IMPACT

Field Guide

Peer and Participatory Rapid Health Appraisal for Action

FOR PRIMARY HEALTH CARE FACILITIES

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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Northern Nigeria; Maternal, Newborn and Child
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**Partnership for Reviving Routine
Immunisation in Northern Nigeria;
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PRRINN-MNCH is a programme of collaboration
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The PRRINN-MNCH Programme is managed by an international consortium on behalf of DFID.
Members of the consortium are:

Health Partners INTERNATIONAL

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Introduction

This Field Guide[1] (for the PHC PPRHAA appraisal) complements the larger PPRHAA PHC manual. The field guide is for the use of the PPRHAA teams when they are in the field doing the appraisal or facilitating the LGA Appraisal Feedback and Planning Workshop or the Zonal/State Summit. Before the teams start work there will be a one to two day training workshop on how to do a PPRHAA appraisal, how to write the reports and so on. This will be followed by a one day planning training workshop in the second week of the PPRHAA period. Throughout the teams will be supported by the PPRHAA catalysts and consultants.

Thus, the field guide is a short document that teams can refer to when in the field. The material here will be supplemented by forms and guides that will be handed out during the training workshops. In addition, the field guide is a short introduction to prospective PPRHAA team members. Issues that PPRHAA team members want to discuss can be covered in the training workshops.

Before setting out for an appraisal at a facility, make sure that you have the following forms (a copy of this list is available as Form 16):

See **FORM 16** for a copy of this list

FOR EACH LGA/PHC Facility:

❏ 1 copy of the "Interview Tools for each PPRHAA Area" (A, B, C and D)
  - Forms 2, 3 & 4 for team members to use as they go around the institution

❏ 2 copies — Forms 6 & 7: LGA/PHC Facility Outputs.
  Send 1 copy to the LGA to fill out before the visit

❏ 2 copies — Form 5: Reporting Formats for each PPRHAA theme
  (1 for CCV clients, 1 for communities)

❏ 2 copies — Form 8: Financial data.
  Send 1 copy to the LGA to fill out before the visit

❏ 2 copies — Form 14: Performance indicators
  (fill in 2 copies, leave 1 for the institution).

❏ 1 copy — Form 9: Tracer drugs and supplies

❏ 1 copy — Form 10: Rational drug use

❏ 1 copy — Forms 11&12: Essential tracer equipment

❏ 2 copies — Form 15: Performance Ranking
  (fill in 2 copies, leave 1 for the institution).

❏ About 30 red problem cards, 30 yellow suggestion cards, 30 green recommendation cards and 10 copies of Form 13.

1   An acronym list can be found at the end of the field guide

Preparation

This section outlines the IMPACT/PPRHAA initiative and describes how the PPRHAA process is conducted.

Introduction

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

FIGURE 1: IMPACT
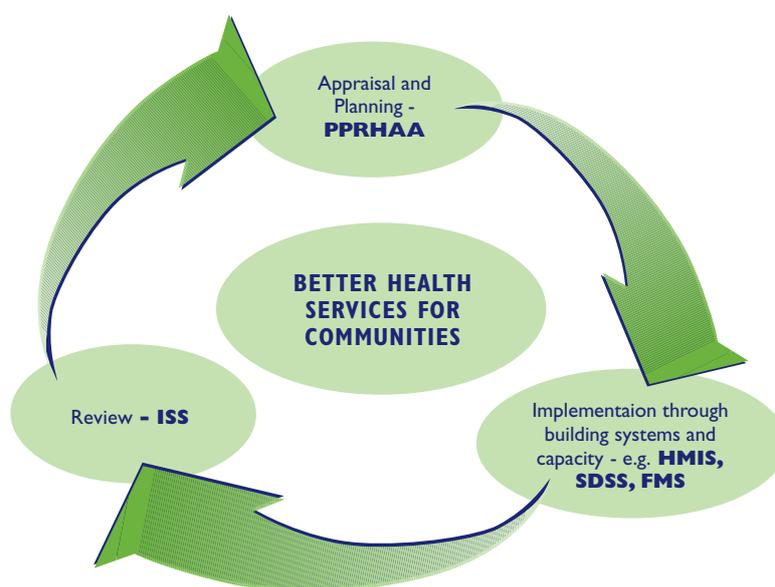
PPRHAA — Peer and Participatory Rapid Health Appraisal for Action

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

Building Management Systems and Capacity

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

Integrated Supportive Supervision (ISS)

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

Quality Assessment and Recognition

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

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?

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*

PPRHAA appraises and collects information on all the major aspects of a health facility or group of health facilities and their management structures (e.g. LGA headquarters, district health boards), with a focus on management systems, as well as the views of the community and clients served. This

process includes collecting information for a range of indicators on the services, coverage and performance of the health facility/institution over five years, so progress and trends can be assessed objectively and comparisons made between similar facilities and the same facility over time

PPRHAA examines and assesses five aspects of health services:

A: Patient Care Management

B: Internal Facility/Institutional Management and External Linkages

C: Finance, Accounting, Equipment and Infrastructure

D: Client and Community Views

E: Facility/Institutional Output and Coverage

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

The PPRHAA process includes district or LGA level Appraisal Feedback and Planning Workshops where senior health officials, the appraisal team and LGA and PHC facility staff have an opportunity to discuss the findings, develop plans and address cross-cutting issues. This is followed by a state or zonal Summit where all LGAs and often the hospitals attend.

The focus of the PHC PPRHAA is the LGA or district headquarters and their associated PHC facilities. Thus teams appraise both the headquarters and the facilities using separate tools. Tools and forms for districts, LGAs and PHC facilities will be distributed during the training workshops.
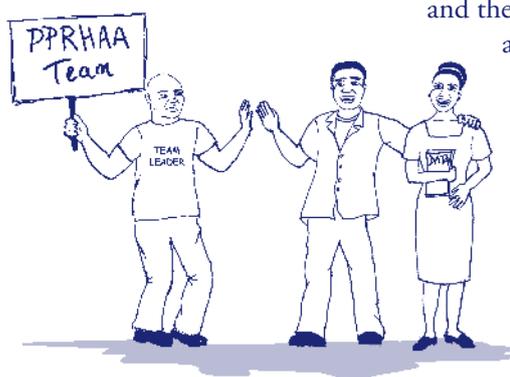
Who Carries Out PPRHAA?

For each LGA and associated PHC facilities there is a team of three people that are assigned to cover the five key areas - each team has a team leader (TL), Data Collector (DC) and a Client and Community Views Officer (CCVO). If possible, a note-taker should assist the CCVO. Each team usually covers 8 PHC facilities and the LGA HQ in 3 to 4 days.

The Process

The diagramme on the next page 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.

The two week annual appraisal usually looks like this:

FIGURE 2: The PPRHAA Process

STAGE 1 - Preparing before the PPRHAA
- Done before team assembles

STAGE 2 - The PPRHAA Appraisal
- 1-2 days of Team training on how to use the appraisal tools, followed in the second week by one day's training on planning and how to conduct the LGA Appraisal Feedback and Planning Workshop
- Four days of LGA and facility appraisal visits
- In the evenings and weekends, team reflection, writing and finalising LGA and facility reports

STAGE 3 - LGA Appraisal Feedback and Planning Meeting
- Feedback to each LGA and associated 8 PHC facilities
- Includes the initial planning component

STAGE 4 - State/Zonal Appraisal Summit (at the end of the appraisal period) – usually the LGAs and PHC facilities will join with the hospitals
- Finalising reports and plans 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
- Follow-up visits to appraised LGAs/PHC facilities at appropriate intervals throughout the year.
- State, zonal, district or LGA review meetings every 3 or 4 months

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

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

Prior Activities

Most of the preparatory work (including making arrangements with facilities so that you are expected) will be done by the team of catalysts and consultants facilitating the PPRHAA appraisal – they will explain to you what they have done in the training workshop. But two areas are important for the PPRHAA team members. Usually they can help with these.

Getting previous PPRHAA reports

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

Getting LGA population Data and HMIS data

LGA population figures are very helpful in estimating the catchment population of health facilities. The most recent census population data for the LGA should therefore be obtained before PPRHAA starts. This might be available from the HMIS section. Similarly, all data for the facility from the HMIS section should be collected prior to the visit.

