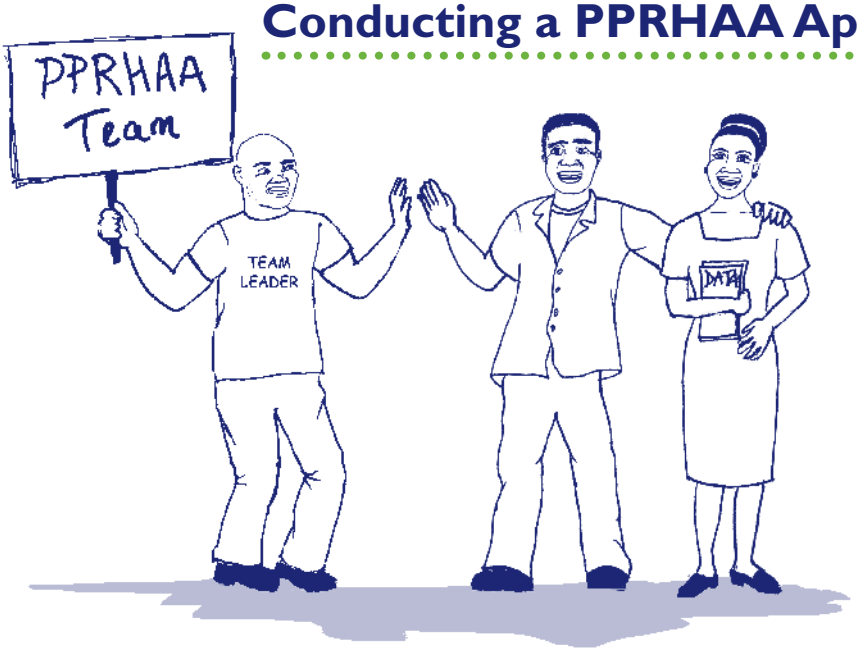
CHAPTER
4

The Appraisal Visit



- *Conducting a PPRHAA Appraisal*
- *Collecting and Verifying Data on Service Outputs*
- *Indicators*
- *Spider Diagrams*
- *Assessing Client and Community Views*
- *Keep Track of Form 10*
- *After the Appraisals and Before the Workshop*
- *Workshop at the Hospital*
- *Hospital Report*

Conducting a PPRHAA Appraisal



Each PPRHAA appraisal team will consist of eight members. Included in this will be some of the catalysts and consultants and some new people. Each team will assess four hospitals in the first week after the one day training on the Monday. The second Monday will be devoted to training for the planning workshop. On Tuesday of the second week, four teams of two will visit the four hospitals for the planning workshops in each facility. The rest of the week will be spent on preparing for the one day appraisal summit on the Friday.

Before you visit, ensure that you have the previous year's appraisal with you (if available).

When the team arrives at an institution, the team will first meet with the hospital management team. Introduce yourselves to your hosts (with the PPRHAA member who comes from the institution present and leading the introductions). If at all possible, try to include everyone who will be coming to the afternoon workshop. Explain the purpose of your visit - including the workshop and the planning exercise the following week - and that you have not come to find fault, but to share experiences and to learn how they manage their facility. Tell them that you represent a cross-section of key professional staff working in similar facilities within the State.

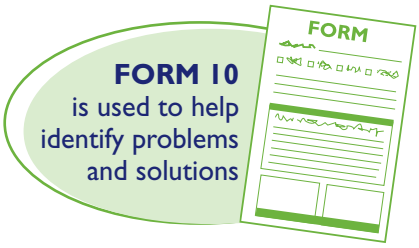
Be sure to thank management for allowing you to visit their facility and say you hope that there will be time later to further interact during your visit. Let them know that you plan to hold a workshop at 1.30 pm to debrief management, heads of departments, unit heads and community representatives about the outcome of your visit. Let management suggest a venue for the meeting.

Two CCV team members will not attend the introductory meeting but will travel straight to the selected community in order to maximise the time they have for focus groups.

If the LGA/PHC 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.

Management-level PPRHAA (Board or Ministry): Remember that you might have people from outside the state or from other 'services' – mission or private. Stress the mutual benefits of sharing and learning from each other.

After meeting with the Hospital Management Team, distribute copies of Form 10 and the coloured cards for identifying problems and solutions to every head of department and in-charges of units in the various departments in the facility. Make sure that each person has enough forms and cards for their unit. Stress that their suggestions should emphasise solutions that can be implemented by the hospital team; not outsiders.



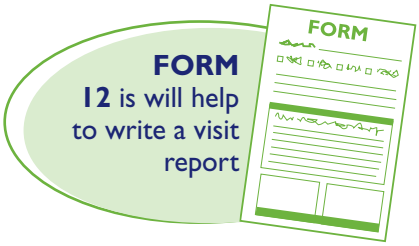
- Encourage them to fill in the coloured cards between their normal tasks.
- They should address one problem, solution and recommendation per card.
- Tell them that the completed cards will be collected before you leave that day.
- Encourage them to suggest their own ideas, particularly for improvements.
- 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:

A. Patient Care Management	2 people
B. Internal Management and External Linkages	1 person
C. Finance and Equipment	1 person
D. Client and Community Views	3 people
E. Output data	1 person

In your groups (or individually), visit every department of the hospital and interact with the staff.

- Try to minimise interrupting their normal hospital work.
- Interview staff, check records and observe the way things are done.
- Use the Hospital Appraisal Guide/Tools 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 hospital staff. Discuss with them and inquire in your own words. Decide which issues need more investigation, and which one's less.
- Keep in mind the questions on the Performance Ranking Tool (Form 12).



Management-level PPRHAA (Board or Ministry): Remember that all the same principles apply to an appraisal at Board or Ministry level.

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

Collecting and Verifying Data on Service Outputs

Measuring service output through selected indicators quantitatively assesses the performance of the hospital. These indicators cover issues such as utilisation, quality, efficiency and other specific service issues. Comparison is made of the different hospitals 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, SHMB or another site). Data must be collected on a month by month basis for the last year. Data must be collected by hospital to be appraised.

Output Data Collection Forms (see Forms 5 and 6) 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 the hospital. Usually most of the data is collated by the head of the records department or equivalent person in the hospital. The head of accounts fills the financial section of the form. On arrival of the PPRHAA Team at the hospital, the person responsible for service outputs 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 in 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).

Estimating Catchment Area Populations and Service Coverage

A tricky aspect of the data collection is that of estimating the catchment population of the hospital. 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 hospital such as the medical records officer or the head of the 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 hospital 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**
		TOTAL	**80,777**

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 hospital using hospital workload as a guide. For example, if the LGA has

two hospitals 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.

Calculating denominators for populations

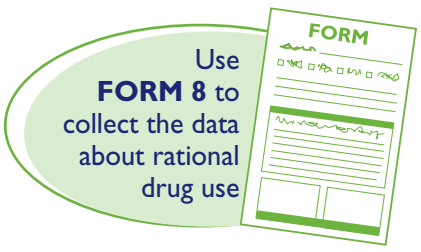
Estimated deliveries, first ANC = 4% of the catchment population
Total infants 0-1 years = 4% of the catchment population
Total children under five = 20% of the catchment population
Total adults aged 15 years and over = 55% of the catchment population
Females of reproductive age (15-44) = 20% of the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

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 – usually a pharmacist or a medical doctor/nurse may take on this role.

For the RDU, you want to work with the prescriptions of OPD patients. Where to find the prescriptions varies from hospital to hospital. In some hospitals, you will find the prescriptions/OPD cards in the Records office. In other hospitals, the prescriptions are kept in the dispensary. Ask the records officer or the officer in the dispensary to pull out all the prescriptions written on the day prior to your visit. If you are visiting on a Monday, ask for all the prescriptions of the previous Friday. Follow these 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 8).
3. Take each of the 30 prescriptions one after another and count the number of drugs on the prescription that have generic names and put the number in the second column of your Rational Drug Use Form (Form 8).
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

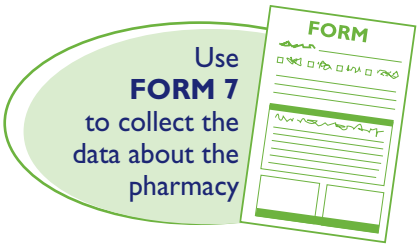
This is usually done by the same person doing the RDU.

Step 1 Go to the pharmacy or the stores for supplies with the appropriate PPRHAA forms (Form 7).

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.

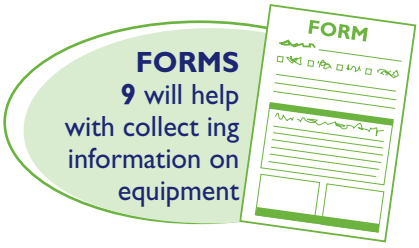
Step 4 Add up the total number of items you saw. Record the total number of items you asked to be shown.



Collecting Information about the Availability of Equipment

This is usually done by several members of the team. They need to decide who collects what information. As the team is doing the rounds of the hospital they need to tick off the items on the equipment form (Form 9).

Analysing Data



Conduct some analysis using the hospital interview guides as well as the relevant hospital performance indicator forms, tracer drug and medical supplies forms and other forms. You can also analyse the data by entering it into a linked spreadsheet or the DHIS database.

Before the facility workshop, score the performance ranking section using the PRT. This will be used to create spider graphs during the afternoon workshop. These spider graphs will also be brought to the planning workshop and the Appraisal Summit.

Make sure that you have enough time to prepare for the afternoon workshop.

Note also that the feedback from the problem and solution identification sheets will occur in the planning workshop and not in the first facility visit or appraisal feedback workshop and some groups include this feedback in the first afternoon workshop (on the day of the appraisal).

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.

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.

