



## PDQ Application in Afghanistan: “Quality Improvement for BPHS health services”

Afghanistan Country Office piloted Partnership Defined Quality (PDQ) in September 2006 in three locations: Kabul (two districts); Mazar-i Sharif (2 districts) and Jawzjan province (1 district). Currently, under ACCESS/HSSP project in which SC/US is a partner, PDQ is considered as one of the quality improvement approach to be scaled up in 13 provinces. In 2007, SC/US’s child survival project in collaboration with ACCESS/HSSP, led the first provincial level PDQ Training of Trainers course for Basic Package of Health Services implementing local NGOs in Jawzjan province. Since then, ACCESS/HSSP has replicated PDQ training in other five provinces.

### Objectives

#### Goal

Increase access to and use of good quality safe motherhood services especially antenatal care; safe delivery; and postnatal care.

### Description

High maternal mortality ratio (MMR) of 1600 per 100,000 live births places Afghanistan as a country with one of world’s poorest health indicators<sup>1</sup>. More than one-third of the deaths are attributed to women who bleed to death

either during or shortly after delivery<sup>2</sup>. Only 19% of total deliveries receive assistance from skilled birth attendants. Recent Afghanistan Health Survey 2006 estimated infant mortality rate at 129 per 1000 live births and under-five mortality rate at 191 per 1000 live births. Morbidity and mortality due to childhood illnesses such as pneumonia, diarrhea, malaria and measles remain a challenge. Since 2002, the Ministry of Public Health (MoPH) has focused on improving the health delivery systems and has been successful to reach more than 80% of Afghanistan’s population with the Basic Package of Health Services (BPHS)<sup>3</sup> through several thousand CHWs and health facilities. While access to BPHS has increased, providing good quality health services remains a challenge in many parts of Afghanistan.

Save the Children implemented a five year USAID-funded Child Survival (CS19) project in Jawzjan province that focused on provincial-level strengthening of the MOH in Jawzjan through training, capacity-building, and strengthening supervision; and promoting behavior change activities through health facility staff, CHWs, midwives, and community members. This project was also mandated to pilot Partnership Defined Quality as an approach to improve quality of health services. PDQ is an approach to improve the quality and accessibility of services with greater involvement of the community in defining, implementing, and monitoring the quality improvement process. This process involves community and service providers to jointly identify gaps in the quality of services and take action to address them

In August 2007, CS-19 and ACCESS/HSSP collaborated to conduct a one-week PDQ

<sup>1</sup>Reproductive Health Task Force. Ministry of Public Health. May 2006. “National Reproductive Health Strategy 2006-2009.”

<sup>2</sup> Bartlett, L. et.al. March 2005. “Where Giving Birth is a Forecast of Death: Maternal Mortality in Four Districts of Afghanistan, 1999-2002.” *Lancet*, vol. 365, 5. pp. 864-870.

<sup>3</sup> The interventions included in the BPHS are Maternal and Newborn Care; immunization/EPI; control of endemic disease especially TB, malaria and leishmaniasis; IMCI; nutrition/micronutrients; HIV/AIDS and mental health.



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workshop in Jawzjan for 17 participants from STEP, MOVE, SC/US and MoPH, with the aim that trainees would replicate PDQ approach to impact areas of all health facilities in a staged manner.

The workshop was led by CS-19 Coordinator and SC/US CM Officer on ACCESS/HSSP project under the overall technical support of SC/US Senior Program Manager/Health. The overall aim was to improve quality of services by enhancing meaningful participation of community members, especially women (clients) and the community health shuras. Topics included were: PDQ concept; four PDQ phases; conducting quality inquiry from community/client's and health worker's perspective; analysis of information; preparing feedback for communities and health workers; establishing Quality Improvement Team (QIT); preparing for bridging the gap workshop at the community level; conducting the workshop and developing quality improvement plans. The workshop included theoretical and daily community practice. Two districts, Yangaregh and Baba Ali, in Jawzjan province were identified where participants practiced daily what they learned and assisted QIT to develop an action plan. Preliminary results include: re-arranging clinic rooms to provide maternal & newborn care services in a more private environment; health committee members, mullahs and CHWs rigorously involved in community awareness and education leading to an increase in the attendance at the vaccination and postnatal care sessions.

### **Challenges and lessons learned:**

- 1) It is important that local NGOs encourage and support the meetings of the QITs so they can continue to improve the quality of services being provided. Regular follow-up by local NGOs to support QIT remains a challenge.
- 2) Conducting PDQ inquiry was possible with men and women in separate groups. However

bringing them together during bridging the gap workshop was a challenge. We conducted two separate sessions with men and women followed by providing feedback of one group to the other to build consensus over quality issues. This is possible when you have trained facilitators (men and women) at the facility level.

3) In our context, QITs include active community members (men and women); clinic staff; and NGO worker/facilitator. However QIT cannot function well if women members cannot attend QIT meetings (due to seclusion, purdah). It is important that separate meetings are held with female QIT members and their feedback be included everytime QIT meets. This has not been a regular practice.



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