The Appraisal Visit

*Section 2 describes
what actually happens on
the day of the appraisal
visit at either the PHC
facility or the LGA HQ.
It includes a description of
the work of the CCVO and
the DC.*

Introductory Meeting

When the team arrives at a LGA or PHC facility, it will meet first with the LGA Management Team or facility team:

• Introduce the appraisal team members to the hosts;

• Explain the purpose of your visit;

• Mention the upcoming LGA Appraisal Feedback and Planning Workshop the following week, and the State/Zonal Summit with the hospitals at the end of the week;

• State that you have not come to find fault, but to share experiences and learn about how they manage their facility/institution;

• Tell them that the team represents a cross-section of key professional staff working in health care and/or community settings from similar LGAs and PHC facilities within the State;

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

Distributing Form 13
(Problem Identification Cards)

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

See **FORM 13** for a copy of this list

• 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.

The CCVOs conducting focus group discussions in the community and interviewing clients should use three problem and solution cards to capture the key problems and solutions identified by the community and three for the clients. Similarly, the TL completes the cards for key informants if they have raised important problems and/or solutions.

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

Conducting a PPRHAA Appraisal

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

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

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

• patient care management;

• internal management and external linkages;

• finance and equipment.

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

Team members complete allocated tasks and interact with the staff and/or community/clients:

• Try to minimise interrupting their normal work.

• Interview staff, check records and observe the way things are done in the facility.

• Use the PHC interview Appraisal Guides (Forms 2, 3 and 4) to help you keep on course.

• Remember that the questions in the guides are there to help you cover all the relevant issues. They are not questions for you to ask the facility/ LGA staff. Discuss with them and enquire in your own words. Decide what issues need more or less investigation.

• Keep in mind the questions from the Performance Ranking Tool (Form 15).

PHC Interview guides **(FORMS 2, 3, 4)** will help keep you on course
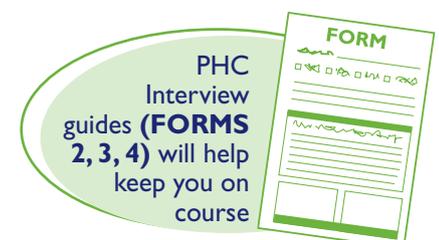
Tips: **when conducting an appraisal** . . . .

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 – The Work of the Data Collector and the Team Leader:

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

Steps for collecting HMIS data on service outputs

1. Where there is a functional HMIS, available data needs to be collected from the appropriate unit (whether SMoH, LGSC or another site). Data must be collected on a month by month basis for the last year. Data must be collected both by facility and by LGA to be appraised.

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

3. It is the responsibility of the head of the institution to see that the form is either filled prior to the visit of the PPRHAA Team or if filled in already, the completed form is compared and corrected based on the data available at LGA and PHC facility level. Usually most of the data is collated by the head of the records department or equivalent person in the LGA. The head of accounts fills the financial section of the form.

4. On arrival of the PPRHAA Team at the LGA/PHC facility, the person responsible for service outputs (DC) should immediately ask for the

**FORMS
6, 7, and 8**
should be sent 2
weeks in advance

FORM

completed form. Sometimes the form is not filled by the time the team arrives and you need to help the facility managers to fill the form. You also need to check the data to see if it is complete and accurate. Quite often you can do this by comparing the data you have with the data source in the registers where the data was collected (e.g. the attendance registers).

Estimating Catchment Area Populations and Service Coverage

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

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

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

Ward Name	Proportion using Facility	Ward Population (Census Year-1991)	Estimated Population Using Facility
Kazaure	**60%**	82,360	**49,416**
Roni	**20%**	55,264	**11,937**
Gwiwa	**25%**	55,184	**11,053**
Yankwashi	**20%**	46,356	**9,271**
		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 PHC facility using PHC facility workload as a guide. For example, if the LGA has two PHC facilities and one is twice as busy as the other, then the catchment population for the busier one is 2/3 of the LGA population and the less busy one is 1/3 of the LGA population.

- Another way is use the catchment figures that have been calculated and are in use by the HMIS.

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

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

Calculating denominators for populations

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 - either the Team leader or the data collector.

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

1. Pull out 30 prescriptions at random

2. Take each of the 30 prescriptions one after another and count the number of drugs on the prescription and put the number in the first column of your Rational Drug Use Form (Form 10).

3. See if the drugs prescribed in each prescription are generic only. If all are generic, record 1. If at least one is not generic, record 0 in column 2.

4. See if there is an antibiotic on the prescription. If yes, record 1 even if there is more than one antibiotic. If there is no antibiotic, record 0 in column 3.

5. Now look for injections and if you find any, record 1 in column 4. For no injection, record 0 in column 4.

6. Pick another prescription and go through the process again and continue until all the 30 cards are analysed.

FORM
10 is available to help record Rational Drug Use
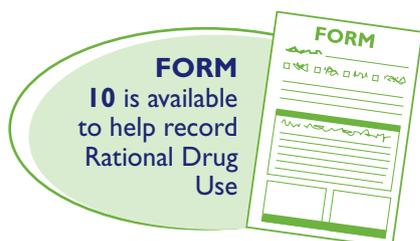
7. Add up the numbers in each column for calculating your RDU indicators.

Collecting Information about the Availability of Drugs and Medical Supplies

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

Step 1   Go to the pharmacy or the stores for supplies with the appropriate PPRHAA forms (Form 9).

Step 2   Ask the officer working the store or pharmacy to show you each of the items listed in your form one by one.

Step 3   For each item he shows you, tick it in your form. If there is none, mark a cross. The quantity shown does not matter at this point.

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

Bring **FORM 9** to collect information on availability

Collecting Information about the Availability of Equipment

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

Software for Recording and Analysing Outputs

Analyse the service output data either manually or through using one of these programmes:

Use **FORM 11 and 12** to collect information on equipment

- the PPRHAA Service Output Program
- the DHIS software
- linked excel spreadsheets

Indicators

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PPRHAA LGA 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.	**Full immunisation rate** (new fully immunised under ones/ target under 1 population) x 100	>80%	Gives you an indicator of the uptake and effectiveness of the immunisation services and the cold chain. If it is low, look for reasons and compare against other facilities.
3.	**Antenatal coverage** (number antenatal first visits/total expected deliveries in population) x 100	>75%	Look for trends in the same PHC. Is the indicator increasing? If it is decreasing or steady, why is it so? Compare with LGA and state targets.
2. Efficiency			
4.	**Budget performance rate** [Expenditure for quarter /(annual budget/4)] x 100	>80%	Look for trends within and across LGAs. Important measure of release of budget.
5.	**Facility data submission rate** (Number of monthly HMIS returns submitted to LGA within 30 days/ total number of expected returns to LGA) x 100	>90%	An indicator of the importance of the routine HMIS and thus if information is being used for planning and M&E
3. Workload			
6.	**OPD visits per staff member per month** (Total OPD visits/number of staff members)/12	200	Workload for staff at the facility. Compare across facilities and across years.
4. Quality of Care			
7.	**Immunisation drop out rates** (Total BCG doses - measles first dose before 1 year)/total BCG doses) x 100	≤10%	Look for trends in the same PHC. Is the indicator increasing? If it is decreasing or steady, why is it so? Compare with LGA and state targets.
8.	**Pulmonary TB cure rate** (Smear positive PTB cases cured/ smear positive PTB patients started treatment) x 100	≥85%	An indicator of how well patients are responding to treatment. High rates need review of treatment protocols
9.	**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

No	Indicator	Optimum	Explanation
10.	**Newborn BCG coverage rate** (Newborns receiving BCG/total newborns) x 100	**100%**	Measures the quality of the maternal health services.
5. Availability			
11.	**Tracer drugs availability rate** (Number of tracer drugs available / number on list) X100	**90-100%**	Lower values indicate problems with procurement and need to be investigated and corrected.
12.	**Tracer supplies availability rate** (Number of tracer supplies available at the end of quarter/ number on list) X 100	**90-100%**	Lower values indicate problems with procurement and need to be investigated and corrected.
13.	**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. Access			
14.	**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.
15.	**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
7. Participation			
16.	**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. Accountability			
17.	**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

