

PDQ Application in Nepal: “Quality Improvement for a Family Health Program in Siraha District, Nepal”

In 1998, Save the Children pilot-tested the PDQ approach within the “Integrated Community-Based Family Health Program” in Sukhipur Health Post in Siraha district, in partnership with the Siraha District Health Office. This pilot-test had very encouraging results, thus in August of 1999, SC initiated an operation research for PDQ in the same Health post and in three additional Health posts and 30 Sub-Health posts in Siraha district to document the effects of this program approach in improving the quality of health care through the partnership of community and health workers.

The rich experience and lessons learned obtained in the PDQ applications in this project in Nepal and in another project in Peru served as “foundation projects” that helped to develop the PDQ approach as a concrete methodology.

Objectives

Goal

Improved quality and increased utilization of services.

Objectives

- Improve the quality of Health services,
- Make service more accessible to marginalized people.
- To provide a mechanism for ongoing community input in the quality improvement process of health services.
- Create demand for quality services while creating sense of responsibility for and ownership of, services among community members.
- Increase utilization of services with attention to marginalized people.

Description

Save the Children initiated the “Empowering Women for Family Planning and Reproductive Health” (FP-RH) project in 1994 to increase access to, and demand for, family planning and reproductive health services in the Terai region of Nepal. It provided education and mobilization for reproductive health in order to increase demand, and also addressed service delivery issues to increase quality. While it included issues such as sterilization and waste disposal among its interventions, it had limited success in changing behavior at the health post level. While demand increased for community-based



Photo of the Health workers and community members during the “Bridging the Gap” workshop

contraceptives and prenatal care, reproductive health services however were underutilized.

In August of 1999, SC initiated an operation research for PDQ in Siraha district. The PDQ-Operations Research covered four Village Development Committees (VDCs) with four Health Posts and 30 Sub-Health posts as the intervention sites for a total of 34 Health facilities. While the control sites had three VDCs with three Health posts, and 25 Sub-Health posts for a total of 28 Health facilities. In implementing the PDQ, SC solicited support from the District Health office, the Health post and Sub-Health post health workers, the Village Development Committees and the community. The initiative targeted women and men of reproductive age, children under 5 yrs. and over 5 years, and marginalized population especially children of the lower caste.

Preliminary meetings were held at the District and Health Center levels in order to develop the Ministry of Health (MOH)’s interest on the process. In the Siraha PDQ piloting, the Expanded Program on Immunization (EPI) Officer was the district’s representative throughout the process. During the Exploring Quality phase, separate discussion groups were held in representative communities with men and women of reproductive age (both service users and non-users), mothers-in-law, daughters-in-law, and husband groups to identify the concerns and priorities of the community regarding health services in their areas. Key concerns included lack of respect and politeness, availability and appropriateness of medicines, dressings and injections done by peons, queue is not observed, and health workers not coming to work on time. Mini-workshops were undertaken with the health workers to discuss their priorities and constraints with respect to quality. They identified many issues on quality that were similar to those identified by community members.

Bridging the Gap Workshops were attended by community representatives from each of the Village Development Committees (VDCs) as well as Health workers from each health post. During this workshop, the participants prepared a shared vision on quality issues,

prioritized the issues and prepared action plans to improve in partnership.

A quality improvement team was established for each health post composed of VDC representatives, community representatives – particularly representation from the marginalized group, and health workers.

Results

- QI teams are accessing resources from the local government. These resources give added credibility to the activities of the teams.
- Some QI teams are advocating with the District Health Office to fill staff vacancies, particularly female staff for women clients.
- QI team members assist health workers with clinic management including; monitoring services, assisting with the queue, burning waste, and checking on outreach activities.

The Operations Research revealed very positive results thereby helping SC push for scaling-up of the PDQ.

- The PDQ intervention sites had significant improvements in the number of sick children presenting for care as compared to those in the control sites.
- The PDQ intervention was associated with an increase in the utilization of the health facilities by adults.
- There were substantial improvements in the PDQ sites on the presence/attendance of Health Workers, and the disposal of biohazard waste.
- There was a significantly larger change in the sterilization of syringes in the PDQ sites than that in the control sites
- There were significant differences between the mean in the PDQ sites and the control sites on the number of visits by lower caste children.

Challenges and Lessons learned

Challenges

- It is more effective and efficient to integrate QI team functions with the existing management committees.
- While difficult, it is worth limiting incentives and direct links to resources in order to maximize sustainability and independence on the part of the QITs.
- Maintaining participation of the most marginalized can be a challenge.

Lessons learned

- Access to resources at the local level, even when they are small, provide credibility to the teams and give them something to work with in managing quality improvement efforts. In the case of Nepal, the ability to access local government funds earmarked for health is a real asset.
- With the decentralization policy, the three-way involvement of local government, health workers, and community members successfully consolidates both resources and authority at the local level such that a significant number of the management aspects of quality can be resolved at that level.
- Having health workers and community members share their problems and concerns with each other is a powerful experience for the participants. It offers a strong common foundation for subsequent involvement and activities and seems to be a unique opportunity offered by this process.
- Early DHO interest in applying the PDQ process at the district level could strengthen health worker commitment to the process as well as facilitate strengthening the referral system between service delivery levels.
- For other agencies interested in implementing PDQ, they should have facilitators who are trained on Leadership and good facilitation skills.



* This monograph is a product of Save the Children/CORE Group's joint Technical Advisory Group on Partnership Defined Quality.