

## PDQ Application in Bangladesh: “Involving the poorest community members in quality improvement efforts”

Initiated in December 2003, Save the Children in partnership with Pathfinder International and six other PVOs working in a consortium project, applied the PDQ methodology in a total of 26 sub-district (Upazila) level clinics and their respective villages in seven districts of Bangladesh, under the “NGO Service Delivery Program” (NSDP). The PDQ initiative within NSDP targets the poorest population of the static and satellite clinic areas of each sub-district and village level clinics, and stakeholders of the clinic catchment areas who will be encouraged to help generate a “Poor Fund”. The PDQ is being implemented by NSDP through selected partner NGOs with the technical assistance from NSDP-Community Response team led by Save the Children.

### Objectives

Improve the quality of services through service providers’ and community members’ participation and to increase utilization of services in NSDP clinic areas.

#### Specific objectives:

1. To introduce the concept of PDQ and generate support for it within the NSDP clinic areas.
2. To explore perceptions of quality from both providers and community members.
3. To develop community forums like Clinic – Community Quality Team (CCQT) by involving both service providers and community members (especially the poorest) to work for change and to remove barriers to obtaining quality services.

### Description

In Bangladesh, due to constraints of resources in public health sector, the NGO sector is equally working to cover all parts of the country through the essential services package (ESP) with the aim of providing quality health services in a more sustainable and integrated way to serve the un-served and under-served areas of Bangladesh.

The NGO Service Delivery Program (NSDP), a consortium of eight international organizations which started in 2002, aims to provide ESP services through its’ local partner NGOs. It offers technical support and guidance to 37 Bangladeshi NGOs that administer a network of 318 static clinics and 7,814 satellite clinics covering 20 million Bangladeshis in areas where NSDP



*Conduct of community mapping exercise led by NSDP staff*

complements government efforts. As its’ main objectives, NSDP targets the expansion of quality services for increased utilization of these services by the poor population of the community. Since NSDP works through local partner NGOs, it is also imperative to increase the capacity of these partner NGOs in achieving programmatic sustainability.

All stages of the PDQ methodology were applied. Due to the scale this required considerable training and preparation. Over 20 PDQ Orientation workshop sessions were conducted, to a total of 683 staff members of 320 clinics of 41 partner NGOs. A Bangla user-friendly implementation module of PDQ was drafted, reviewed and finalized. The NSDP Community Response team provided technical assistance to local partner NGOs in facilitating and implementing the PDQ. A structured reporting format was developed for documentation and dissemination of lessons learned.

Exploring quality workshop at the clinic level was organized where providers and clinic staff (from night guard to clinic manager, doctors & paramedics) all participated. At the community level, exploring quality workshop included the poor, least advantaged and non-clients participated. The bridging the gap workshop was conducted at the community level where village level service providers and community members participated. At the end of the bridging the gap workshop, a Clinic-Community Quality Team (C-CQT) was formed composed of service providers and community members (with representatives from the least advantaged). The CCQT will jointly make plans and play an important role in mobilizing community, reducing gaps and encouraging dialogue between providers and community to improve service quality. The team working in organizing satellite clinics and informing community about the ESP service availability from smiling sun clinics.

Local partner NGOs are documenting their experiences and lessons learned in applying the PDQ process. At the

same time, SC and NSDP are sharing lessons learned along with partner NGOs in different national and international seminars.

## Results

- ✚ The communities have expressed their satisfaction that they were consulted to improve clinical services.
- ✚ A Pro-poor service strategy was developed with the participation of the least advantaged population.
- ✚ 8 NGOs have incorporated their communities' needs and expectations in their grant renewal documents.
- ✚ 10 NGOs have generated community fund for providing free medicine to their least advantaged community members.
- ✚ Traditional healers who were often invited to participate in SCSGs and SCATs now feel comfortable in making referrals to the “Smiling Sun clinics”, which they no longer view as competition.
- ✚ There is improved coordination and organization between government EPI sessions and satellite clinic EPI sessions, where government and NGO staff are working jointly.
- ✚ The NSDP local partner NGOs have developed a pricing and exemption policy to balance their obligations to serve the poorest of the poor with their duty to have financial sustainability.
- ✚ Inter-personal communications and counseling (IPC/C) helped in improving providers' treatment of poor patients.
- ✚ Some of the influential community members donated land for constructing clinic and provided space for organizing satellite clinics.
- ✚ Local partner NGOs have been motivated to start and generate “poor fund” from the community. In addition, they have also started with alternative payment schemes including deferred payment system for the poorest members of the community.
- ✚ Clinic utilization by the poor and poorest member of the community has increased.

- Involving the least advantaged people and poor in a planning team needs great “ideological shift” for NGOs.
- During the early part of PDQ implementation, the communities were surprised by the way they were approached by NSDP. It took some time for them to adjust, as they were so used to being mere listeners and have never expressed their opinions in matters related to health service improvement.
- Introducing the PDQ concept to different teams and integrating the concept to their strategies in order to have a broader range of effect requires time, effort and support.

## Lessons learned

- It is important to earn the commitment and motivation of the NGO Management before implementation.
- Through these processes, awareness of the communities regarding the program has increased and in many cases, the community capacity to respond/act has been enhanced.
- Expectations of the community, especially of the poor, have increased as a result of the various and intensive community consultation processes that the project undertook.

## Challenges and Lessons Learned

### Challenges

- NSDP policy makers and local partner NGOs took time in internalizing the PDQ concept and understanding the benefit of partnership approach.
- The issue of cost recovery still remains the biggest challenge to serving the poorest community members.



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