PPRHAA PHC Facility 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.	**Full immunisation rate** (new fully immunised under ones/ target under 1 population) x 100	**>80%**	Gives you an indicator of the uptake and effectiveness of the immunisation services and the cold chain. If it is low, look for reasons and compare against other facilities.
3.	**Antenatal coverage** (number antenatal first visits/total expected deliveries in population) x 100	**>75%**	Look for trends in the same PHC. Is the indicator increasing? If it is decreasing or steady, why is it so? Compare with LGA and state targets.
4.	**Measles coverage under 1 year** (measles first dose under 1 year/ target population under 1 year) x 100	**>80%**	Look for trends in the same PHC. Is the indicator increasing? If it is decreasing or steady, why is it so? Compare with LGA and state targets.
5.	**BCG coverage under 1 year** (BCG dose under 1 year/target population under 1 year) x 100	**>80%**	Look for trends in the same PHC. Is the indicator increasing? If it is decreasing or steady, why is it so? Compare with LGA and state targets.
2. Efficiency *Note: These indicators are dependent on the PCQA system functioning. If not, they cannot be measured through the client interview section of the CCV as there will not be a large enough sample.*			
6.	**Facility data submission rate** (Number of monthly HMIS returns submitted to LGA within 30 days/ total number of expected returns to LGA) x 100	**>90%**	An indicator of the importance of the routine HMIS and thus if information is being used for planning and M&E
7.	**Reported patient waiting time rate** (number of patients reporting a wait greater than 1 hour/number of PCQA questionnaires) x 100	**<20%**	An indicator of whether patients have to wait or are seen timeously. If high suggest look at workload, organisation within the clinic or staff attitudes.
3. Workload			

No	Indicator	Optimum	Explanation
8.	**OPD visits per staff member per month** (Total OPD visits/number of staff members)/12	**200**	Workload for staff at the facility. Compare across facilities and across years.
4. Quality of Care			
9.	**Immunisation drop out rates** (Total BCG doses - measles first dose before 1 year)/total BCG doses) x 100	**≤10%**	Look for trends in the same PHC. Is the indicator increasing? If it is decreasing or steady, why is it so? Compare with LGA and state targets.
10.	**Pulmonary TB treatment defaulter rate** (new smear positive PTB patients on treatment defaulting/smear positive PTB patients started treatment) x 100	**≤10%**	An indicator of how well TB patients are following treatment. A high default rate has severe implications on the type and cost of treatment
11.	**Low birth weight rate** total live births under 2500g/total live births x 100		This measures the nutritional level of new births and the effectiveness of ANC.
12.	**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
13.	**U5 weighing rate** (Total U5s weighed/total U5s attendance) x 100	**100%**	This measures the quality of the child health services
14.	**Reported understanding rate** (number of patients reporting understanding explanation of condition/ number of PCQA questionnaires) x 100	**>80%**	This measures whether patients were informed of their condition and understood the explanation. If someone isn't given an explanation this would also be captured. It assesses the quality of the interaction between the provider and the patient.
15.	**Reported privacy rate** (number of patients reporting privacy during consultation/number of PCQA questionnaires) x 100	**100%**	This measures whether privacy exists
16.	**Reported staff with good attitude rate** (number of patients reporting good staff attitudes/number of PCQA questionnaires) x 100	**>90%**	This measures general quality of care and informs the staff on how the community sees their attitudes
5. Availability			

No	Indicator	Optimum	Explanation
17.	**Tracer drugs availability rate** (Number of tracer drugs available/ number on list) x 100	**90-100%**	Lower values indicate problems with procurement and need to be investigated and corrected.
18.	**Tracer supplies availability rate** (Number of tracer supplies available at the end of quarter/ number on list) x 100	**90-100%**	Lower values indicate problems with procurement and need to be investigated and corrected.
19.	**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			
20.	**Items per prescription** total items dispensed/number of prescriptions	**1-2 (WHO)**	Higher values indicate poly-pharmacy which should be discouraged. Expect a lot of heat from doctors over this.
21.	**Prescriptions - generic drugs only rate** (number of prescriptions with only generics prescribed/number of prescriptions) x 100	**100%**	The WHO recommendations and the teaching in medical school is that all drugs should be prescribed using generic names. Generic drugs are cheaper and just as effective. In Nigeria doctors claim they use brand names in order to avoid the use of fake drugs.
22.	**Prescriptions – antibiotic rate** (number of prescriptions with antibiotics prescribed/number of prescriptions) x 100	**<10%**	Higher values indicate to much use of antibiotics. Too many antibiotics increase the risk of making organisms resistant to antibiotics.
23.	**Prescriptions – injection rate** (number of prescriptions with injections/number of prescriptions) x 100	**<10%**	Injections are more risky than oral medications. Are 5 times more expensive and need other supplies such as syringe and needles, etc and nurse time.

No	Indicator	Optimum	Explanation
7. Access *Note: The access indicators are dependent on a functioning DRF and D&E scheme and a functioning PCQA system*			
24.	**Reported patients needing exemption approval rate** (number of patients given an exemption or deferral/ number of patients reporting needing an exemption or deferral from PCQA) x 100	**>80**	This links together the PCQA system and the D&E system to give some idea of whether the D&E is meeting reported needs
25.	**Exemption rate** (number of patients given exemptions/[total inpatient admissions + total OPD headcount]) x 100	**6-10%**	This indicator gives you a measure of whether the D&E system is working. If too low examine how the D&E system functions
26.	**Deferral rate** (number of patients given deferral/ [total inpatient admissions + total OPD headcount]) x 100	**10-20%**	This indicator gives you a measure of whether the D&E system is working. If too low examine how the D&E system functions
27.	**Reported facility information display rate** (number of patients reporting adequate information on opening times, services and cost of services / number of PCQA questionnaires) x 100	**>90%**	This informs managers whether the facility is providing enough information for the clients
8. Participation			
28.	**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. Accountability			
29.	**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
30.	**Report preferential treatment rate** (number of patients reporting others getting preferential treatment/ number of PCQA questionnaires) x 100	**0%**	An indicator of how the attitude of service providers to the community is rated

No	Indicator	Optimum	Explanation
31.	**Reported payment receipt rate** (number of patients given receipts/ number of PCQA questionnaires) x 100	**100%**	An indicator of the transparency of the financial system

Assessing Client and Community Views – The Work of the CCVO

Incorporating CCV into PPRHAA

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

- To provide PHC facilities and LGAs with the views of clients and communities on their services and how they feel they should be improved.

- To raise awareness among facility and management staff of the need to hear and listen to the views of clients and communities.

- To support facility staff to develop action plans that respond to the concerns of clients and communities.

- To encourage PHC facilities and communities to work together to resolve some of the problems identified in the PHC facility and included in the action plan.

To do this, it is important that some community representatives attend the LGA Appraisal Feedback and Planning Workshop. During the CCV assessment, the CCVO should identify possible community representatives who can represent the views of the community – and not just their own personal views - at the workshop. You need to look for people who have some involvement in the health sector e.g. community representatives on a facility health committee. The people you select also need to be comfortable speaking in a public forum.

Assessing Client and Community Views during the PPRHAA Appraisal

Assessing Client and Community Views involves:

- Conducting two community focus group discussions, one with men and one with women.

- Conducting up to 10 interviews with clients at the facility [2].

- Conducting interviews with key informants such as community leaders.

You will have approximately 4 hours to complete the CCV assessment during each PPRHAA appraisal visit. This is not enough time to conduct ten interviews and two focus group discussions but you need to do as much of

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

this as possible. We suggest that you start with focus groups discussions on some days and client interviews on other days. If time permits do both.

Things to do before the PPRHAA Visit begins

- Ensure that the LGA Community Liaison Officers have worked with community representatives sitting on Facility Health Committees, where they exist, to notify selected communities of your planned visit and that community leaders are willing to arrange two focus group discussions.

- Get enough flipchart paper, pens and masking tape for the facility/ community visits from your PPRHAA team leader

- Draw up two flipcharts with the outline of the ranking matrix (see example below).

- Buy a bag of beans or groundnuts to use in the ranking exercise during the focus group discussions.

- Get enough money from the PPRHAA team leader to pay for light refreshments for the focus group discussion participants.

- Discuss and agree with the PPRHAA team leader how many community representatives can be invited to and supported for the LGA Appraisal Feedback and Planning Workshop.

- CCVOs may need an interpreter if they don't speak the same language as the clients/communities.

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.

What you need to do on arriving at the facility community

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

- Meet and greet the community leader.

- Explain to him that you are here to conduct two focus groups, one with men and one with women, as part of the PPRHAA appraisal of the local health facility.

- Ask whether the focus group participants have been selected and are ready to participate and check which group you should start with.

- Agree with the community leader where the focus group will be held. Try to choose somewhere quiet where few interruptions are likely.