Indicators

PPRHAA SHC Performance Indicators

No	Indicator	Optimum	Explanation
1. Use/coverage			
1.	**OPD Utilisation per 1000 population:** (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.	**Admission rates per 1000 population** (Total admissions/catchment population) x 1000	**20-30**	An indicator of utilization of the facility and the confidence clients have for the facility. Too high an estimate of catchment population would give too low values.
3.	**Caesarean Coverage Rate** (Total Caesareans /total expected deliveries in the catchment population) x 100	**2-5%**	Caesarean Coverage is an indicator of the availability of emergency obstetric care and safe motherhood. It is estimated that a minimum of 5% of deliveries require a Caesarean. A higher rate might mean too many Caesarean sections but is most likely due to an underestimate of the catchment population.
4.	**Proportion of deliveries at hospital** (Total deliveries at hospital/total expected deliveries in the catchment population) x 100	**20 - 40%**	This is an indicator of utilisation and is again affected by the estimate of the catchment population. Interpret in a similar way to OPD Coverage
2. Efficiency			
5.	**Average Length of Stay** (Total (annual) in-patient days divided by total admissions)	**5 - 7 days**	Also should be between 5 to 7 days for the secondary hospitals we have. A low level might indicate inappropriate admissions and a high one may be due to many chronic care patients such as TB or orthopaedic patients or that doctors are keeping patients for too long. (note: some staff call in-patient days as bed state days)
6.	**Bed Occupancy Rate** (Total (annual) in-patient days/(active beds x 365) x 100 – can also calculate monthly	**75-85%**	BOR indicates how effectively hospital beds are being used. If beds are being under used constantly below the optimum, it means the hospital does not really need the number of beds it has now and the hospital might consider scaling down to make use of nurses more effectively.
7.	**Recurrent cost per Patient-day Equivalent*** (Total expenditure (excluding capital)/PDE) (both annual) – use this indicator only when reasonable financial data is available		Low values indicate judicious use of finances but be sure all expenditure has been included. Alternatively, there could be a lack of resources Compare facilities of similar type.

No	Indicator	Optimum	Explanation
8.	**Budget performance rate** (Expenditure in quarter/(annual budget/4)) x 100– use this indicator only when reasonable financial data is available	**> 80%**	Indicator tracking release of budget
3. Workload			
9.	**Average PDEs per doctor per day** (Total (annual) PDEs/number of doctors)/365		Indicator of workload for doctors. The higher the value, the more work there is in this hospital for doctors. It is very sensitive to the addition of 1 or 2 doctors.
10.	**Average Patient-Day Equivalents per nurse** (Total (annual) PDEs/number of nurses)/365		Work load indicator. Gives you an idea of the average number of patients each nurse takes care of for 24 hours in one day. The higher the value the bigger the workload for nurses.
11.	**Average Patient-Day Equivalents per staff member** (Annual PDEs/number of staff members)/365		Interpret as for PDE per Nurse.
4. Quality of Care			
12.	**Maternal death audit rate** (Maternal deaths audited/total maternal deaths) x 100	**90 -100%**	All maternal deaths should be audited. Low values needs the intervention of management.
13.	**Newborn BCG coverage rate** (Newborns receiving BCG/total newborns) x 100	**100%**	Measures the quality of the maternal health services.
14.	**ANC HIV counselling rate** (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
15.	**U5 weighing rate** (Total U5s weighed/total U5s attendance) x 100	**100%**	Measures the quality of the child health services
16.	**Reported staff with good attitude rate** (number of patients reporting good staff attitudes/number of PCQA questionnaires) x 100	**>90%**	Use only if PCQA questionnaires available – measures clients views on the quality of services
5. Availability			
17.	**Tracer drugs/consumables availability rate** (Number of tracer drugs/consumables available /number on list) X100	**90-100%**	Lower values indicate problems with procurement and need to be investigated and corrected.

No	Indicator	Optimum	Explanation
18.	**Essential tracer Equipment Availability Rate** (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.
6. Rational Drug Use			
19.	**Items per prescription** Total items dispensed/number of prescriptions	**1-2**	Four indicators measure the clinicians rational drug use skills
20.	**Prescriptions - generic drugs only rate** (number of drugs prescribed using generic name/number of drugs prescribed) x 100	**100%**	
21.	**Prescriptions – antibiotic rate** (number of prescriptions with antibiotics prescribed/number of prescriptions) x 100	**<10%**	
22.	**Prescriptions – injection rate** (number of prescriptions with injections/number of prescriptions) x 100	**<10%**	
7. Access			
23.	**Exemption rate** (number of patients given exemptions/ [total inpatient admissions + total OPD headcount]) x 100	**6-10%**	Lower than 6% indicates that the criteria are being applied to strictly, while more that 10% indicates they are being applied too loosely.
24.	**Deferral rate** (number of patients given deferral/ [total inpatient admissions + total OPD headcount]) x 100	**10-20%**	Lower than 10% indicates that the criteria are being applied to strictly, while more that 20% indicates they are being applied too loosely
8. Participation			
25.	**Community Participation - HMC Rate** (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
9. Accountablitiy			
26.	**DRF Decapitalisation rate** (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

** PDE (Patient Day Equivalent) links inpatient and outpatient services – 3 OPD visits = 1 in-patient day*

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 hospitals. This has four main aims:

- To provide hospitals with the views of clients and communities on their services and how they feel these services 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 include the perspectives and respond to the concerns of clients and communities.
- To encourage hospitals and communities to work together to resolve some of the problems identified in the hospital and include in the action plan.

Management-level PPRHAA (Board or Ministry): at this level, the 'clients' can be seen as the facilities that are managed and the 'community' as the community members that sit on Boards or HMCs.

What does assessing client and community views consist of?

The CCVOs will:

- Conduct up to 10 client interviews[3] at the facility (1 CCVO) - If the facility you are appraising conducts PCQA you should draw upon this information and do not need to conduct client interviews.
- Conduct two focus group discussions in communities near to the facilities (2 CCVOs) – one with men and one with women using the ranking exercise - described later. 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. One CCV Officer will facilitate the group discussion and the other CCVO will take notes.
- Conducting interviews with key informants such as community leaders and community representatives on Facility Health Committees.
- Present findings from client interviews and focus group discussions during state and facility summits/workshops.
- Assist in the production of CCV reports
- Ensure the inclusion of client and community views throughout the PPRHAA process

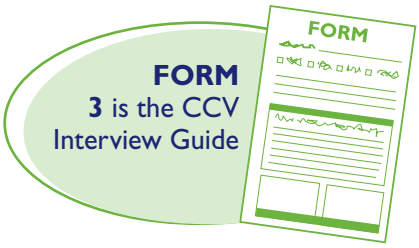
3 If the facility you are appraising conducts PCQA you should draw upon this information and do not need to conduct client interviews.

Who collects the Client and Community Views (CCV)?

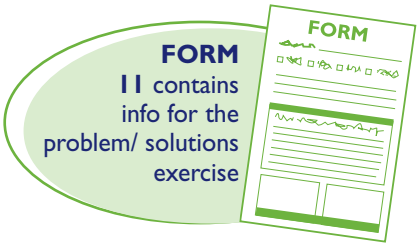
There are 3 people in the CCV team. This may include a national or international consultant, particularly during the early PPRHAA exercises when there is no one at State level who has been trained in the CCV methodology. The specific criteria for selection and the roles of the CCV officers are given in Chapter 2. In general, it is helpful if the CCV team members have experience of working with communities. If the selected State CCV team members are within the public health system, either from government or NGO, this is a good way of building capacity within the health sector to work with and listen to the views of the community.

Assessing Client And Community Views During The PPRHAA Appraisal

You will have approximately 4 hours to complete the CCV assessment during the PPRHAA appraisal. There are three members of the CCV team. 1 CCV team member remains at the hospital to interview clients (where possible, at least 5 in-patients and 5 out-patients). Roughly equal numbers of men and women should be interviewed. The other 2 CCV team members visit a nearby community in the catchment area of the facility to conduct two focus groups, one with men and one with women. They use a ranking exercise described later.



The 2 team members working in the community return to the facility at about 12.30 and all three fill out the two report format forms - one based on the views of clients and one based on the views of the community. These reports form the basis of two brief (about 5 minutes) presentations, one on community and one on client views for the facility appraisal feedback workshop. The team also completes the performance ranking tool for the Spider. The 2 CCV members that visited the community can display the results of the ranking exercise at the workshop.



The team members interviewing clients also fill out three problem and solution cards (see form 11) based on the key points from their interviews. The three problem and solution cards from each focus group in the community are kept and used in the planning workshop. During the planning workshop, team members support the group work to make sure that facility staff address the concerns of the clients and community. If appropriate, community representatives can be asked to participate in the appraisal feedback workshop at the facility and if they are particularly strong, they can be invited to the planning workshop and/or the State Appraisal Summit. It is more critical to have community members available for the planning workshop.

The PPRHAA team arrives at the health facility

About 9am -

Two CCV team members go to the **community**

- Hold one focus group with about 10 men or 10 women of all ages
- Let the community decide which group should be held first, men or women.
- Use the ranking exercise
- Ask the group to fill in 3 problem and solution cards

Hold another focus group with about 10 men (if you saw the women first) or 10 women (if you saw the men first)

Don't forget problem and solution cards

Return to facility

About 9am -

One CCV team member stays in the hospital and attends the introductory meeting with management and then interviews **clients**

Interview about **5 in-patients** (if possible). Try to talk to roughly equal numbers of men and women

Interview about **5 out-patients** (more if possible). Try to talk to roughly equal numbers of men and women

Summarize 3 key problems/solutions identified by clients on cards for planning workshop

About 12:30 -

- Fill in the CCV reporting formats and indicators for clients and communities
- Prepare 5min presentations for the workshop
- Stick up ranking flip charts for facility staff to see

1:30-4:30pm -

Feedback workshop: presentations and drawing spider diagram, then work with one group looking at CCV-related problems

In the evening - Finalize joint client and community report for the hospital

2nd Week - Planning workshop:

Work with groups to ensure that client and community views are represented and addressed.

Things to do Before the PPRHAA Visit Begins

APPENDIX
2 is an example of an introductory letter for community leaders

- Letters should be sent to all the communities that the team plan to visit several weeks before the PPRHAA begins. The letters can be given to the community liaison officers in each facility to deliver to the community leader. An example of a letter to the community leader can be found in appendix 2.
- Link with the PPRHAA team leader to make sure that you have enough flipchart paper, pens and masking tape for the one or two day training and the facility/community visits.
- Draw up two flipcharts with the outline of the ranking matrix (see example on the next page).
- Buy a bag of beans or groundnuts to use in the ranking exercise during the focus group discussions.
- Link with the PPRHAA team leader to make sure you have funds to cover 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 or the number of communities you will visit
- Discuss and agree with the PPRHAA team leader how many community representatives can be invited to the State Summit. 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 State Summit. As a priority, community representatives sitting on functional Facility Health Committees should be invited to attend the workshop.

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 hospital 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.

Of course, you are trying to find out about peoples' experiences of the facility that is involved in PPRHAA. However, it is quite possible that 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 of clinicians? You may need to ask questions beyond those listed in the CCV Interview Guide 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:

- Make contact with the community liaison person.
- Travel together to the community and 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.
- 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 hospital with a view to developing an improvements plan for that facility. 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 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 hospital 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 hospital Appraisal Feedback and Planning workshops to be held in the afternoon and 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 hospital 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 Appraisal Feedback and Planning workshops, the results of the ranking exercise can then be shown to hospital staff so they see how the communities view their services compared to other health providers.

