

PDQ Application in Pakistan: “Quality Improvement for PAIMAN health facilities”

In December 2006, Save the Children piloted PDQ approach within the “Pakistan Initiative for Mother and Newborn” project in one health facility each in six project districts. This test has very encouraging results, thus next year the SC initiated an operation research for PDQ in three additional health facilities each in six districts to improve service quality and accessibility.

Objectives

Goal

Improved quality and increased utilization of services to reach the overall goal of PAIMAN that is to reduce maternal, newborn and child mortality in Pakistan, through viable and demonstrable initiatives and capacity building of existing programs and structures within health systems and communities to ensure improvements and supportive linkages along the continuum of health care for women from home to the hospital.

Objectives

- Increase awareness and promote positive maternal and neonatal health behaviors.
- Increase access to and community involvement in maternal and child health services and ensure services are delivered through health and ancillary health services.

Description

In Pakistan, maternal and newborn mortality rates are high despite an extensive health service network. Several small scale studies have reported MMR from 281 in urban slums of Karachi to 673 in rural Balochistan (Fikree et al 1997). Neonatal health has only recently been identified as a public health priority in Pakistan. Some five million children are born in



Pakistan each year, and approximately 225,000 die before they reach the first month of their life.

Pakistan initiative for mothers and newborns (PAIMAN) project is funded by USAID and works in consortium that is led by John Snow Inc. (JSI), a US-based public health organization, and comprises of a number of other international and national organizations to form a powerful team for implementing this project. They include Aga Khan University, Contech International Health Consultants, Greenstar Social Marketing Limited/PSI, Johns Hopkins Bloomberg School of Public Health Centre for Communication Programs (CCP), PAVHNA, Population Council, Save the Children USA, and Mercy Corps.

Save the Children is primarily responsible for Capacity Building of Health Care Providers & Managers in designated districts. Save the Children will also assist and help to plan and implement Community Mobilization activities (through NGOs/CBOs and LHWs) as well build BCC capacity of local NGOs in six districts of Punjab and NWFP.

PDQ was implemented by Save the Children in six community mobilization districts of Punjab and NWFP. A PDQ Orientation workshop session was conducted for five days, to a total of twenty staff members. PDQ manual translation into Urdu was drafted, reviewed and finalized to make it user friendly. The PAIMAN district based teams facilitated and implemented the PDQ. A two day review of the PDQ was also organized for 3 staff members to develop structured reporting formats and monitoring

tools reflecting progress, constraints and lessons learnt.

Exploring quality workshops at the health facility level were organized where health care providers (from night guard to Senior Medical Officer, doctors & paramedics) all participated. At the community level, exploring quality workshop included the marginalized, least advantaged non-clients participated, local government representatives, women and religious leaders. The bridging the gap workshops were conducted at the facility where service providers and community members participated. At the end of the bridging the gap workshops, Quality Improvement Teams (QIT) were formed composed of service providers and community members (with representatives from the least advantaged). The QITs jointly developed action plans and played an important role in mobilizing community, reducing gaps and encouraging dialogue between providers and community to improve service quality.

Results:

- The communities have expressed their satisfaction that they were consulted to improve clinical services.
- Inter-personal communications and counseling (IPC/C) helped in improving providers' treatment of poor patients.
- Community influential and local Mayer (Nazim) provided BP set, stethoscope and weighing scale for the LHV to solve the problem of lack of basic equipments for antenatal check up.
- Ambulance is procured through citizen community board (CCB) of local government to solve the issue of emergency transport.
- QI teams have solved problem of water shortage by providing extra pipe line and digging well respectively.
- Problem of lack of staff of is solved by QI team by influencing key administrators at district as well as provincial level.
- Communities have been mobilized to collect emergency transport fund.

- QI team has provided curtains to women waiting room to ensure the privacy (parda).

Challenges and Lessons learned:

Challenges:

- 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 Health department and community influential 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.

Next Steps and Future Plans:

1. The PDQ approach will be replicated in more clinics.
2. Encourage the QI teams to establish more networks with different forums who can work with QI teams in promoting services among non-clients / non-users.
3. Disseminate lessons learned to Government, NGOs and development partners.



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