- Confirm with the community leader that the PPRHAA Team Leader can interview him later in the day.

- When gathering the focus group participants together, make sure you have different age ranges involved and that different social or ethnic

groups which live in the community are represented. Each focus group should involve 10-15 people.

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

How to Conduct a Focus Group Discussion in the Community

- Explain to the participants that you are conducting a PPRHAA appraisal.

- 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.

- 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 on the prepared ranking matrix.

- Facilitate a discussion on the first thematic area in the CCV Interview Guide (barriers to access).

- Give each participant five beans/groundnuts.

- Ask each participant to vote with their beans or groundnuts to indicate which facility/health provider performs the best under theme one. 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.

- 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 and use it in the LGA Appraisal Feedback and Planning Workshop.

- During the discussion, the note-taker should take detailed notes of the main discussion points.
- Finally thank the group for their participation and ask the group if there are any members who would like to represent the views of the community at the LGA Appraisal Feedback and Planning Workshop to be held the following week.

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

How to Conduct Client Interviews

- Select individual clients randomly, trying not to let the facility staff choose clients for you. Where possible, interview an equal number of men and women of different ages, who have come to the facility with different health problems.

- At the start of each interview, explain briefly that you are conducting a PPRHAA appraisal. As part of the appraisal, facility users are being asked their views on the services provided by the facility and invited to contribute to finding realistic ways for improving the services.

- Conduct interviews in privacy, out of ear-shot of staff.

- Emphasise that the interview is anonymous and confidentiality will be kept.

- Ask the client if they are still willing to talk to you. If they say no or look too ill or unsure, don't force them, just let them go.

- If the client agrees, use the CCV Interview Guide (Form 4) to help you ask questions relating to the six key themes. After each theme, ask them how they feel the facility could improve.

- Jot down the client's responses. Try to write down particularly pertinent quotations.

- At the end of the interview, feedback the main points with the interviewee and check that you've understood everything s/he has said

- Thank them.

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

How to Conduct Key Informant Interviews

Key Informants are community leaders who may have experience of engaging with their local PHC or LGA e.g. they may be on the Facility Health Committee or another such body in the community. Use the same approach as for the clients but in addition:

- Focus the interview on systems or structures the community use to engage with the health facility e.g. the Facility Health Committee where one exists.

- 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.

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

## Sharing CCV Findings with the PPRHAA Team

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

Writing Appraisal Reports

This section will assist you in writing the reports for the different workshops and summits
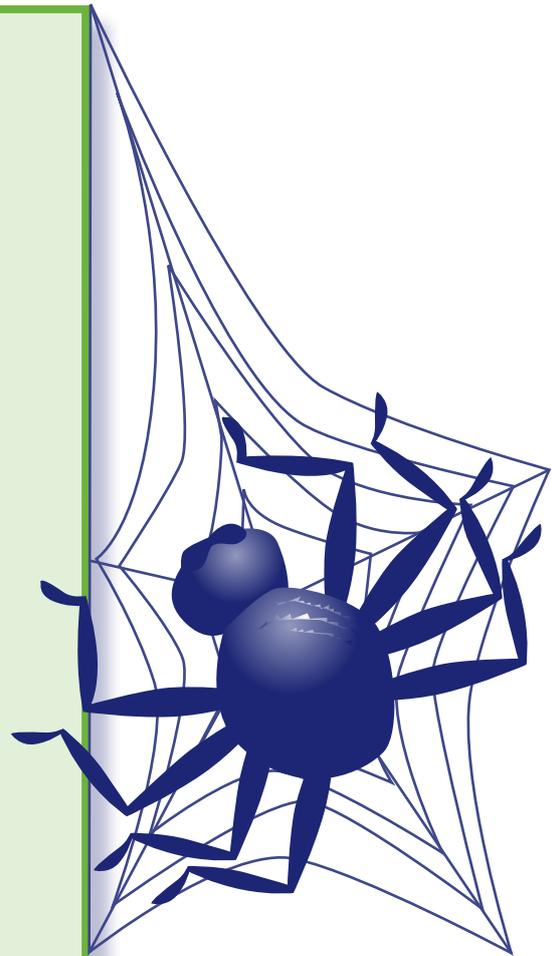
General Principles

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

- Brief reports for each facility and LGA HQs, using Form 5[3], and service output data. Note that the performance ranking tool (Form 15) is completed for each facility and the LGA HQs. But, this is used as the basis for compiling the LGA performance ranking tool – this is the one presented at the LGA Appraisal Feedback and Planning Workshop.

- A brief report, also using Form 5 and Form 15 (the performance ranking tool) for each LGA, that consolidates key points from each facility and the HQ visited in that LGA.

FORMS 5 and 15 will help in compiling reports

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

Later the reports from all the LGAs appraised are compiled into five theme reports (patient care management, CCV etc) for the State/Zonal Summit.

To make report writing easier, remember the following:

- A report format is used by all appraisal teams. This format is based on the Interview Guides.

- The performance ranking tool was developed (Form 15).

- Members of the appraisal team are encouraged to take notes in a note pad during appraisal interviews. At the end of each day, each facility report must be completed using the report format (Form 5).

- In addition, four areas of strength and four areas needing improvement need to be extracted

- As the team members do not have time to type up their reports, each individual institution report is typed (by an outside person)

Tips: **Facilitating Report Writing**

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

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

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

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3   The Forms and guides will be handed out in the training workshop

Writing PHC Facility/ LGA HQ/LGA Reports

A Report is compiled for each PHC facility/LGA HQ and then one is compiled for the LGA and associated PHC facilities after all the visits have been completed and before the LGA Appraisal Feedback and Planning Workshop. Different sections of the reports are drafted by the team members (e.g. CCVO writes the CCV part; TL writes the patient care management section).

Team members should use the notes they made during the appraisal to fill out the report formats (Form 5):

- Answer key questions from the Interview Guides in the Appraisal Tool 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

- Avoid vague generalisations, be specific and factual, give evidence and facts to back up your opinions

- Give an assessment of performance for each sub-heading

- 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)

- Bring out differences and highlight "best practices" to share with others

- Mention serious problems at specific institutions but be constructive

- Emphasise issues the institutions can resolve on their own

- Draw out the most common findings across the LGA

- Remember to include the name of the LGA and the date of the report

- Review problems that were identified in the coloured cards

- Extract key overall messages for the LGA/PHC Facilities

- Identify any dangerous practices (especially those related to patient care management such as universal precautions) for feedback to management at the LGA Appraisal Feedback and Planning Workshop

- For the CCV aspects look out for differences in views by age, gender, and education/wealth levels; and indicate whether views were held by a majority or only apply to an individual

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

While travelling to the next facility in the afternoon or morning, the team can discuss and comment on reports from the various groups. This will enable other team members to help fill in gaps and sort out contradictions. Make sure to incorporate the changes in the report.
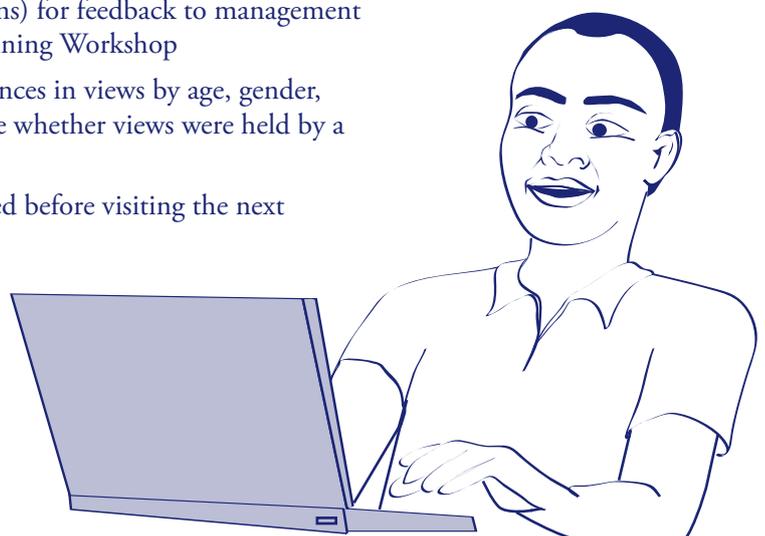
In compiling the composite LGA reports, review the existing reports (on the LGA headquarters and on each PHC facility) compiled during the appraisal visits by comparing them with your notes.