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. Use pictures as well as words if literacy levels are low.
- 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).
- Give each participant 5 beans.
- 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. 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 hospital representative during the hospital Appraisal Feedback or Planning Workshop. You can suggest to them that they display the rankings in their hospital so that clients can see their communities' assessment of the hospital. As further PPRHAA exercises are carried out they will be able to see changes over time – hopefully improvements!

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}

THEMES	Provider 1	Provider 2	Provider 3
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:

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

It is important to remember that too much emphasis should not be placed 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 still 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 hospital planning workshop or State Summit

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

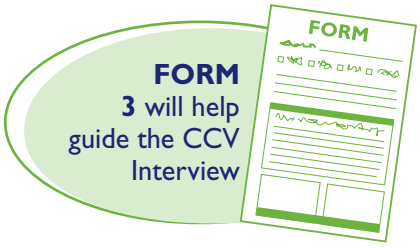
At the end of the discussion, give feedback to the group on key issues they have raised to be sure you understood them correctly

How to Conduct Client Interviews

One member of the CCV team remains at the facility and conducts 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 as randomly as you can, try not to let the hospital staff choose clients for you. Attempt to interview at least 10 clients in each facility, where possible this should include equal numbers of men and women of different ages, in-patients and out-patients who have come to the facility with different health problems/are in different wards.
- 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. 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 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 feedback and planning workshops.
- Jot down particularly pertinent quotations: try to 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.
- Aim to finish all the client interviews at each facility in about 3 hours.
- 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 hospital. They may be on the Facility Health Committee or another such body in the community.

Key Informant Interviews are conducted by one of the CCV team. The interview should focus on community participation in the facility and community views on the strengths and weaknesses of the facility. Use the 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. 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 hospital, you may consider inviting them to the hospital Appraisal Feedback and Planning workshops.
- 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

FORM 3 will help conduct key informant interviews

Identifying Individuals to Represent the Community at the Appraisal Feedback and State Summit

Note that it is more important for community representatives to be present at the planning workshop than at the state summit. Ideally, the community representatives would be from the Facility Health Committee.

It is your job as the CCV team to ensure that the views of clients and the community are heard and acted on by the facility staff. The problem/solution cards are one important way of doing this; during your presentation highlight the 3 most common problems identified during the focus groups and from the client and key informant interviews. At the planning workshops these problem/solution cards will form the basis for the analysis of problems and the identification of solutions. As these problems are analysed and addressed during the planning workshop it is important that the CCV team 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 action plans developed during the Planning Workshop it is important that some community representatives attend the Workshop. During the CCV assessment, the CCV team 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 Planning Workshop or State Summit, give them an invitation to the Workshop. An example of the invitation letter is below:

Re: Peer and Participatory Health
Appraisal for Action Planning Workshop
or State Summit {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 hospital 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 hospitals 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,

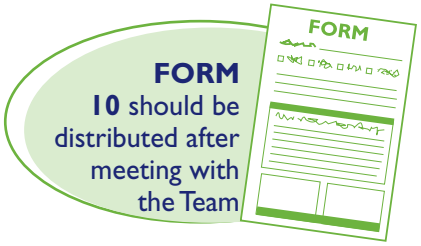
CCV Team, CCV Team, PPRHAA in xx State

Sharing CCV Findings with the PPRHAA Team

Throughout the whole PPRHAA process it is important for the CCV team to communicate and 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 Feedback and Planning Workshops to allow time to check the information obtained or agree to discuss the issue with facility staff during the workshop.

Keep Track of Form 10



Experience has shown that Form 10 and the coloured cards tend to get lost if distributed before the visit. For this reason it is recommended that these should be distributed immediately after the meeting with the Hospital Management Team. Explain the importance of proposing solutions that can be carried out by the hospital teams themselves, using locally available resources, without relying on outside authorities to solve problems.

Copies of Form 10 and the problem/solution cards should be distributed to each department head and unit head in the hospital. Encourage them to fill out their cards on their own, independently. Help those with literacy problems to fill it out. The CCV team members conducting focus groups in the community should use 3 problem cards and 3 solution cards to ask the participants to identify three key problems and solutions. Either one of the CCV team members or one of the participants (depending on literacy levels) can write the problems and solutions on the cards. The CCV team members interviewing clients fill out 3 problem and solution cards themselves based on an overview of all the interviews they have carried out.

These cards are not for the afternoon workshop, but will be used in the planning workshop.

If you have a Minister for Paper, he/she can be responsible for collecting and keeping all the cards until they are used in the Planning workshop the following week.

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:

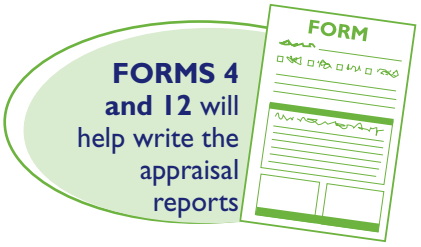
- Patient Care Management
- Finance and Equipment
- Internal Management and External Linkages
- Client and Community Views
- Service Outputs and Coverage

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’.

After the Appraisals and Before the Workshop

Team members should finish the appraisal visits around the hospital and to the community about 12 noon. This will give them time to start writing their reports by filling out Form 4, as well as time to fill out Form 12 (the Performance Ranking Tool) and to prepare for the workshop.

Team members should use the notes they made during the appraisal to fill out Form 4. Key points in these reports:



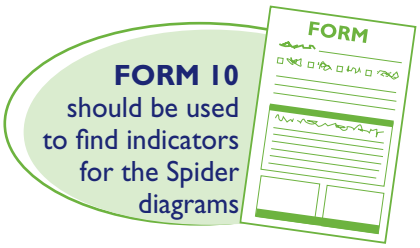
- Answer questions in the guide with each sub-heading in a separate paragraph. Your report will be too long if you answer every question, so choose the most important ones to deal with in your report
- be specific and factual, give evidence and facts to back up your opinions
- Give an assessment of performance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

See also suggestions in Chapter 5 on report writing.

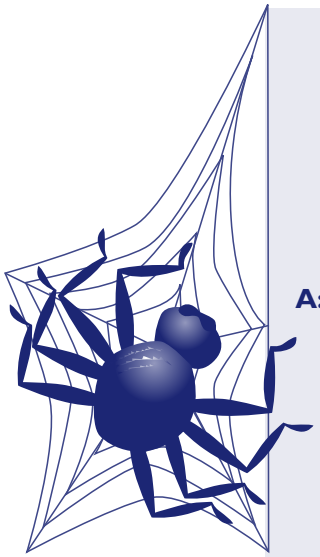
For the workshop presentations, team members should decide on the 4 most important strengths and the 4 most important weaknesses for the key area they assessed and perhaps write these on a flip chart. In addition they will need to fill out Form 12 and add up the score for their key area. One member of the team should also prepare a large blank Spider Diagramme. One or more members of the team should also be collecting up the completed problem/solution/recommendation cards.

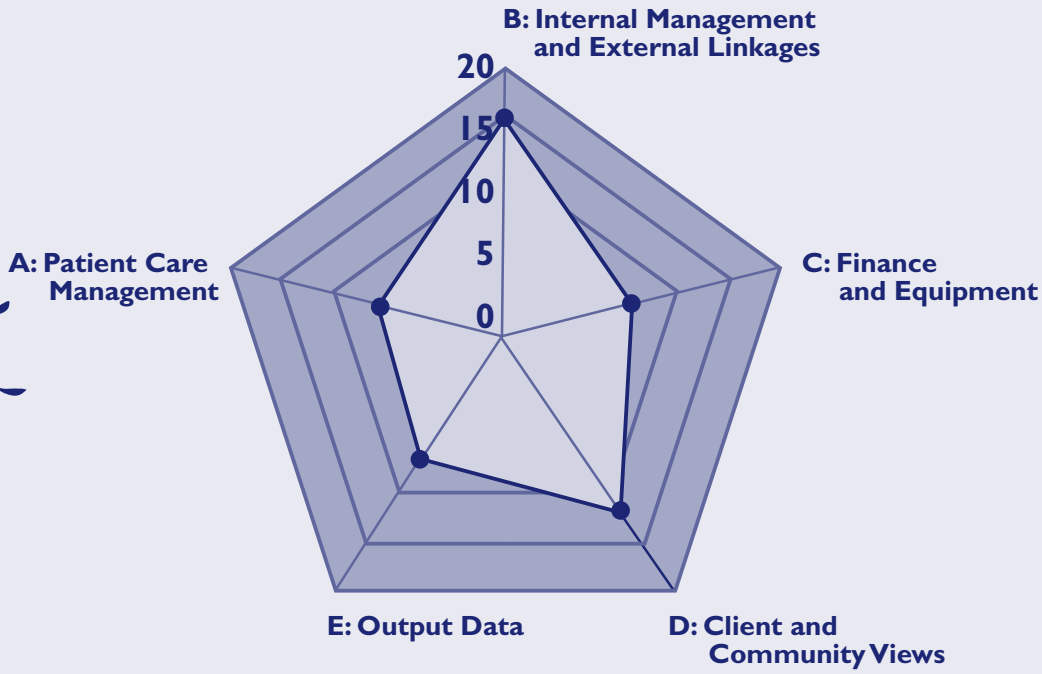
Spider Diagrams

Spider diagrams are a way of presenting a summary of the hospital's performance in each of the 5 PPRHAA areas. Just by looking quickly at the diagram you can see which areas of the hospital 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 the hospitals to keep clients informed of how well their hospital is performing.



During the Appraisal Feedback Workshop in the afternoon, the PPRHAA team builds a spider graph for the hospital. The start of this process is completing the performance ranking indicators given in Form 10; add up all the 'yes' answers and this will give you a score out of 20 for each area. At the end of each presentation of the five areas at the feedback workshop, the appropriate point will be charted on the spider diagram and then link up the points – see next page.





In the example, using the performance ranking questionnaire the following scores were calculated:

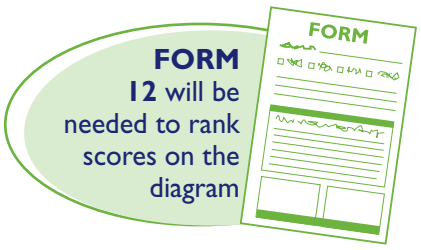
A: Patient Care Management scored 5 out of 20

B: Internal Management and External Linkages scored 15 out of 20;

C: Finance and Equipment scored 10 out of 20

D: Client and community views scored 12 out of 20

E: Output data scored 6 out of 20



FORM 12 will be needed to rank scores on the diagram

How to create a Spider Diagram:

- Before the hospital Appraisal Feedback Workshop, a member of the PPRHAA team draws a spider diagram on flipchart paper. Follow the example above with an arm for each area of the appraisal and a scale of 0-20 up each arm. Stick the blank spider diagram on the wall in the venue to be used for the feedback workshop.
- While preparing for their presentation at the hospital Appraisal Feedback Workshop, the PPRHAA team member(s) responsible for each area (A,B,C,D,E) uses the performance ranking questionnaire (see Form 12) to rank their area 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.

