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Use of key performance indicators in monitoring primary health care services in Delta state, Nigeria

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Introduction: Quality primary health care services are required for achieving universal health coverage in Nigeria. Universal health coverage will not only improve health indicators but also reduce poverty and inequity. In 2015, a new administration took over the helm of affairs in Delta state of Nigeria. A retreat was organized for policy makers and one of the outcomes was the development of key performance indicators for each sector including health.

Methodology: The Delta state Primary Health Care Development Agency began tracking key performance indicators for monitoring primary health care services in Delta state in 2016. Ten indicators were identified and tracked monthly. They include: Immunization coverage; Number of supplemental immunization activities organized; Number of social mobilization activities organized; Number of information, communication materials distributed; Number of cases of severe acute malnutrition identified and rehabilitated; Percentage of children under five that received vitamin A; Number of treatment protocols developed and enforced; Number of PHC workers trained on immunization, health education/social mobilization, basic life support, neonatal resuscitation training and data management; Number of public private partnerships established and; Number of public private partnership projects completed.

Results: Immunization coverage as at August 2016 for BCG was 94% while that of measles was 96%. Tetanus toxoid coverage was 37%. Six cases of severe acute malnutrition were identified and the percentage of children under five that received vitamin A was 92%. Four public private partnerships were established with three projects completed.

Discussion: The key performance indicators currently being tracked do not require funding. Other key performance indicators that require funding for tracking include number of patients attending health facilities for antenatal care, deliveries and child welfare; number of households experiencing maternal deaths and immunization defaulting visited; income generated from sale of essential drugs. When policy decisions are based on the key performance indicators, the quality of primary health care services being rendered improves and the hope for achieving universal health coverage is in sight.

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Recognition and adolescent's healthcare in Brazil

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Health care, given the wide availability and strong pressure to incorporate scientific and biotechnological innovations, has the challenge of looking at relationships. Intersubjective relationships are the 'substratum' of care and need to deal with the influence of power that circumscribe them in order to guarantee recognition and respect, essential to autonomy and citizenship. Axel Honneth's Theory of Recognition contains constructs and notes for taking relational and communicational inadequacies and conflicts. In this way, it has already been used to discuss health care, its policies and the worker's experiences in health care. The presentation aim to discuss adolescent's health care taking the Brazilian's context, mainly the diagnoses throughout the adoption of Axel Honneth's Theory of Recognition, but with potential to be extended to other contexts.

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