

Partnership Defined Quality Initiative in Nakasongola

Exploring a New Approach to Quality Assurance for Reproductive Health

What is PDQ?

Partnership Defined Quality (PDQ) is a methodology designed to improve the quality and accessibility of government health services, particularly among traditionally hard to reach groups. PDQ explores issues of quality health care from the perspective of both the recipients of health care services, and the service providers. Through the PDQ process, health care providers and community members agree on characteristics of quality care, form Quality Improvement Teams (QIT) and develop action plans to monitor their progress.

The Nakasongola Pilot

Save the Children/US piloted PDQ in Lwampanga and Lwabiayata sub counties in Nakasongola District in June 2002. The goal of the initiative was as follows:

"To increase utilization of quality reproductive health and HIV/AIDS services by mobilizing advocates for improved health services among service providers and community groups, especially those harder to reach."

The following Sub-counties and health unites were selected to participate in the pilot:

Lwabiayata Sub-County:

Nakayonza Health Center III
Kikooge Health Center II

Lwampanga Sub-County:

Kisaalizi Health Center II
Lwampanga Health Center III

Developing a Common Understanding of Quality

Through a variety of participatory exercises health service providers and communities (women, men and youth) explored what quality reproductive health services meant to them. Together a common list of issues were developed as key barriers to be overcome in order to reach quality care:

- Chronic health center staff shortages

- Inadequate drug supply for STD treatment
- Lengthy queues at health centers
- Inadequate (perceived) physical examination during treatment
- Limited availability of family planning methods
- Language barriers between staff and clients
- Unclean environment/ lack of water
- Insufficient (perceived) health education
- No 24 hour service
- Limited (perceived) technical competence of health care providers
- No priority given to pregnant women and disabled clients
- Birth planning perceived as impediment to MH services
- Inadequate equipment at health center
- Women clients attended to by male providers
- Perceived animosity of health care providers toward clients

Sample QIT 'Action Plan'

Following "Bridging the Gap", four QIT teams were formed. Each team prioritized identified barriers to quality reproductive health care after conducting a problem tree analysis. The following provides an example of the action plan and strategies developed by the Kikooge Team:

- Chronic Staff Shortage:
Contact the district team council to address issues of staff recruitment and delayed payment of salaries to service providers. Increase utilization of health center with the intent to justify the need for additional staff.
- 24 Hour Availability of Staff:
QIT participants opted to sensitize community members about "emergency service". Clients in need of non-emergency care were encouraged to seek care during the day. Health care providers were similarly sensitized about the importance of providing emergency service at night.
- Drug Availability:
Contact the CAO to address issues of shortage.

PDQ Successes

- Four Quality Improvement Teams (QIT) were formed in Lwabiyata and Lwampanga sub counties. Power sharing between health center staff and the community is promoted through the sharing of QIT leadership positions such as the Chairperson and Vice-Chair positions. Gender equity among team members has similarly been promoted through representation of women and men. QIT members acknowledge the added benefit and importance of working in partnership to achieve quality goals.
 - Quality Improvement Teams (2) in Lwabiyata sub county hold monthly meetings. Both teams have developed action plans on common issues of quality, including strategies for action, and indicators to monitor their progress.
 - The Kikooge QIT team developed a simple monitoring tool to evaluate the quality of services at the health facility. Interviews were conducted by the QIT at the health center with sixty community members. The team worked together with SC staff to analyze and disseminate their findings to health unit staff and the wider community. Anecdotal evidence suggests that community members from neighboring sub counties are traveling to Lwabiyata to access improved services at Kikooge health center.
 - QIT team meetings have provided a forum to address ongoing concerns about quality health care. Consequently, accountability between health care providers and community members for assuring quality has markedly increased in Lwabiyata sub county.
 - Interest in the PDQ process has increased among local leaders and community members in both sub counties. Local Council members in Lwabiata have discussed how PDQ may be broadened to improve the quality of education.
 - Following a recent inspection by DHS team for 'Yellow Star' accreditation, Nakayonza and Kikooge Health Centers were given the highest rating in the District. Staff at both health centers feel that the PDQ process has enabled them to greatly improve the quality of services. Health care providers further recognize that active community participation is essential to the continued success of the health unit.
- 'Bridging the Gap' provided a forum for a discussion of mutual perspectives on quality. Following the event health care workers remained suspicious of the process and feared that it was developed to assign blame. Considerable time was spent reviewing the process and its objectives in the following weeks. Early and thorough sensitization of both community members and health care workers to the PDQ process is essential prior to initiating the approach.
 - Providing an opportunity for health providers and community member to 'get to know each other' prior to the Bridging the Gap forum would develop a more cooperative, less-threatening environment. Such activities as games, invitations to lunches at homes in the community, and/or tours of the health facilities all provide an opportunity for developing collaboration.
 - The PDQ process deliberately sought to include youth. Although youth participation was strong during the 'Bridging the Gap' forum, participation slowly fell away mostly due to youth not having their own voice in 'adult meetings'. With youth-focused Quality Improvement Teams, PDQ has the potential to establish or augment youth-friendly services in the District.
 - The 'Problem Tree Analysis' methodology utilized by the PDQ process was greatly appreciated by QIT participants. Members describe the analysis as a very accessible tool to better understand the 'roots' of many issues and develop appropriate strategies. Strategies however should be realistic and allow for early success to encourage team members.
 - QIT developed action plans to address issues of quality. In addition to these plans the teams need ongoing skills in conflict resolution, advocacy, group maintenance, leadership and strategic planning.

Lessons Learned

- PDQ has had greater success in Lwabiyata than in Lwampanga sub county. The PDQ process has met with decidedly more resistance in Lwampanga. Although a formal evaluation of the process has yet to be conducted, preliminary evidence suggests that the active participation of key members of the Health Center Unit is crucial.



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