- At the end of the presentation from each area tell the facility staff the score they have achieved in this area.
- Ask one of the participants or the facilitator to mark the score on the pre-drawn spider diagram.
- Continue this process after each area has been presented.
- 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.

During the planning workshop in the second week, the hospital will use their spider diagram to help them prioritise the areas that they need to work on.

Remember to ask the facility to bring their spider diagram to the State Summit along with their plans. The spider diagrams can then be displayed next to the plans; during the gallery walk it will be easy for the summit participants to see if the facility's plans really do address the areas most in need of improvement.

If the team forgets to bring its diagram to the planning workshop or the State Summit, make sure you have the performance ranking scores so you can re-create the diagram, if necessary.

Process for Developing Spider Graphs in Excel

Developing the spider graphs involves the following steps:

1. 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
2. Enter the names of the hospitals on the vertical axis in Excel. Make sure to group the hospitals by location (e.g. zone or district) so that it becomes easier to compare the performance of hospitals in a particular location.
3. Using the in-built templates for generating graphs in Excel, select radar graph template.
4. 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.
5. 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.
6. Use a radar graph template that automatically allows the use of two

colours to represent the maximum and actual scores.

7. 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 hospital with using steps 5 and 6 above.

8. When letters are used to represent the categories as 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 Results of 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.

Workshop at the Hospital

The workshop should start by 1.30 pm, attended by all people who filled in the problem and solution cards. Community representatives should also be invited. Do not however rush the managers if they are not ready. When the workshop begins, explain its purpose, which is to give feedback on findings. The workshop is also designed to help management prioritise problems and prepare for the planning workshop on Tuesday the following week. Use the opportunity to explain the IMPACT Initiative again.

- IMPACT stands for Improved Management through Participatory Appraisal and Continuous Transformation. It is a major PRRINN-MNCH programme to strengthen health management.
- PPRHAA stands for Peer and Participatory Rapid Health Appraisal for Action.
- PPRHAA is carried out by peers of managers and professionals from other neighbouring hospitals

- Managers of the hospital being appraised also participate
- It encourages immediate local action by hospital managers and staff, using local resources.
- Following PPRHAA there is a cyclical process of support and follow up
- In addition, there are specific PATHS activities to help hospitals strengthen particular management systems, such as finance, drug supplies and Emergency Obstetric Care.
- Explain the workshop's purpose and activities. Also explain the planning workshop that will take place at the hospital next week.

Team Feedback

Next, the appraisal team presents a summary of its findings to the workshop. This must be kept brief – a maximum of 1 hour for team feedback. The team members responsible for each of the five key areas (A-E) present a summary of their findings and by presenting the 4 most important strengths and the 4 most important weaknesses they have observed. The CCV team makes a presentation that covers both client views and community views. All these presentations must be kept brief — a maximum of 5 minutes per presentation, and 5 minutes for discussion. If available, you can ask for feedback from the Patient-Focussed Quality Assurance (PFQA) process that is occurring in many of the hospitals. This feedback should be given by the person responsible for PFQA in the hospital.

If there are community spokespersons attending, they should also be given the opportunity to give feedback from the community's perspective on the services provided by the hospital.

During the feedback session, the PPRHAA team will build the spider graph for the institution. At the end of each feedback presentation, each presenter will mark the appropriate score for his/her area on the spider graph. After all feedback presentations are finished, the lead facilitator for the workshop joins up the dots to complete the "spider web", colours in the enclosed area and explains the spider graph to the participants.

Tips: for Facilitators

Start with a short review of last year's plan – highlight successes/ask senior managers to present

Facilitators need to strike a balance between assisting and taking over

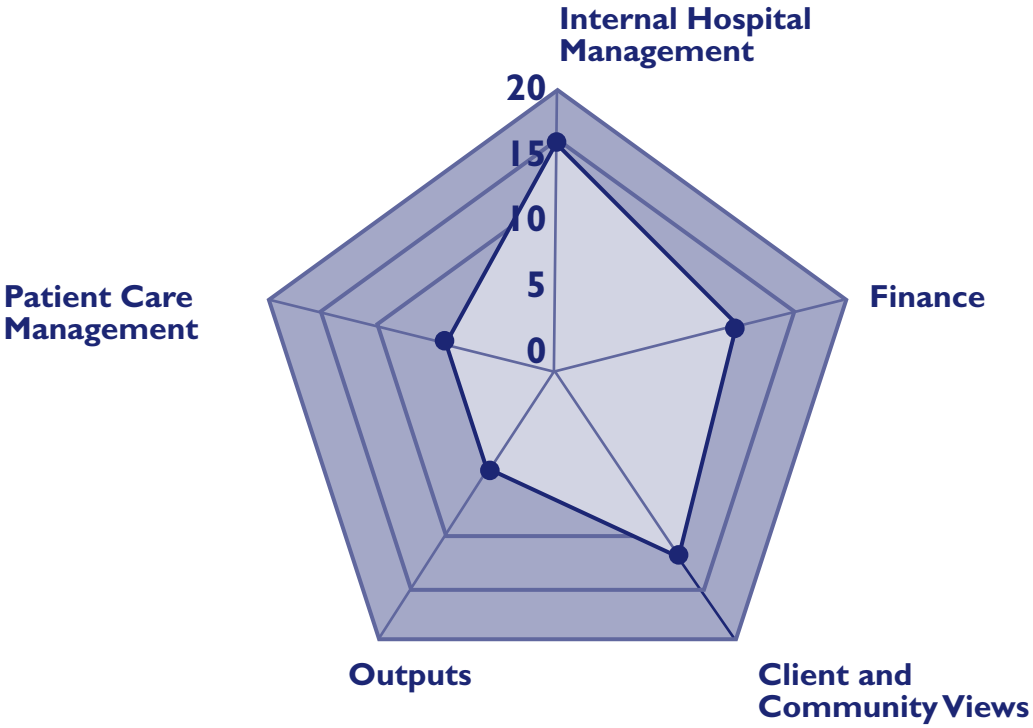
Write the identified strengths and weaknesses on a flipchart

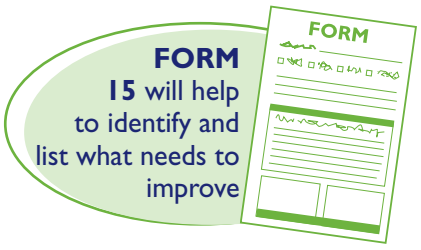
Use the Five Gold Standards to write problem statements

Use local languages if necessary

Introduce PPRHAA claps early to create a relaxed atmosphere

Spider showing institutional performance





Divide into Groups

Divide the hospital staff and managers into 5 groups – based on the five key areas. This can be done by making the hospital team number themselves. At the end of the numbering all number ones will be in group one, number two in group two and so on.

If you want to try something different from numbering, you can choose 5 fruit i.e. orange, mango, banana, etc and ask the group to call out the fruit one-by one in turn. Then all the mangos form one group, the oranges another and so on. Think of other categories for future facility workshops

For one hour, each group will be assigned to work on one of the key areas, discussing the feedback and the identified areas of strength and weakness. They will try to identify specific problems that the hospital can address and prioritise these. Explain carefully the tasks that each group is expected to carry out:

- Discussion on the PPRHAA appraisal feedback
- Prepare a list of the 3 or 4 problems at the hospital that the group thinks are most important for its key area, in order of priority, based on their own ideas, as well as the findings of the PPRHAA appraisal.
- Prepare a list of the 3 or 4 important successes at the hospital for the group's key area.

This group work will be continued during the planning workshop the following Tuesday. This is important to realise. You will be coming back in the following week to visit the hospital for the planning workshop. Be flexible and use the time wisely (both the initial afternoon workshop and the follow up planning workshop).

Tips: for Teams During the Workshop

Remember that the planning workshop will develop the plans

Encourage groups to focus on problems that are amenable to local action

Let each group choose a Reporter and a Chairperson before they start the group work

Avoid getting bogged down in the scoring on the spider chart

Ensure that all participants, including the community, participate

Groups can use beans or stickers to prioritise problems rather than just discussion

Plenary: Working Group Reports

When the groups are finished, they return for a wrap-up plenary session. At the plenary, select one person to chair and direct the proceedings. Call group Chairmen and Reporters in turn to present their reports. This will be their lists of problems and successes. The plenary session should last about half an hour.

Next Steps

Ask the group to prepare themselves for the planning workshop the following Tuesday, by thinking through the problems identified and considering possible local solutions. This should be done in the same groups. There is no need for plenary feedback as this work will be built on during the planning workshop in the coming week. At the end of the afternoon workshop, ask the hospital management to arrange for each of the 5 groups to hold a follow-up meeting before the planning workshop.

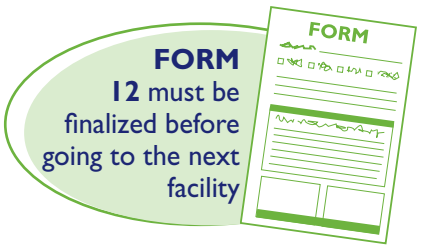
Hospital Report

A draft report is compiled, using the report format and the performance ranking tool before the institution workshop and presented that afternoon. After the workshop, this draft can be revised to include the comments from the 5 group discussions.

Following the afternoon workshop the team should meet to:

- Review the institution appraisal and workshop
- Sort out any contradictions between the different sections of the appraisal
- Discuss what has been found
- Review problems that were prioritised
- Discuss and feedback on process (including facilitation skills)
- Extract key overall messages for the institution
- Identify any dangerous practices (especially as regards patient care management) for feedback to the management at the planning workshop the following week.

Since much of the report is written prior to the afternoon session, the evening team meeting should focus more on summarising key issues and discussing process and team related issues. The Patient Care Management team should look carefully for any dangerous practices (e.g. around sharps disposal, around care in labour). This can be recorded on Form 4 and fed back to the hospital management either during one of the workshops or in a separate meeting.



The full report on the hospital and the performance ranking report (form 12) must be finalised before visiting the next facility to avoid piling up reports and in the process mixing up some of the important issues.

For each hospital choose one person to collect all parts of the reports and the indicator ranking forms for that hospital, as well as to get them typed. Use a checklist to make sure all are completed.

