

Health systems case study:

Use of PPRHAA to improve the management of health systems in Jigawa state, Nigeria'

Health Partners International developed PPRHAA – Peer and Participatory Rapid Health Appraisal for Action – as a quick, easy-to-use method of carrying out appraisals of health facilities that will lead to action by health services and by the communities that use them. PPRHAA is also useful for establishing baseline information and for monitoring performance.

One situation in which PPRHAA has been used successfully is the Partnership for Transforming Health Systems programme (PATHS) in Nigeria, a project funded by the UK Department for International Development. Health Partners International is a member of the programme's technical management group.

At the outset of the PATHS programme, a strategy was required that would quickly initiate a number of activities with partners, deliver rapid impact and build confidence in the programme. The strategy was to include a situation analysis that would be carried out with stakeholders, to identify their priority health issues. The situation analysis was additionally required to obtain information for longer-term work that would gradually transform the health sector. In Jigawa state the PATHS working group opted to use the PPRHAA process as the key activity to achieve these objectives.

The PPRHAA process in Jigawa state

In December 2002 a consultant from HPI briefed partners in Jigawa on the PPRHAA process and supported them to plan for the actual facility appraisal. The appraisal process, which took 18 days in the first quarter of 2003, was carried out in eight hospitals and two primary health care facilities. It exposed a number of issues, including: institutional weaknesses in the health sector; grossly inadequate resources at all levels of health care; inefficient and ineffective utilisation of existing resources; an over-reliance on health managers to carry out simple activities; lack of a planning culture and the skills required for planning; and negative attitudes towards clients and patients.

PPRHAA enabled health providers to hear the dissatisfaction of their clients firsthand for the first time. It also enabled health providers to make changes as suggested and desired by clients and patients.

Following the first appraisal, the PPRHAA exercise has been

repeated each year in Jigawa, involving increasing numbers of health facilities, health providers and communities. It has highlighted to the state the need for health reforms, for development of skills in planning, and for health managers to monitor their own progress.

Support to health reform and system strengthening through PPRHAA

The PPRHAA team has helped the state Ministry of Health (SMOH) and appraised facilities to:

- Produce short-term (three-monthly) plans covering key activities for improving the quality of services. These activities range from internal re-organisation of staff to procurement of basic items like thermometers and blood pressure machines.

The plans ensure that the facilities hold regular monthly meetings, to track progress. In addition, the plans are reviewed quarterly at PPRHAA meetings, and changes made accordingly.

- Carry out other key in-depth analyses, such as an institutional analysis of the health sector; a safe motherhood scoping assessment; and an inventory and maintenance assessment. These have led to the SMOH developing a five-year strategic health plan; the introduction of drug revolving funds in health institutions; and the development of management systems for finance, information, planned preventative maintenance and integrated supportive supervision.
- Implement a comprehensive quality improvement programme, which ranges from a patient-centered quality assurance programme to the development of mechanisms to improve maternal health and increase access to health services for the poor and marginalised.

Some of the results include:

- An improvement in the SMOH's fund mobilisation and disbursement to facilities. Following the PPRHAA exercise in January 2003, the SMOH allocated monthly 8,000,000 Naira (£32,000) to the state's public health facilities. Very few states in Nigeria were providing health facilities with funds for their day-to-day running at this time.
- PPRHAA summit meetings, which have fostered the sharing of good practice across health institutions.

- Improvement at facility level preparation of records and registers, budgets and plans, and links with communities, as well as some willingness to accept that staff must be accountable to service users.
- Individual staff have become more committed, have developed their self confidence, are more dedicated to team building and networking, have an awareness of the gaps in their capacity, and are more prepared to learn.

Overall, the process has been able to identify and gather a critical mass of reform-minded managers and staff to pursue the health sector reform initiatives that have emerged from the PATHS programme.

Challenges

A lack of skilled staff remains a major challenge, as do the weak financial base of the health sector and the poor economy of Jigawa state. These are issues that require more sustained support. Other challenges include the need to influence a sufficiently large number of reform-minded policy makers, politicians, religious and traditional leaders to adopt appropriate behavioral change and communication strategies that will address the negative social issues relating to beliefs and practices on health.

Conclusion

In Jigawa, PPRHAA has identified and enabled the easy introduction of essential management systems. It has been able to stimulate interest among health managers and has encouraged them to be more proactive and take responsibility for their facilities and actions. PPRHAA has also helped build some key skills and confidence among participating managers and has established communication links between managers, staff and service users. It has provided a suitable avenue through which to 'challenge' managers and is gradually influencing policy on health.

However, key reform-minded individuals at the policy and implementation levels of the health sector are needed to drive changes. Patience is required: improvements will take time.