

Peer and Participatory Rapid Health Appraisal for Action (PPRHAA)

Introduction: what is PPRHAA?

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. The method borrows from several other disciplines and tools, including participatory rapid appraisal, change management, and accreditation.

PPRHAA, as the name suggests, is a participatory process. It involves both managers and the staff from the facilities being assessed, and incorporates consultation with some of the communities and clients served by the facilities. It not only gives facility managers a good overview of their performance (often for the first time), but also enables them to focus on their management systems and styles in a structured way, identifying gaps and helping to find ways of addressing them.

PPRHAA as a process is continuously being improved and developed. As well as being implemented in Ghana and Tanzania, PPRHAA has been further developed under the PATHS programme in Nigeria (see below). Also, new components have been added that together with PPRHAA make up IMPACT (Improved Management through Participatory Appraisal and Continuous Transformation), a participatory methodology for health facility appraisal, planning, systems strengthening, capacity building, supervising and mentoring, and monitoring.

The PPRHAA process

Each PPRHAA process involves more than one health facility or health service. External facilitators work with the client to select facilities to be appraised, select the PPRHAA team and plan the whole PPRHAA exercise. Hospital PPRHAA teams comprise six to eight members, while primary health care (PHC) teams comprise three to four members.

The appraisal covers the following areas:

- Patient care management
- Service performance outputs
- Internal facility management and external linkages and relations with other stakeholders in the health care sector
- Client and community views

- Financial management
- Management of equipment and infrastructure.

Included in the team are health managers, health professionals, social development field workers (to interview health service users and community members), and a data manager (to review routine data in the facility or Local Government Authority). The facilitators draw up a timetable and budget and contact all participating facilities. Over one to two days the facilitators train the team on how to use the appraisal tools and conduct the facility workshop.

The team visits a different facility or facilities each day to carry out the appraisals, using interviews and observation sessions with facility staff and clients. Social development field workers hold focus groups with local communities and interview opinion leaders in the community. The team uses pre-determined but flexible guides for the assessment. These guides are deliberately structured not as questionnaires but as outlines of the main issues team members need to enquire about, observe or seek documentation on. Information is collected for the last five years, so progress and trends can be assessed objectively. All middle and senior managers of the facility being appraised are asked to identify those issues they consider most important in their own institution and make suggestions on how the facility can address these issues.

This initial appraisal is followed by a workshop involving hospital or PHC managers in which the PPRHAA team presents findings from the appraisal. This leads to joint analysis of management issues. In the evenings there is time for the team to reflect on the day's findings and to write up reports.

After the initial assessments, the facilitators run one day's training for the team on how to conduct a planning workshop. The team splits up to visit each facility and conduct a half-day planning workshop during which participants identify priority needs and write their own simple, achievable action plans.

This is followed at the end of the appraisal period by a summit at which all participating facilities and policy makers come together, usually for one day.

Out of the appraisal comes action, enacted mainly by the facilities themselves. This usually includes:

- Action plans drawn up by the appraised facilities, to

address priority needs, especially in management, service delivery and community linkages

- **Sharing of good practices** between the facilities that have been appraised
- Joint preparation of proposals and plans by the participating institutions for addressing key **cross-cutting issues** that affect them all.

The PPRHAA process takes about two weeks. The aim is to keep the process short in order to keep costs down and to minimise disruption to routine health service activities. Three to six months later there is follow-up from assessors and managers from higher levels, who assist with a review of performance against action plans. This is linked into the integrated supervision system.

Some of the issues raised through the PPRHAA process can be addressed by the facilities themselves; sometimes issues are to do with policies and issues outside the remit of the facility managers. When that is the case, issues are raised with higher health authorities that have responsibilities for many facilities.

Experience in using PPRHAA

Since the development of PPRHAA by Health Partners International and Health Partners Ghana, it has been used extensively in Ghana, Tanzania, across Nigeria and in other African countries.

Upper West Region, Ghana

PPRHAA led to a major initiative in the decentralisation of hospital management in Upper West Region, Ghana. A recent review documented the following changes that had taken place as a result of carrying out PPRHAA there:

- The standards of medical and nursing care had risen significantly
- Most of the essential drugs and medical supplies were now available at all hospitals
- Wards, operating theatres, laboratories, X-ray departments and out-patient departments had most of the basic equipment and supplies required to work effectively, while their services had been re-organised to make them more user-friendly
- The number of patients and coverage rates had increased significantly, despite continuing severe shortages of qualified staff
- Standards of hygiene and cleanliness had improved noticeably and were now good in most wards and departments
- Hospitals were raising much more funding themselves and their accounting systems were much better at controlling the revenue to ensure that it was spent well
- Team spirit had increased significantly, communication

was working well and hospital management team meetings were better organised

- Mid-level managers were beginning to make important contributions to running their hospitals.

Nigeria: PATHS, CHAN and more

PPRHAA exercises have been carried out annually in Jigawa, Benue, Ekiti, Enugu Kano and Kaduna states in Nigeria as part of the PATHS programme (funded by the UK Department for International Development). It has been the starting point for wide-ranging reforms in managing primary and secondary health services. PPRHAA has also been used in Jigawa, Katsina, Yobe and Zamfara states to assess the capacity of PHC facilities to revive routine immunization as part of the Programme for Reviving Routine Immunization in Northern Nigeria (PRRINN) programme.

Initially the number of facilities appraised was small. For example, the first PPRHAA exercises in Jigawa and Ekiti only appraised 10 and 15 facilities respectively. This rapidly increased and three years later in Jigawa 70 and in Ekiti more than 150 facilities were appraised. This shows how PPRHAA can appraise a significant proportion of facilities in a state.

PATHS has developed a comprehensive manual and field guide on PPRHAA, setting out how appraisals can be planned, organised and managed. The manual includes sets of forms for collecting information and data. There are manuals for primary and secondary health care facilities.

Oxford Policy Management, the external agency monitoring the PATHS programme, had this to say about PPRHAA in its report of May 2006:

'PPRHAA is a useful and well-received tool for assessing the state of management in facilities and leads to many gains, such as the empowerment of formerly demoralised staff as they themselves plan and bring to fruition improvements in processes or infrastructure. The costs associated with running PPRHAA are being reduced to a minimum, and in the long term it should become a low-cost system delivering continuing, significant benefits.

'Whilst the facilities can report the revival of these management systems it is also apparent that more senior managers at ministry level often champion and support measures to deepen and widen the revival of management systems in the facilities. There is a strong lobby for IMPACT+ among many senior managers who have been impressed by the strength of the system to create positive change in the delivery of healthcare.'

Also in Nigeria, the Christian Health Association of Nigeria (CHAN) has used PPRHAA to assess some 20 of its member institutions across the country. The Ecumenical Churches of West Africa (ECWA) and the Catholic Health Organisation have used PPRHAA in Nigeria too. In Benue state, PPRHAA resulted in the development of Patient Focused Quality Improvement (PFQI) systems.

As a result of the PPRHAA exercises in Nigeria, health managers have growing confidence that they can tackle some of the everyday challenges facing their facilities. Some are also managing to lobby higher up the system for changes in those areas that are beyond their capacity to effect. Record-keeping has dramatically improved where there have been regular assessments, as have the availability of basic equipment, cleanliness, information for users and the willingness of health managers to work with others outside their traditional areas of control. The appraisal system has enabled the states to develop proposals to donors and government for more resources. Planning in LGAs and health facilities is improving and becoming much more evidence-based.