Whilst travelling to the next facility in the 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. In addition this is a good opportunity to do further "self-appraisal". The team can discuss how well the appraisal went, if the workshop was fun and stimulating for the hospital staff; if facilitators were "probing" or "dominating" and whether good discussions happened at the workshop? If not, why not? Did the team keep to time, or was the "Chief Whip" too weak and should be impeached?!

As soon as possible, preferably the day after the visit to a hospital, the team's report must be typed and edited.

Writing Appraisal Reports

CHAPTER 5

- *General Principles*
- *Writing Hospital Reports*
- *Finalising the Hospital Report/ Preparing for the Hospital Planning Workshop*
- *Systems Analysis*
- *Analysing Service Outputs and Indicators*
- *Collecting Reports and Action Plans*

Overview

These are the reports that are used for the Hospital Appraisal Feedback and Planning Workshops:

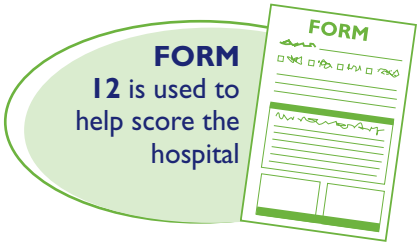
- Reports for each facility, using Form 4, and service output data. This includes the performance ranking tool (Form 12).

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

Later the reports from all the hospitals appraised are compiled into five theme reports (patient care management, CCV etc) for the State/Zonal Appraisal Summit and an overall report (see chapter 7).

One of the concerns expressed has been the length of the reports. While there is excellent information in the reports, the length can be a stumbling block as few people will have the time to read and digest all the information. In addition, much of the appraisal time (during the first week) is consumed with report writing. Thus the PPRHAA appraisal teams have less time to discuss issues emerging from individual institutions and the important cross cutting issues.

To address these concerns the following measures have been adopted:



- A report format will be used by all appraisal teams. This format will be based on the appraisal tool and is included in this Manual as Form 4.
- The performance ranking tool was developed (Form 12) which is used to score the hospital.
- Members of the appraisal team are encouraged to take notes in a note pad during the appraisal interviews. The time between the interviews and the morning workshop must be used to complete the report format and do the performance ranking.
- In addition, four areas of strength and four areas needing improvement need to be extracted
- The performance ranking tool/scores, a summary of the report and the four areas of strength/needing improvement will be presented during the afternoon workshop
- By following these guidelines, the evening team meetings can be devoted to other activities such as team building (Chapter 3).
- Each individual hospital/institution report will then be a longer version of the workshop presentations, adapted to include comments and thoughts emerging from the afternoon discussions and the evening team meeting.
- The report will be typed by someone other than a team member – either a person in the public sector, within PATHS or contracted out. The team members do not have time to type up their reports.

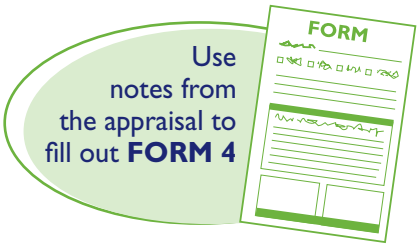
Tips: Facilitating Report Writing

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

The consultant should spend time with each of the groups, asking questions and helping them analyse and highlight important issues

Writing Hospital Reports



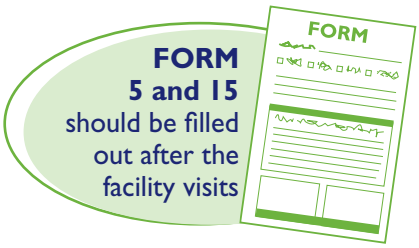
Team members should use the notes they made during the appraisal to fill out the report formats (Form 4). Key points in these reports should:

- 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.

This process starts on the appraisal day before the afternoon Appraisal Feedback Workshop and continues that evening.

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. At the same time remember that facts speak louder than opinions.

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.

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

FORM 15 is used to help score the hospital

To complete Section D of Form 12 for each hospital 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. This will be included in the hospital spider diagram.

The hospital 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 hospitals.

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

Finalising the Hospital Report/ Preparing for the Hospital Planning Workshop

A Report is compiled for each hospital. This is based on the reports drafted for the Appraisal Feedback Workshop. Different sections of the reports are drafted by the team members (e.g. CCVO writes the CCV part; another member writes the patient care management section). The report now needs to be integrated into a single report and should include the discussions of the afternoon workshop. Key elements of the report and the presentation at the planning workshop need to be discussed by the team prior to the planning workshop. In compiling the final reports:

- 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
- Include quotations where possible
- 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 and try not to make unduly negative criticisms about individual facilities.
- Remember to include the name of the hospital 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 hospital
- Identify any dangerous practices (especially those related to patient care management such as universal precautions) for feedback to management at the hospital Planning Workshop.

The hospital report forms the basis for the action planning that occurs during the hospital Planning Workshop (see chapter 6).

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.

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 12) and the reporting format to identify and list what needs to improve. This will leave the hospital 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, no sheets were found on the beds in the paediatric ward. Looking deeper, the problem was a budget not based on income and no prioritisation committee re spending. The MD and the accountant decided what to buy and the paediatric ward manager was not their favourite.

The underlying problem was the budget and expenditure system.

Tips: Conducting Systems Analysis

When identifying four strengths and four weaknesses, think systems

Use the afternoon 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 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

Analysing Service Outputs and Indicators

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 3.

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.

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 into related groupings:

For hospitals, these are

1. Use/coverage indicators

- OPD utilisation rate
- In-patient Admission rates
- Caesarean coverage rate
- Proportion of deliveries at hospital

2. Efficiency Indicators

- Bed Occupancy Rate (BOR)
- Average Length of Stay (ALOS)
- Average Recurrent Cost per Patient Day Equivalent
- Budget Performance rate

3. Workload indicators

- Patient-day Equivalent (PDE) per doctor per day
- Patient-day Equivalent per Nurse per day
- Patient Day Equivalent per Staff per day

4. Quality of Care indicators

- Proportion of maternal deaths audited
- Newborn BCG coverage rate
- ANC HIV counselling rate
- U5 Weighing rate
- Reported staff with good attitude rate

5. Availability Indicators

- Percent availability of Tracer drugs/consumable on day of appraisal
- Percent availability of Tracer equipment on day of appraisal

6. Rational Drug Use Indicators

- Average Number of Drugs per Prescription
- % of Drugs Prescribed using Generic Names
- % of Prescriptions containing at least one Antibiotic
- % of Prescriptions containing at least one Injection.

7. Access Indicators

- Exemption rate
- Deferral rate

8. Participation Indicators

- Community participation in HMC rate

9. Accountability Indicators

- 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
- 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 hospital Planning Workshop – see chapter 6) for each hospital. Make sure reports are typed as soon as they are submitted. Backup copies must be made once typed. Action plans will be on the flipcharts used during the hospital 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.

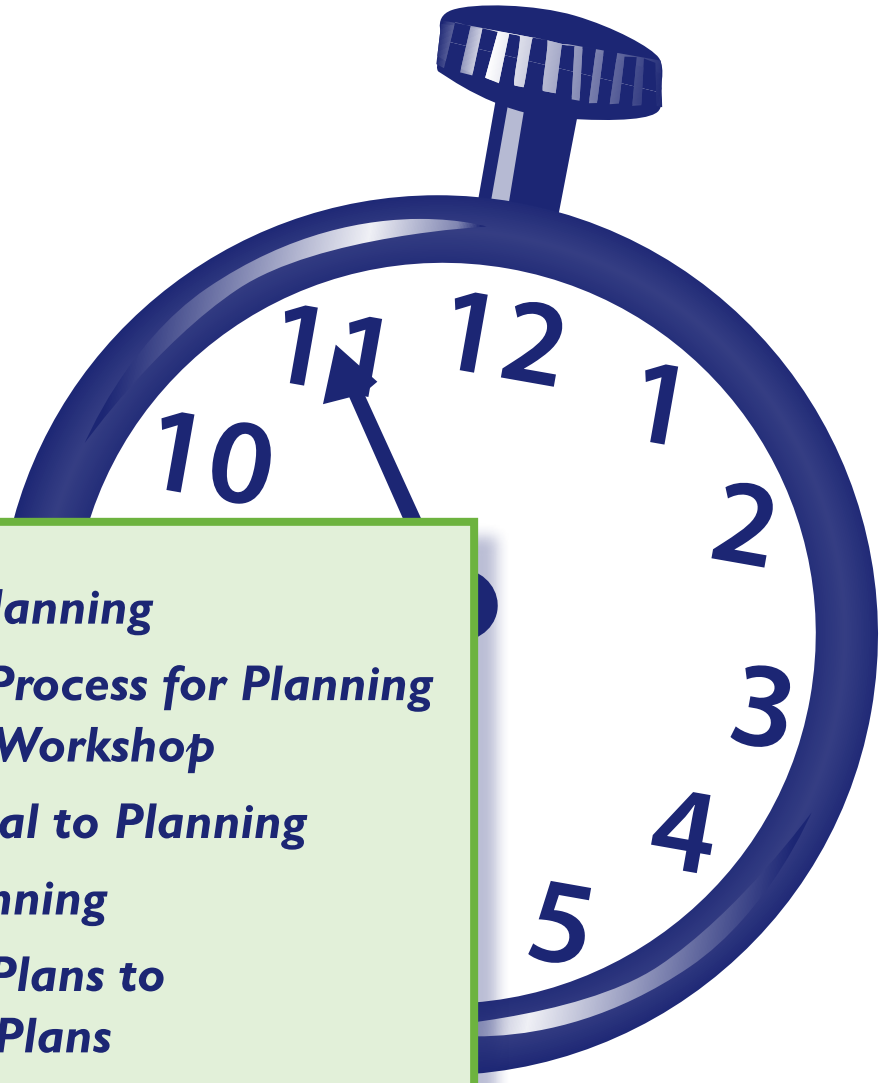
Checklist for Monitoring Submission of Facility Reports and Action Plans

Tick appropriate block when report submitted

Name of Hospital	Institution report	Client and Community view report	Hospital Output & Coverage	Action Plans	Remarks

Planning Training

CHAPTER 6



- *Purpose of Planning*
- *Agenda and Process for Planning Training and Workshop*
- *From Appraisal to Planning*
- *Tools for Planning*
- *From Action Plans to Operational Plans*
- *Prior Preparation*
- *Facilitation*
- *Representing Community and Client Views at the Hospital Planning Workshop*
- *Review of Plans*

The second Monday is used to train the appraisal teams in planning. This is normally done together with the PHC PPRHAA team. Prior to the Monday's training, the appraisal team needs to be divided into smaller teams of two and allocated an institution. This will be the institution that they will visit to conduct a planning workshop the day after the training (Tuesday).