Ensuring Qualitative Data is Captured

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. Thus it is important to:

• 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

• Ensure community members are present at all workshops, summits and review meetings

• Use the evening team meetings to concentrate on qualitative aspects

• The four areas of strength and weakness must include qualitative aspects

• When completing the report format, concentrate on adding tips and comments from what you have observed and heard.

Systems Analysis

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

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

Examples of systems analysis

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

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

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

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

Tips: **Conducting systems analysis**

When identifying four strengths and four weaknesses, think systems

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

Use the 'but why' technique to get participants to look critically at deeper issues (see section 4)
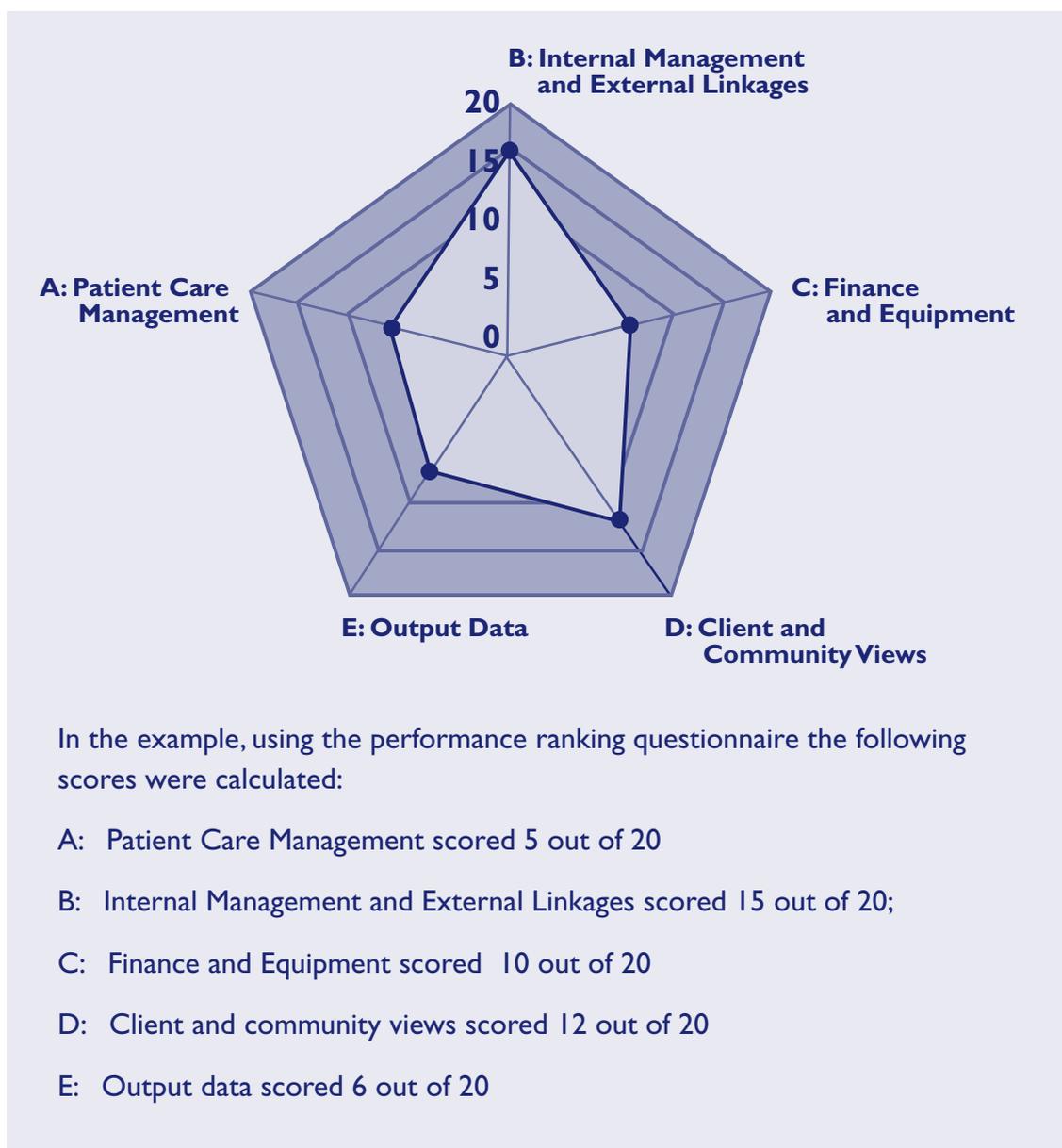
Use the evening team meetings to discuss systems problems

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

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

Spider Diagrams

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

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

To create a spider diagram for the LGA:

- Draw a blank spider diagram on flipchart paper for each LGA/group of 8 PHC facilities. Follow the example above with an arm for each area of the appraisal and a scale of 0-20 up each arm.

- The PPRHAA team member(s) responsible for each LGA uses the performance ranking questionnaire (see Form 15) to rank their area (A,B,C,D,E) where yes = 1 and no = 0. Add up all the ones. As there are 20 indicators, this gives you a score between 0 and 20.

- Mark each score on the spider diagram.

- Finally, join all the ranking marks together to give a clear visual representation of performance. For a greater visual effect you can colour in the area below the marked lines as demonstrated in the example above.

During the training workshops, those interested will be shown how to draw a spider diagram using excel.

Use
FORM15
to help create a
Spider Diagram
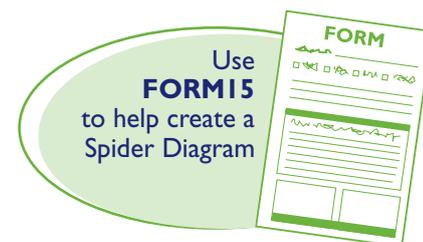
Analysing Service Outputs and Indicators

To analyse and calculate service output indicators from data collected at the institution use:

- The custom built software designed for PPRHAA or

- Excel, Access or another statistical software package (e.g. the DHIS).

- Or calculate the indicators using the formulae in the indicator tables in section 2.

Put the indicators for LGAs/PHC facilities into the following related groupings:

1. Use/coverage indicators

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

2. Indicators of Efficiency

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

3. Workload indicators

- OPD visits per staff per month

4. Quality of Care indicators

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

5. Indicators for Availability of Drug and Supplies

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

6. Rational Drug Use Indicators

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

7. Access Indicators

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

8. Participation Indicators

- Community participation in HMC rate

9. Accountability

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

For each indicator,

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

For more information on interpreting indicators see the Component 3 Manual. Your report should also describe the state of medical record keeping, data collection, collation, analysis and use of data for decision-making.

Collecting Reports and Action Plans

Make one team member responsible for collecting all reports and action plans (developed during the LGA Appraisal Feedback and Planning Workshop – see section 4) for each LGA/PHC facility group. Make sure reports are typed as soon as they are submitted. Back up copies must be made once typed. Action plans will be on the flipcharts used during the LGA Appraisal Feedback and Planning Workshop.

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

A simple checklist like the one below can be used to track the collection of reports.

