

PDQ Application in Rwanda: "Partenariat pour l'Amelioration de la Qualite" or PAQ

In May 2002, IntraHealth International and Save the Children applied the PDQ methodology as a pilot initiative in four Health centers, namely: Byimana, Bungwe, Mukoma and Munyinya in the Byumba and Kabgayi Health Districts in Rwanda, in partnership with Rwanda's Ministry of Health Services and Population (Ministere de Services de Sante et Population or MSSP). The initiative is under PRIME II Program, a global project led by IntraHealth International. In implementing the PDQ approach to the context of Rwanda, the strategy went through some adaptation and was renamed "*Partenariat pour l'amelioration de la Qualite*" or PAQ. The PAQ approach is designed to complement other PRIME II activities taking place in health facilities

Objectives

- Strengthen the MOH's capacity to build partnerships between Health providers and the communities they serve.
- Reinforce enrollment in *mutuelles* (Community Health pre-payment schemes).
- Improve the overall quality and accessibility of family planning and reproductive health services.

Description

The PAQ pilot started in May 2002 and is still being implemented up to the present. The PAQ implementation process involved 5 steps:

1. Adaptation of the PDQ process to the Rwanda's specific context and district situation
2. Building support for the initiative among stakeholders
3. Exploration of perceptions of quality from both community and Health provider perspectives
4. Bringing the two perspectives together in meetings to discuss health service needs and constraints.
5. Establishment of teams made up of community and provider representatives to identify and address quality improvement issues.

Adaptation issues faced in applying the PAQ

During the initial discussions of PDQ, several issues were identified as needing particular attention for adaptation:



- With a wide variety of elected officials and large health center catchment areas, it was unclear how to best assure real representation of the community "voice". Finally, the composition of the PAQ committees was defined according to the different interest groups (women, youth, health committee, different administrative sectors, etc.) that needed to be represented.
- District supervisors were identified as the primary implementers of the PAQ process for the long term. It was logical for this level to become responsible for the training and oversight of the process, while the health center level staff, along with the community representatives, will be responsible for the day-to-day activities.
- One distinct feature of the PDQ application in Rwanda was training and supporting the QITs was clearly planned out, scheduled and implemented. QITs received on the job training by the MOH supervisors with PRIME II support for about 6 months. The district supervisors then undertook the ongoing support for the QITs.

Given Rwanda's context with the eventual goal of applying the PAQ approach on a large scale, the NGOs (IntraHealth-PRIME II and Save the Children) served as trainers and facilitators first to the MOH-MSSP staff, particularly the MSSP district supervisors, who were then responsible for piloting the PAQ—with financial and technical support from the project.

Results

A process evaluation conducted in January 2003 by the Save the Children consultant found significant accomplishments since implementation of the PAQ approach:

- Increased communication and collaboration between different cadres working in health including health

committees, local government, elected officials, mutuelle committees, and health workers.

- Specific improvements in the quality of health center services as identified for each health center such as - hiring of a cleaner to assist with center hygiene; establishment of a buffer stock and oversight system to assure the availability of medicines; handing out numbers in order of arrival to assure orderly attendance of patients; and purchase of needed supplies and materials.
- While it is too early to confirm or attribute the trend, overall utilization rates seem to be increasing in the pilot health centers – particularly those that were less functional to begin with. Mutuelle membership rates also seem to be increasing faster than they were prior to PAQ. In one health center, where measles and nutrition consultation coverage were identified as concerns, the rates for both of these increased dramatically.
- A shift in the mentality of both providers and clients to a partnership approach: a major change in a society conditioned to top-down authority.

Challenges and Lessons Learned

Challenges

- It was difficult to achieve real representation when the catchment area for the health centers is so large. The implementation team decided that the best approach was to define the composition of the PAQ committees according to the different interest groups that needed to be represented. Representatives from these different groups came to the Bridging the Gap meeting, and from there the PAQ was selected.
- Sustaining the motivation of PAQ volunteers continues to be a challenge. At present, the project implementers are continuing to study options and considerations to manage this issue, while keeping the need for sustainability in mind.

Lessons learned

- There was a need to develop a clear understanding of the role of different players in health in order to maximize the coordination and contribution of existing health cadres (health committees, elected officials for health, health animators, and local government authorities) and minimize duplication.
- District supervisors were identified as the primary implementers of the PAQ process for the long term. This strategy might actually work as a sensible way of ensuring the sustainability of the approach, as long as the MOH is committed and supportive to the PAQ.
- People at all levels indicated it takes a lot of effort and commitment to get this process started. Good support at the District level is essential



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