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 training needs to be based on one of the institutions visited during the previous week. The agenda in the section below covers both the Monday and the Tuesday's workshop – although the Tuesday's workshop at the institution will not incorporate the afternoon's session and may take more time than shown on the agenda, including some of the afternoon.

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.

Agenda for Planning Training and Workshop

The following agenda is suggested for the planning workshop

Time	Activity	Method
8.00 – 8.30 am	**Introduction to Planning** • What is planning? • Simple planning formats • Action versus operational planning • Strategic versus operational planning • Introduce Federal Health Sector Reform process and State Strategic Health Plan	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
8.30 - 09.30 am	P**reparing an institutional problem summary, group and prioritise the problems** • Summarising appraisal report and the problem/solution sheets • Extract key problems using the five gold standards	Choose one institution Divide into two groups of four 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) Consider doing this at the first workshop – during the appraisal visit.
09.30 – 10.00 am	**Plenary**	Feedback and discussion from the two groups 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.
10.00 – 10.30 am	**Break – refreshments**	
10.30 – 11.30 am	**Session Continued** Use this session to do 'but why' exercises to get to systems issues	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
11.30 – 12.00 noon	**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
12.00 - 13.00 pm	**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
13.00 - 13.45 pm	**Lunch**	
13.45 - 14.45 pm	**Plenary**	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 hospital 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
14.45- 15.30 pm	**Discussion of the following day's institutional workshops**	Teams will use same methodology Answer queries and concerns Might be worth breaking into the four teams so that each team could discuss their concerns and issues Follow this with a plenary
15.30 – 16.30 pm	**Preparation for the following day**	In the four teams do the preparation Ensure both content/process issues are planned and the logistic components
16.30 – 17.00 pm	**Final wrap up**	Deal with any outstanding issues

Notes for facilitators:

1. The times above are suggested times – in reality you will probably need longer for each activity, especially if this is the first time. The planning workshop at a hospital may take most of a day.
2. Appraisal Presentation could be done as a gallery with 5 stations: each station has flipcharts (strengths and weaknesses; pink cards); service output station has graphs as well (this might not be possible during the appraisal workshop but could be prepared for the planning workshop). These need to be prepared beforehand. PPRHAA team members should cover the areas they appraised: divide hospital group appropriately.
3. 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.
4. Break into the five groups to identify 1-2 problem statements. Each group to write these onto flipchart paper.
5. In plenary discuss a few problem statements and agree that they meet the 5 gold standards. Ensure that this is not critical and threatening.
6. 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 3. Draw this on a flipchart paper. Try to identify not more than 5 roots and follow these down.
7. 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.
8. Before breaking into groups to do the SMART exercise do a SMART exercise using the problem statement in note 3 that was developed into a root diagram in note 6. 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.
9. Break into the same theme groups and ask the groups to identify SMART activities from their 'But Why' root exercise and then to complete the planning format and put this on the flipcharts prepared by the PPRHAA team beforehand. Present this as a gallery presentation.

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

Remember you have 3 hours minimum for this workshop and can use the whole day. Start the process in the appraisal feedback workshop and continue during the follow up planning workshop. By the end of the appraisal feedback workshop you hope to get to the problem statement identification phase. You can then ask the hospital teams to review these statements in preparation for the planning workshop the following week.

From Appraisal To Planning

Planning starts in the appraisal feedback workshop during the appraisal day; continues during the planning workshop on the following Tuesday; 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 steps on the following page 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 hospital and/or the community?
2. Is it a problem with the quality, efficiency, access and/or coverage of services from the hospital?
3. Is it a problem about how things are done or managed at the hopital, 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 hospital 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

Appraisal

Presentation by team: 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 hospital

Presentation by hospital: PFQA, if available

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

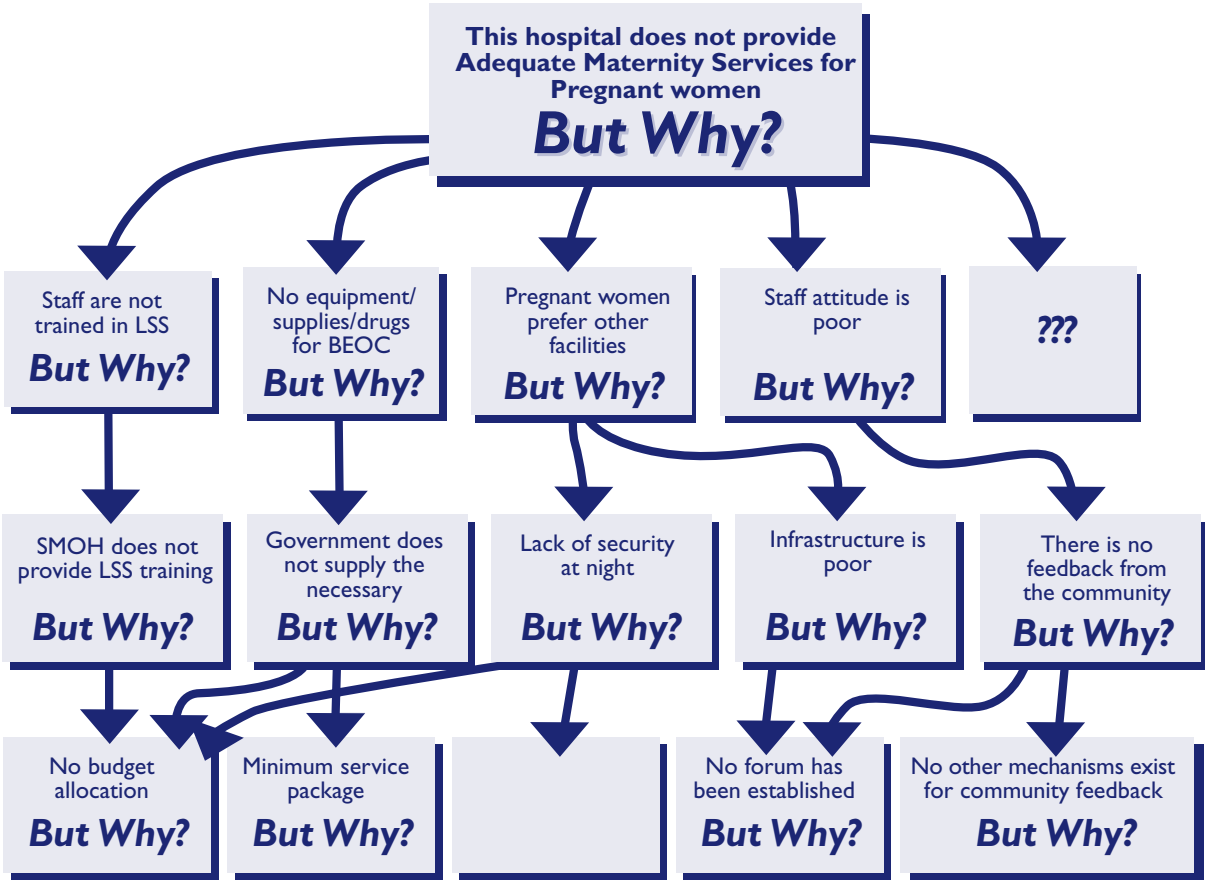
List 4-5 SMART activities on planning format

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

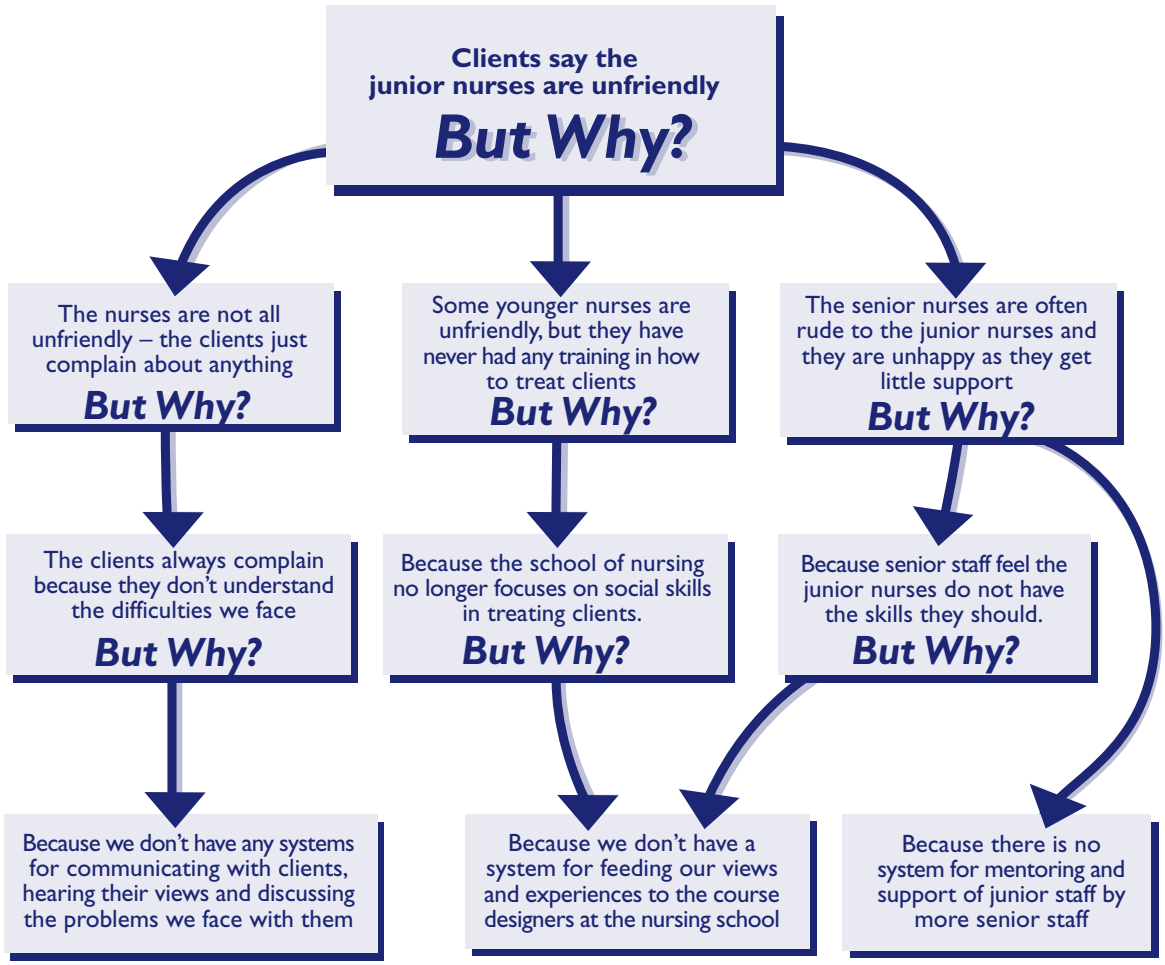
Be specific

- 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 hospital Appraisal Feedback and Planning Workshops 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



Another example



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 the hospital.