Checklist for Monitoring Submission of Facility Reports and Action Plans
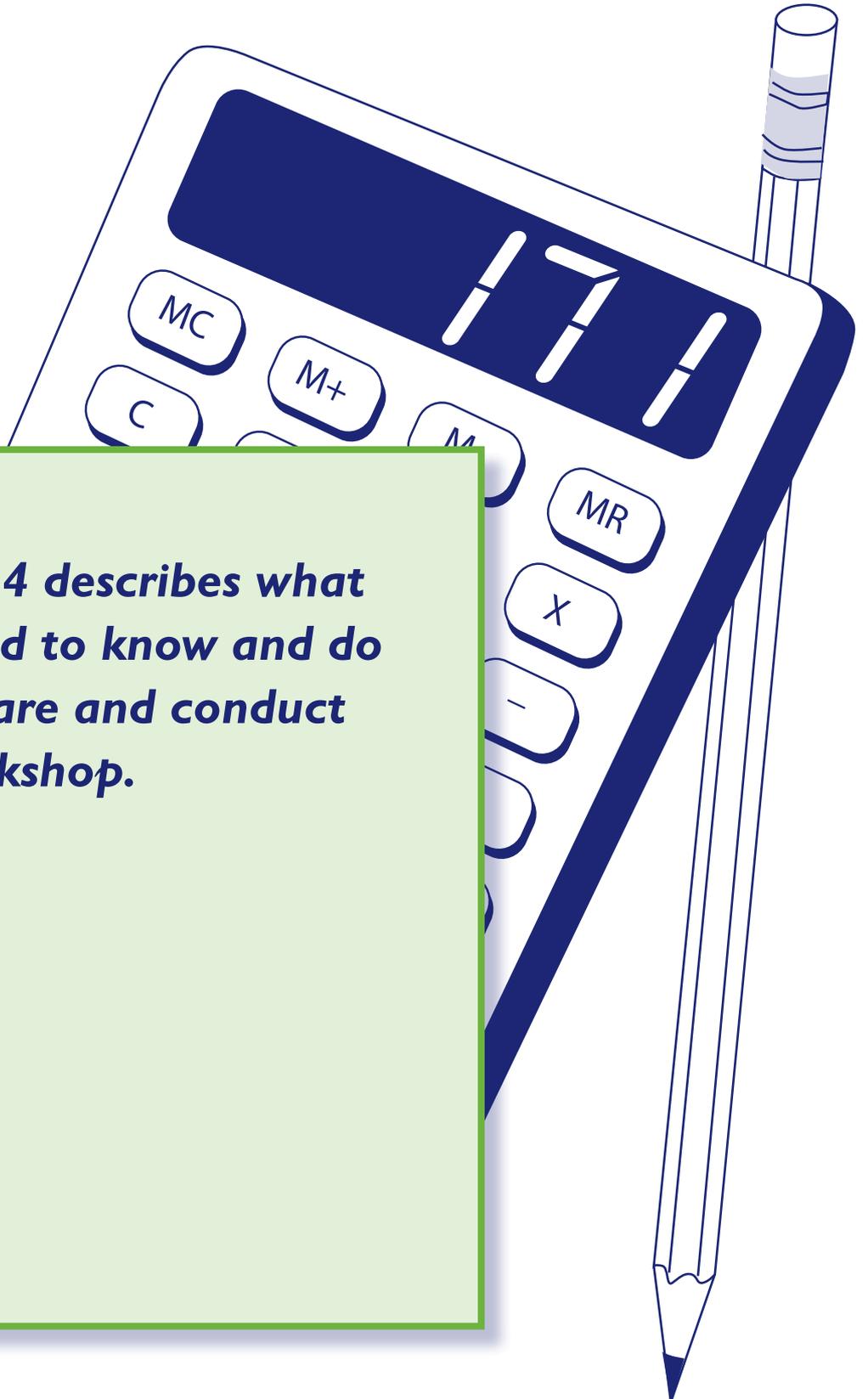
Name of LGA/ PHC Facility	Institution report	Client and Community view report	LGA/Facility Output & Coverage	Action Plans	Remarks

LGA Appraisal Feedback and Planning Workshop

Section 4 describes what you need to know and do to prepare and conduct the workshop.

Introduction

The LGA Appraisal Feedback and Planning Workshops occur together on the second Tuesday of the two-week appraisal period. Each appraisal team of three facilitates a workshop[4] at the LGA and associated 8 facilities that they appraised in week one. If there are 8 teams there would be 8 separate workshops. Following the appraisal feedback in the morning session, the LGA/PHC facility participants (including the community members) are broken into groups to discuss the feedback and prioritise issues and problems that emerge. This is followed by the planning session of the workshop.

Prior Preparation

The LGA report forms the basis for the feedback and the action planning that occurs during the LGA Appraisal Feedback and Planning Workshop. Key elements of the report and the presentation at the workshop need to be discussed by the team prior to the workshop and again after the workshop.

First, the team must analyse the data collected from health facilities, management structures, and communities. Then, they must produce summary reports and presentations for dissemination at the workshop (described in Section 3). To recap, for the LGA Appraisal Feedback and Planning Workshop, the following need to be prepared and used:

- A composite report for each LGA (both the HQ and the associated PHC facilities) that covers all five key PPRHAA themes (CCVOs may want to write one report on client views and one on community views).
- Flipcharts that identify four points of excellence and four areas needing improvement.
- A presentation on key output data.
- A spider diagramme for the LGA (including the PHC facilities).

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. 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.

 In addition to the institutional reports and presentations, the appraisal team should also have collected the completed problem and solution cards. When reviewing the problem and solution cards for each LGA, the team should group the problems identified according to the headings of the assessment

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4   Note that the teams will be trained the day before (on the Monday)

tool such as

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

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.

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

Agenda

Draft an agenda for the LGA Appraisal Feedback and Planning Workshop such as the one below.

Time	Activity	Method
8h30 – 10h00	**Session 1: Appraisal** • Composite report by PPRHAA team on five themes (A, B, C, D, E) for each LGA and their facilities *Note: the gallery material should be put up before starting and the opening ceremony slotted in where necessary*	Use performance ranking spiders Develop a spider for each LGA (a composite spider of the LGA and all 8 facilities under that LGA). Identify four key points of excellence and four needing improvement per theme for each LGA. Presentation can be a gallery presentation – the PPRHAA team stands by the station with graphics, spider and posters behind, presents and answers questions. Use quotes for CCV.
	• Output data presentation	Presentation of output data
	• Plenary Discussion	Following the gallery presentation

Time	Activity	Method
10h00 – 10h30	**Opening Ceremony:** • Welcome and introduction • Aims and objectives • Expected outcomes	Use icebreakers for getting to know each other (see ideas for energisers and icebreakers) and short inputs for the rest Handout (one page) explaining IMPACT Explanation of IMPACT and PPRHAA (what, purpose, and how carried out Slot this session in where appropriate – normally at the beginning unless the invited guest (e.g. the LGA chairperson) is delayed.
10h30 – 10h45	**Tea**	
10h45 – 11h15	**Session 2: Planning** Explanation of Planning • What is planning? • Simple planning formats • Action versus operational planning • Strategic versus operational planning • Introduce Federal HSR process and state SHP	Short inputs and plenary discussions. Use formats and handouts Prepare summary on HSR status and state SHP (if necessary)
11h15 – 13h00	• Group work to Review Appraisal Feedback and Identify Key Problems	LGA groups looks at the five themes based on the presented reports Depending on numbers, one group can cover one theme Identify and prioritise specific problems from the presentations and the flipcharts with the problem/solution cards. Extract key problems using the 5 Gold Standards
	• Followed by Plenary Presentation of group reports	Allow at least 30 minutes for the plenary feedback
13h00 – 13h45	**Lunch**	
13h45 – 15h45	**Development of Action Plans** Prepare an action or operational plan for each facility and LGA HQ as a unit – at this stage do not do 9 separate plans but one combined plan. As the process evolves, individual facility plans can be made	Discuss potential solutions – look at solutions from problem/solution cards on flipcharts Continue with the group work by theme Use this session to do 'but why' exercises to get to systems issues Use 'SMART' to identify appropriate activities from the 'but why' exercise. Use planning formats provided Complete the planning format for the prioritised and grouped problems
15h45- 16h00	**Tea**	

Time	Activity	Method
15h00 – 16h00	**Plenary: Looking Forward**	Second gallery presentation
		Each theme group has a station and posters with their plans
		Participants and PPRHAA team members ask questions
		Encourage participants to relate the plans to the appraisal and the LGA spider
		Facilitate a discussion after the gallery session
		Half an hour for gallery and similar for plenary discussion
		Include a discussion on the way forward
17h00 – 17h15	**Wrap up and Evaluation**	

Notes for PPRHAA team facilitators:

1. The times above are suggested times – in reality adjust according to the group.

2. Before breaking into groups for the problem statement definition, in plenary use an example to illustrate the use of the five gold standards (all the tools mentioned here are explained in detail later in this section). Example could be: 'This General Hospital does not provide adequate maternal services for pregnant women'. In plenary apply the 5 gold standards to this problem statement.

3. Before breaking into groups to do the 'But Why' exercise on the problem statements - do a 'But Why' exercise in plenary using the example in note 2. Draw this on a flipchart paper. Try to identify not more than 5 roots and follow these down.

4. Before breaking into groups to do the SMART exercise do a SMART exercise using the problem statement in note 2 that was developed into a root diagram in note 3. Also discuss SMART and apply this to some of the activities identified. Then show people how to fill in the planning format by writing 4-5 SMART activities on the paper (A4) and then completing each row. Prepare 10 flipchart sheets beforehand.