1. SMoH/Hospital to initiate LSS training.
2. Hospital to list/cost minimum resource package needed to provide BEOC or CEOC.
3. Hospital to develop budgets and ensure minimum resource package is included.
4. Hospital to develop DRF and D&E schemes.

5. Hospital 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 hospital staff and managers. Plans should be displayed in departments within the hospital.

As the process deepens, individual departments need to produce operational plans specific for their department. These need to be aligned with the hospital 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?

Examples of plans and activities at different levels

These would then be converted into the action planning format.

In an institution, 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 unit or department, the activities that are necessary for this aspect of the plan to be realised are:

- to estimate income from their unit/ department based on last year's income
- to estimate expenditure needed to run their unit/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. Wards 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 ward
- Implementing a system of non re use of needles and/or syringes
- Teaching all staff safe handling and disposal of body fluids

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.

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 hospital 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 hospitals 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 hospitals cannot wait until the state develops a SHP. They need to address their priority problems. When developing an operational plan, ensure that the hospitals choose a realistic number of problems. Develop an understanding with the hospital 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 hospital's own problems, but this should be done carefully, so as not to confuse participants or break the link between problems at the hospital and the plans that are produced.

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

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.

Tips: **Improving the Planning Workshop**

Each team must familiarise themselves with the planning format

Each team needs to review and group the problem and solution sheets

Ensure the community representatives can attend

Close the appraisal visit by asking participants to think systems, think underlying causes of the problems they have identified

Use the time between the two workshops to group the problems according to the state SHP

Each team must prepare a short input based on the appraisal, the afternoon workshop discussions and the links to the state SHP

OPERATIONAL PLAN

{Indicate time frame – normally 1 year} {Indicate level i.e. Facility or SMoH or HMB }

Problem Statement: _____

#	Activities	Responsible	Resources	Timeline	Outcome/Indicator
				J F M A M J J A S O N D	

Other Important Tips for the Planning Exercise

1. Facilitators must be confident and know the material well.
2. The day before visiting facilities it is important that national and international consultants discuss and agree on tasks for each of the team, plus the methodology and sequence of events. If this is not done, it leads to conflicting instructions by consultants in the facility and little participation by the less dominant team members.
3. Mondays and market days are bad times to visit hospitals for the planning exercise because there is usually a higher than normal OPD attendance and it is difficult for facility managers to come early for the planning exercise.
4. Make a checklist of the results required at the end of the planning exercise and ensure that team members have got copies of necessary documents – such as identified problem statements, action/operational plan layouts, and spider diagram.
5. Don't assume the senior people in the institution necessarily know better than the junior ones.

Prior Preparation

The planning workshop and the appraisal feedback used to be on the same afternoon. Now these have been separated to allow more time for planning. The feedback occurs in the afternoon of the appraisal visit. Following the feedback, the hospital/institution participants (including the community members) are broken into groups to discuss the feedback and prioritise issues and problems that emerge. It is hoped that at the end of the appraisal feedback workshop that priority problem statements will be developed. The groups reflect on the five key areas of the appraisal (patient care management; internal management and external linkages; finance and equipment; client and community views; and output data).

The appraisal team should also have collected the completed problem and solution cards distributed to all department heads, hospital management, community focus groups, and key informants, plus the three cards based on client interviews. When reviewing the problem and solution cards for each hospital, 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

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 in the Planning Workshop.

Finally, each evening the appraisal team meets to reflect on the day's work and draw out key messages for each institution. The team now has a rich knowledge base on which to assist the institutions in developing plans.

Following the appraisal visit and before the planning workshop, there are several days which can be used for reflection and planning by all concerned – the appraisal team, the institutional people and the community people. The PPRHAA team has the weekend, the evenings and the Monday planning training for preparing for the planning workshop. Use it wisely.

Each planning team needs to review the hospital report (from the appraisal team) and spend some time reviewing the feedback inputs (particularly the areas of strength and weakness) and the problem and solution cards that were collected during the institution appraisal visit. In addition, the team must analyse the output data collected from hospitals, management structures, and communities. Then, they must finalise hospital reports and produce presentations for the workshop (described in Chapters 5 and 6). This can be a difficult process for some team members, but it will be much easier if hospital reports are written up on the day of the appraisal.

The team should prepare the following:

- Final reports for each hospital that are given to each individual institution. This report is based on the report compiled during the appraisal visit. Use the report format (form 4) for this.
- A short presentation of the appraisal findings (recapping what was discussed during the appraisal feedback workshop).
- The flipcharts that identify four points of excellence and four areas needing improvement in each area (developed during the appraisal feedback workshop).
- The flipchart with the problem and solution cards.
- A presentation on key output data.
- The spider diagram for the hospital (developed during the appraisal feedback workshop).
- Presentations as per the agenda (see section 6.2).
- The problems as identified and prioritised during the appraisal feedback workshop.

It is essential that the teams reach the institution by 9am to start the planning workshop on time. It is also important that the PPRHAA team member from the hospital is part of the team of two going to that hospital.

During the visits to the hospital for the appraisal and for the planning workshop, explain the State Appraisal Summit to senior managers and make sure they know when and where it will be held. Also make sure that the hospitals are aware that they need to bring their appraisal spiders, their plans on flipcharts and they need to allocate someone for the panel discussion.

Facilitation

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.

Tips: for Planning Workshop

Ensure each team has made sufficient preparation prior to the next day's workshop

Plans must have activities that institutions can do

Finalise logistic arrangements together, especially ensuring teams have all necessary forms

Ensure that the introductory inputs are simple and clear

Assess team members during the first week and create equal strength teams of two

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

Planning must be made simple and output focussed

Grouping problems, ensuring all five areas are covered and the links to key state strategies are all vital

At the end of the Hospital Planning Workshop, each hospital 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: for PPRHAA team during workshop

Groups can use beans or groundnuts or stickers to prioritise problems rather than just discussion

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

Representing Community and Client Views at the Hospital Planning Workshop

During the planning session, facility 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 Hospital Planning Workshop, it is the CCVO's role to ensure that facility 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 Hospital 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 Hospital 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.

Review of Plans

The cyclical nature and follow-up activities of IMPACT ensures at least quarterly reviews of plans. This will be covered in more detail in the manual for Component 3 of IMPACT.

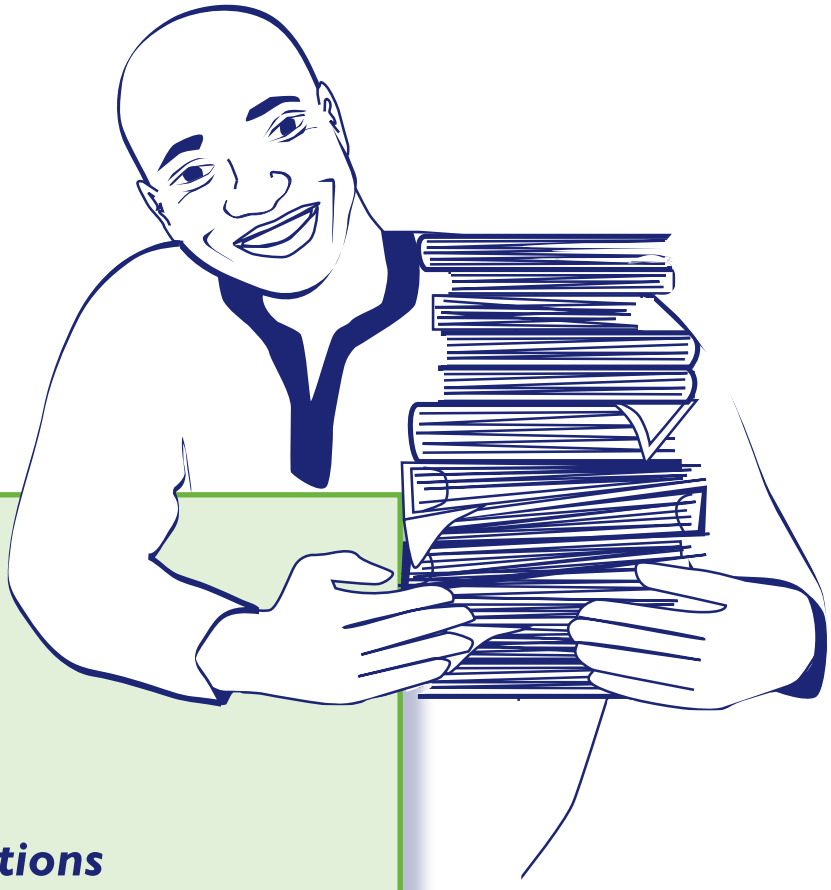
At hospital/institutional level, reviews need to occur much more frequently (at least monthly). These reviews should be built into the normal internal management structures – regular management and unit/department meetings.

Planning documents are dynamic documents. They need to be reviewed and reflected on and where necessary adjusted to reflect changing contexts. They must be used as management tools.

As far as possible, the planning aspects of IMPACT need to be institutionalised as quickly as possible. Whereas the appraisal needs additional support for a longer time, the planning aspects should be able to be institutionalised much faster.

The State/Zonal Appraisal Summit

CHAPTER 7



- *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[1] which is normally held together with the PHC 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
8:30 – 10:30	**Session 1: Appraisal** • Report by PPRHAA team on four key areas (A, B, C, D)	Use performance ranking/spiders Besides individual institutional spiders, develop a state spider Identify four key points of excellence and four needing improvement for each area 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 CCV station has quotes on wall
	• Output data presentation (E)	Plenary presentation of output data Use graphs liberally
	• Plenary discussion	Following gallery presentation Facilitator is key PPRHAA team needs prior discussion with facilitator re points/areas to cover
10:30 – 11:00	**Tea**	
11:00 – 11:30	**Session 2: Planning** Official opening session	Official opening by dignitary (Commissioner or PS) Overview of IMPACT Handout (one page) explaining IMPACT Fit this session in at an appropriate time

1 This can also be adapted so that districts can have summits

Time	Activity	Method
11:30 – 13:30	**Session 3: Planning** • Presentation by hospitals of institutional plans	Second gallery presentation Each hospital has a station and posters with their institutional spider and their plans Participants move around and ask questions Encourage participants to relate the plans to the appraisal
	• Plenary Panel discussion	Each hospital has a representative on the panel and 'defend' their plans Audience members and the facilitator ask questions on the plans Facilitation and prior planning are key again Query whether plans are SMART
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 institutions		
13:30 – 14:30	**Lunch**	
14:30 – 15:30	**Session 4: Crosscutting issues** • Presentation • Plenary panel discussion	A PPRHAA team member presents (in plenary) the cross cutting issues and the recommendations to higher levels Identify key people for panel – politician, senior administrator, donor etc Discuss arising from the presentation
15:30 – 16:00	**Session 5: Way forward**	Plenary discussion on way forward Discuss quarterly review process Try to get commitment from key role players
16h00 – 16h30	Wrap up and Evaluation	

Session Details

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.