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

From Appraisal to Planning

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

- Identification of needs
- Prioritisation according to identified strategies and criteria

- Development of tools to monitor implementation
- Processes for review and revision of plans

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

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

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

Appraisal

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

Pink problem cards on flipchart for each theme

Spider for LGA/associated PHC facilities

Problem Statement Definition

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

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

Root Causes Identification

Use 'But Why' Approach

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

Identify SMART activities

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

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

Transfer SMART activities onto Planning Format

List 4-5 SMART activities on planning format

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

Be specific

Tools for Planning
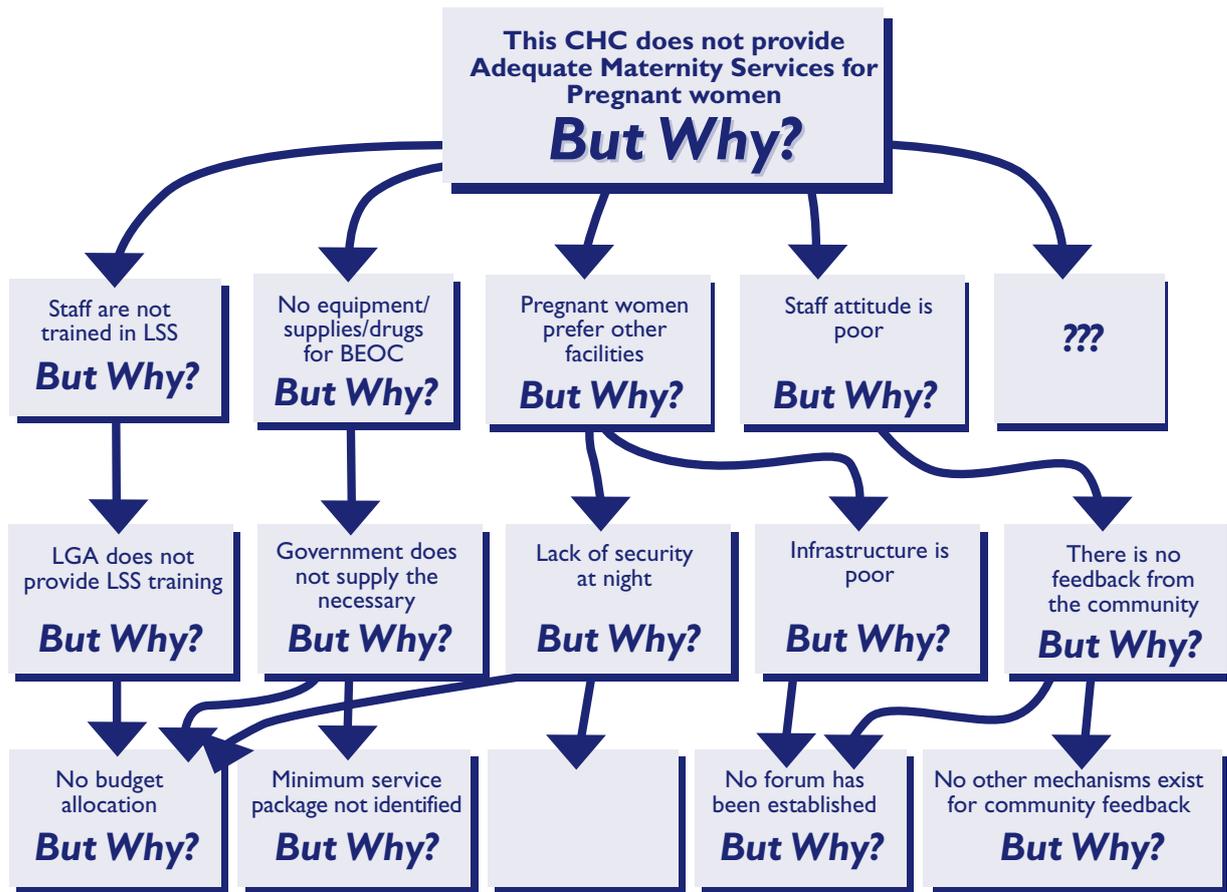
Five Gold Standards for a Problem Statement

1. Is it a serious and important problem for the LGA/facility and/or the community?

2. Is it a problem with the quality, efficiency, access and/or coverage of services from the LGA or PHC facility?

3. Is it a problem about how things are done or managed at the LGA/PHC facility, or the end results needed?

4. Is it a problem we can adequately handle at our level?

5. Is the problem statement a clear and understandable sentence?

'But Why?' Exercise

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

- During the planning workshop the participants break into groups covering the 5 PPRHAA areas.

- Each group takes the priority problems in their area

- Each priority problem is written at the top of a piece of flip-chart paper

- Taking each problem in turn, the group ask themselves, 'but why does this problem exist?'

- Each time the group come up with an answer, which is effectively a new problem, they write this on the flip chart

- The group then looks at this new problem and again asks, 'but why does this problem exist?'

- The process continues until the group feel they have got closer to the root causes of the problem.

- The PPRHAA team members facilitating the LGA Appraisal Feedback and Planning Workshop should spend time with each group to help them identify the underlying causes to the problems – often the lack of effective systems.

This CHC does not provide Adequate Maternity Services for Pregnant women
But Why?

Staff are not trained in LSS *But Why?*	No equipment/ supplies/drugs for BEOC *But Why?*	Pregnant women prefer other facilities *But Why?*	Staff attitude is poor *But Why?*	*???*
LGA does not provide LSS training *But Why?*	Government does not supply the necessary *But Why?*	Lack of security at night *But Why?*	Infrastructure is poor *But Why?*	There is no feedback from the community *But Why?*
No budget allocation *But Why?*	Minimum service package not identified *But Why?*		No forum has been established *But Why?*	No other mechanisms exist for community feedback *But Why?*

Smart Activities

Specific; Measurable; Achievable; Realistic; Time bound

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

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

Planning Format

To assist in the planning, a standardised format will be used. To avoid a complex planning format and process, a simple format has been adopted for the three month action plans. As the planning process matures a more complex form can be used. This is to ensure that the valuable time of

institutional managers is not consumed by the process but by the outputs. The fundamental thrust of the IMPACT Initiative is to ensure action. The planning process and formats[5] hopefully reflect this.

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

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

There is a delicate balance here. There are no fixed answers for this dilemma. Each state and each PPRHAA team needs to make judgements as the PPRHAA process unfolds and to ensure that the planning and review process reflects the maturity of the emerging health system.

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

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

• Plans need to be based on the state (or equivalent) Strategic Health Plan (SHP).

• The time frame needs to widen from short three month action plans to one year operational plans. There can be an interim six month plan phase.

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

Tips: Improving the Planning Session

• Facilitators must be confident and know the material well
• Ensure that the introductory inputs are simple and clear
• Don't assume the senior people in the institution necessarily know better than the junior ones.
• Planning must be made simple and output focussed
• Group problems; ensure all five themes are covered; and the links to key state strategies are identified
• Plans must have activities that institutions/facilities can do

2   The formats will be presented and explained during the training

The State/Zonal Appraisal Summit
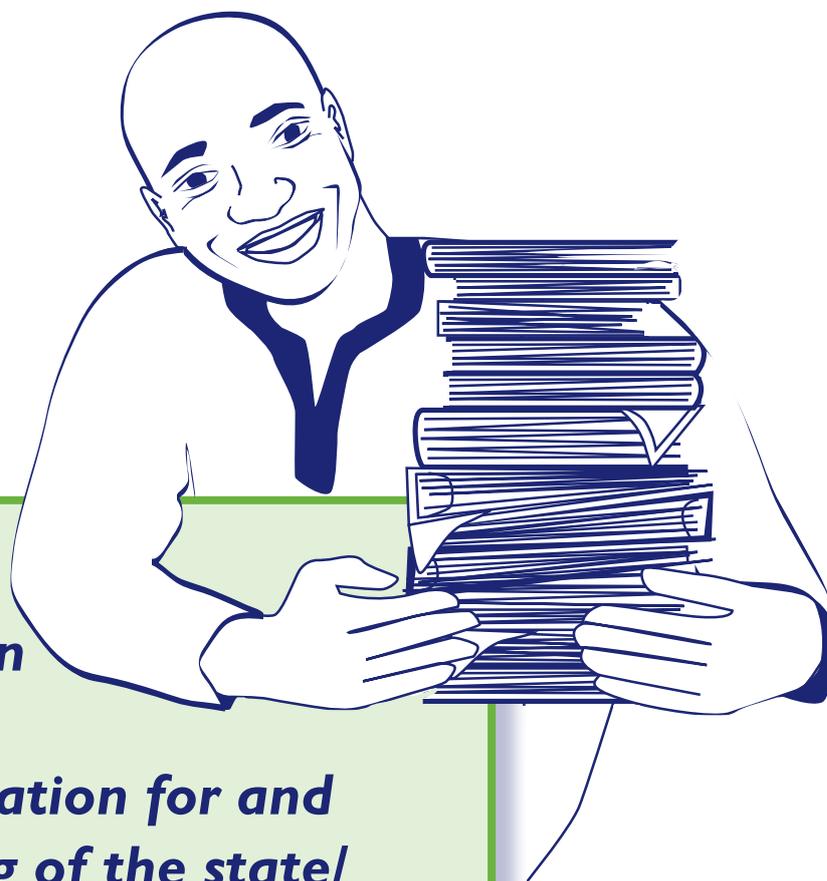
This section describes the preparation for and the running of the state/ zonal summit which is normally held together with the hospital appraisal team at the end of the whole PPRHAA exercise. This section can also be adapted so that districts can have summits.