Presenters should be mindful of the following as they answer questions:

- Speak clearly
- Keep eye contact
- Be prepared to give examples to back up the four key points of excellence and four needing improvement for each area that you have identified on your poster.

In the plenary discussion that follows the gallery presentation:

- Allow the discussion that follows to flow freely
- Do not be defensive
- Remember that questions that follow are for the whole group
- Do not feel obliged to answer every question.

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 hospitals to present the action plans they prepared when the team held the Planning Workshop. This again is a gallery presentation followed by a panel 'defence'. Each hospital team 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

As the summit will be held on the Friday[2] of the second week [3], ensure that participants from afar come in on the Thursday night and are accommodated near the venue. Also ensure the hospitals 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 hospital is dependent on how many hospitals 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 hospitals e.g. one report for Patient Care Management for all the hospitals 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 hospitals visited in the state
- The FGD ranking exercise can also be included in the gallery presentation

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

Remember that in the preparation for the hospital Appraisal Feedback and Planning workshops (see chapters 4, 5 and 6) that individual hospital 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.

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

3 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?

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

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.

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 hospitals. 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 SHMB/SMOH 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

	Issue	Action By Hospital	Action By State MOH	Action By PRRINN-MNCH
1.	Quality of Care	• Set up suggestion boxes in prominent places and create awareness for use. • Develop systems for keeping essential emergency drugs in emergency unit	Set-up quality assurance systems in hospital including system for monitoring patients' views and satisfaction, clinical, morbidity and mortality audits, standard treatment protocol and strengthen emergency services	Procure an expert in quality assurance and support setting up of program in hospitals in the state
2.	Patient records and registers	• Produce standard record forms and registers • Orientate staff on the use of forms	Produce templates of standard record forms and registers and mandate hospitals 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 hospitals to the managers of the institutions you have appraised, SMoH staff, political heads, etc. In addition, it is an opportunity for promoting action by higher management authorities on key issues that hospitals 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 hospitals
- Output data from hospitals
- Spiders
- One page summary on IMPACT
- A-4 paper
- Flipcharts
- Markers

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 hospital 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
- Commitments from key role players

Tips: for a Successful Appraisal Summit

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 (SHMB) 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

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

Assist the Chairman as much as you can

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

Pull out strategic issues as the findings are presented

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 hospitals.

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 summary of those developed by each hospital

Crosscutting Issues

Key Conclusions and Recommendations.

Annexes made up of action plans from hospitals, individual hospital 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 Planning Workshop reports; the State/Zonal Summit report; and the individual facility reports/action plans.

In summary, the following reports are compiled:

Institution Report: A report for each hospital completed by each team of 8 in the evening after their visit. The report is divided by the five Appraisal themes (PCM; internal general management and external linkages; finance, accounting, infrastructure and equipment; CCV and output data). The report would include the output data and the spider graphs. After two weeks, you should have a total of 4 reports for each team. Use form 5 for this report.

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

Overall Appraisal Report: The usual report format for the PRRINN-MNCH programme should be 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 hospitals, as well as

discrepancies.

- Be careful about indicating the name of institutions when making strong criticisms. Where there are outstanding positives the hospital can be named. Where there are bad practices, criticise constructively.
- End with a summary to give a picture of hospital performance and suggest key areas for improvement/action.

APPENDICES

APPENDIX 1:
Briefing Paper For PPRHAA Team Members

Introduction

PPRHAA stands for:

Peer... *Carried out by peers within the health sector*

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

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

Health... *Focused on health systems and services*

Appraisal for... *An annual appraisal*

Action... *Leads directly into action planning and later into operational planning*

It is a simple approach for assessing health facilities and/or management bodies (SMoH/SHMB), 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 PHC facilities and their management structures – there is a separate briefing paper to cover PHC facilities and LGAs/districts/Gundumas which can be found in the PHC manual.

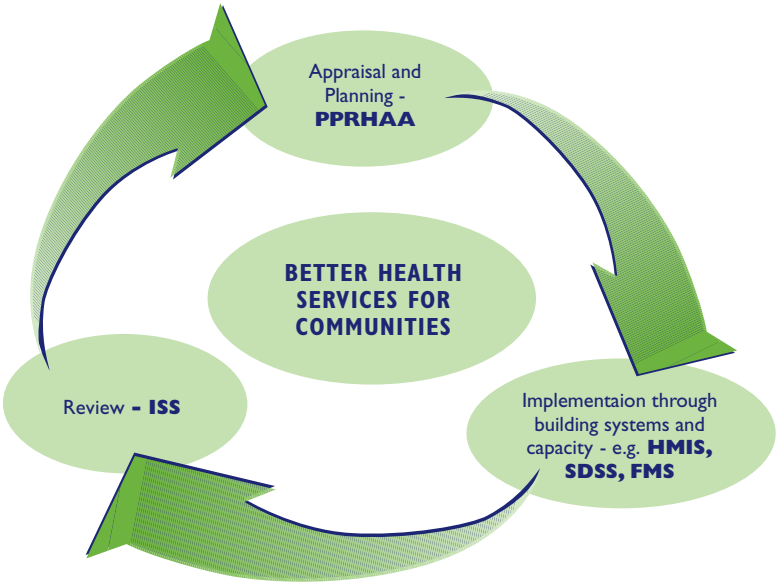
PPRHAA is one part of the IMPACT Initiative (Improving Management through Participatory Appraisal and Continuous Transformation) which includes other approaches to develop systems within health facilities and to provide the support and follow-up needed for PPRHAA and systems development.

What Is The Purpose Of PPRHAA?

The purpose of PPRHAA is to introduce reforms into the management of hospitals 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,combines to improve service delivery.

Impact



Who Forms The PPRHAA Team?

The PPRHAA team is selected from the state 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 8 people is needed to appraise 4 hospitals in one week.

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 on the following page 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.e 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 one day at each hospital. 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:

Appraisal Task:	Carried out by:
Patient Care Management	Two people
Internal Management and External Linkages	One person
Finance, accounting, equipment and infrastructure	One person
Service output data	One person
Client and Community Views	Three people

Team members visit all parts of the hospital, 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 (patient care management, finance and equipment, CCV etc) 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):

- 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, 4, and 5)

- 1-2 days of Team training on how to use the appraisal tools and how to conduct the facility workshop
- Four days of hospital visits, each day visiting a different facility:
  - Morning: Interviews and observations with facility staff and clients, focus groups and local communities
  - Afternoon: A workshop with facility staff to present back findings from the appraisal and analyse problems
  - Evening: team reflection and finalising facility reports
- On the weekend: finalizing reports and reflection

STAGE 3 - PPRHAA: Planning - first two days of Week 2 (covered in Chapter 6)

- 1 day of team training on how to conduct the planning workshop
- 2 team members visit each facility to conduct half-day planning workshops

STAGE 4 - State Appraisal Summit: at the end of Week 2 (covered in Chapter 7).

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

The two week annual appraisal

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

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

STAGE 6 - Repeat the process annually in remaining hospitals or facilities.

Hospital Appraisal Feedback and Planning Workshops

During the appraisal visits (in the first week) the team reports back to each hospital what they have found and then helps the hospital prioritise the problems.

In the second week, a Planning Workshop is held in each hospital. Representatives from the appraised facilities come together with community representatives, and begin a process where community representatives can hold facilities accountable for the changes they plan to make. The workshops provide the opportunity for PPRHAA team members to present their findings and for hospitals 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, district and State level cross-cutting issues and the follow-up activities to start the facility reforms.

After the meeting, the representatives return to their hospitals 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

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

The participants of the two focus groups should represent the make-up of your community as far as possible in terms of tribal groups, religious groups, wealthier and poorer people. 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

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

AIDS	Acquired Immunodeficiency Syndrome
ALOS	Average Length of Stay
ANC	Antenatal Care
ARI	Acute Respiratory Infections
BHF	Benue Health Fund
BOR	Bed Occupancy Rate
CCV/O	Client and Community Views/Officer
CD	Compact Disc
CEOC	Comprehensive EOC
CHAN	Christian Health Association of Nigeria
D&E	Deferment and Exemption
DFID	Department for International Development
DHIS	District Health Information System
DOTS	Directly Observed Treatment Shortcourse
DRF	Drug Revolving Fund
DSA	Daily Subsistence Allowance
ECWA	Ecumenical Churches of West Africa
EDL	Essential Drug List
EOC	Emergency Obstetric Care
FGD	Focus Group Discussion
FMoH	Federal Ministry of Health
HB	Haemoglobin
HISP	Health Information Systems Programme
HIV	Human Immunodeficiency Virus
HMB	Hospital Management Board
HMC	Hospital Management Committee
HMIS	Health Management Information System
HR	Human Resource
HSR	Health Sector Reform
IGR	Internally Generated Revenue
IMCI	Integrated Management of Childhood Illnesses
IMPACT	Improving Management through Participatory Appraisal and Continuous Transformation
ISS	Integrated Supportive Supervision
LGA	Local Government Authority
LSS	Life Saving Skills

MD	Medical Director
M&E	Monitoring and Evaluation
MSP	Minimum Service Package
NGO	Non Government Organisation
NPHCDA	National Primary Health Care Development Agency
OPD	Out Patient's Department
PATHS	Partnership for Transforming Health Systems
PCM	Patient Care Management
PCQA	Patient Centred Quality Assurance
PDE	Patient Day Equivalent
PFQA	Patient Focused Quality Assurance
PHC	Primary Health Care
PPM	Planned Preventive Maintenance
PPRHAA	Peer and Participatory Rapid Health Appraisal for Action
PRRINN-MNCH	Partnership for Reviving Routine Immunisation in Northern Nigeria; Maternal Newborn and Child Health Initiative
PRT	Performance Ranking Tool
PS	Permanent Secretary
QA	Quality Assurance
QAR	Quality Assessment and Recognition
QoC	Quality of Care
RDU	Rational Drug Use
RTH	Road to Health
SHC	Secondary Health Care
SHMB	State Hospital Management Board
SHP	Strategic Health Plan
SMART	Specific Measurable Achievable Replicable Timebound
SM/I	Safe Motherhood/Initiative
SMoH	State Ministry of Health
STI	Sexually Transmitted Infection
TB	Tuberculosis
VIP	Very Important Person
WHO	World Health Organisation

TOOLS & OTHER FORMS