The team has two days to plan the appraisal summit and prepare all the reports. This is the Wednesday and Thursday of the second week. All the teams now work together.

Summit Agenda

Time	Activity	Method
08h30 – 10h30	**Session 1: Appraisal Feedback** • Report by PPRHAA team on four key appraisal themes (A, B, C, D)	Use performance ranking/spiders Besides individual LGA spiders, develop a state spider Identify four key points of excellence and four needing improvement for each theme 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
10h30 – 11h00	**Tea**	
11h00 – 11h30	**Session 2: Opening** 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

Time	Activity	Method
11h30 – 13h30	**Session 3: Planning** • Presentation by LGAs of institutional plans	Each LGA/PHC facilities group has a station and posters with their LGA spider and their plans Participants move around and ask questions Encourage participants to relate the plans to the appraisal
	• Plenary Panel discussion	Each LGA 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 LGAs		
13h30 – 14h30	**Lunch**	
14h30 – 15h30	**Session 4: crosscutting issues** • Presentation	A PPRHAA team member presents (in plenary) the cross cutting issues and the recommendations to higher levels
	• Plenary panel discussion	Identify key people for panel – politician, senior administrator, donor etc Discuss arising from the presentation
15h30 – 16h00	**Session 5: Way forward**	Plenary discussion on way forward Discuss quarterly review process Try to get commitment from key role players
16h00 – 16h30	**Tea and Evaluation**	Be creative here

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.

Session 2: Opening Ceremony

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

This opening ceremony includes an explanation of IMPACT and PPRHAA

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

Session 3: Planning - Action Plans for each institution

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

Have Some Fun with Planning

For some fun, you might ask participants to rank the top three plans, or the three most improved plans or the three plans that best address the weaknesses identified in the appraisal. Make this entertaining (e.g. use 'Oscars'). Get participants to anonymously rank; a PPRHAA team member will count the votes and present the outcome in the final session.
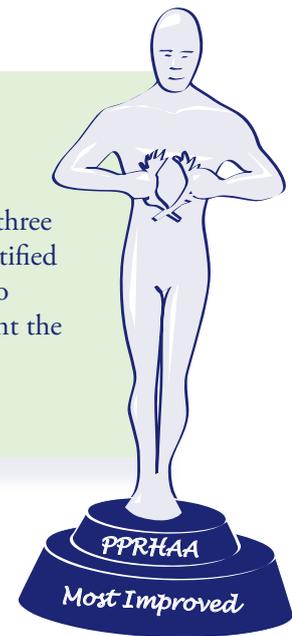
Session 4: Cross cutting issues and recommendations

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

Session 5: Way forward

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

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

Preparation for the State/ Zonal Appraisal Summit

You have two days to prepare for the state/zonal appraisal summit. What you need to do on each day is described below.

Day 1

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

- A composite report for each theme which covers all the reviewed LGAs and PHC facilities e.g. one report for Patient Care Management for all the PHC facilities in the state/zone. This is presented in a gallery presentation style. In addition, each team designs one or more flip chart posters which identify four key points of excellence and four areas needing improvement in each theme.

- A presentation on key output data - with charts and figures of the service output indicators (use power point if possible)
- A spider diagram combining data from all the LGAs and facilities visited in the state

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

Remember that in the preparation for the LGA Appraisal Feedback and Planning meeting (see section 3) that individual LGA and PHC facility reports, spiders, CCV reports and service output data reports have been prepared. The teams preparing for the summit use these reports to prepare a theme report.

Refer to section 3 (e.g. "key points to consider in preparing consolidated reports" and "analysing service outputs and indicators") to help you.

Report writing by team groups on each Theme

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

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

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

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

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

• Discussing the facilitation
• Discussing desired outcomes from each session
• Identifying potential panellists
• Allocating team members for the consolidated report on crosscutting issues and recommendations to higher levels

Discuss Team Group reports

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

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

Pick out cross-cutting issues

By the end of the presentation and discussion, the whole team will assemble a list of main areas of excellence and weakness for all LGAs. Make sure all thematic areas are covered and try to keep to a maximum of four areas of excellence and four of weakness per theme. For each of the four areas of weakness, list actions that the institutions can take to reduce or solve the problem. When you have finished this, take the same issue and see what the LGA/MOLG can do towards solving the problem. The table below provides examples of two crosscutting issues and actions.

Example of a Table of Cross-Cutting Issues and Actions

	Issue	Action By Facility	Action By LGA/ MOLG	Action By PRRINN-MNCH
1.	Quality of Care	• Set up suggestion boxes in prominent places and create awareness for use.	Set-up quality assurance systems in LGA including system for monitoring patients' views and satisfaction, standard treatment protocols and strengthen emergency referral linkages with hospitals	Procure an expert in quality assurance and support setting up of program in LGAs and PHC facilities in the state
2.	Patient records and registers	• Produce standard record forms and registers • Orientate staff on the use of forms	Produce templates of standard record forms and registers and mandate PHC facilities to charge for them	

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

Finalise the Summit agenda and share out roles and responsibilities

The Team is now ready to share responsibilities for the Appraisal Summit. Take the draft agenda which you drew for the Summit and insert the names of those who are going to do the presentations and be the facilitators. Other roles you need to assign are:- recorders for discussions; registration; raising key issues, etc. Remember to discuss desired outcomes/issues to be raised in each session.

Other Considerations

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

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

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

Looking Forward

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

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

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

Evaluation

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

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

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

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

	☹	😐	☺
Session 1			
Session 2			
Session 3			
etc			

You can adapt these ideas and come up with your own to use throughout the PPRHAA exercise.

ACRONYMS

ALOS	Average Length of Stay
ANC	Antenatal Care
BEOC	Basic EOC
CCV	Client and Community Views
CCVO	Client and Community Views Officer
CEOC	Comprehensive EOC
DC	Data Collector
D&E	Deferment and Exemption
DfID	U.K. Department for International Development
DHIS	District Health Information System
DOTS	Directly Observed Treatment Shortcourse
DRF	Drug Revolving Fund
DSA	Daily Subsistence Allowance
EOC	Emergency Obstetric Care
FMoH	Federal Ministry of Health
HISP	Health Information Systems Programme
HIV	Human Immunodeficiency Virus
HMB	Hospital Management Board
HMC	Health Management Committee
HMIS	Health Management Information System
HOD	Head of Department
HQ	Headquarters
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
LGSC	Local Government Service Commission
LSS	Life Saving Skills
M&E	Monitoring and Evaluation
MSP	Minimum Service Package
MOLG	Ministry of Local Government

OPD	Outpatient Department
PCM	Patient Care Management
PCQA	Patient Focussed Quality Assurance
PDE	Patient Day Equivalent
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
PS	Permanent Secretary
PTB	Pulmonary TB
QAR	Quality Assessment and Recognition
QoC	Quality of Care
RDU	Rational Drug Use
SHC	Secondary Health Care
SHMB	State Hospital Management Board
SHP	Strategic Health Plan
SMART	Specific Measurable Achievable Replicable Timebound
SMI	Safe Motherhood Initiative
SMoH	State Ministry of Health
SPHCA	State PHC Agency
STI	Sexually Transmitted Infections
TB	Tuberculosis
TL	Team Leader
U5	Under Five
VIP	Very Important Person
WHO	World Health Organisation