

**Quality Assurance System**  
*for*  
**URBAN PRIMARY HEALTH CARE PROJECT (UPHCP) Clinics**

**Final Report**



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## EXECUTIVE SUMMARY

Considering the deplorable health situation of the urban poor, UNFPA, Bangladesh is supporting the City Corporation Health departments and partner NGOs of Urban Primary Health Care Project in its 6<sup>th</sup> country program under RH subprogram through the Project “Strengthening Reproductive Health Services for the Urban Poor”. It strives for strengthening the capacity of City Corporations, selected larger Municipal Corporations and partner NGOs in quality Reproductive health service delivery for the urban poor through providing logistics, training and support to BCC activities, quality assurance, and MIS. The assignment on the Quality Assurance system development has been carried out in order to generate and support a culture of quality consciousness for both public and private sector care. This can be achieved by developing, updating, disseminating, and supporting, quality standards/protocols for public and private sector services. Establishment and support of in-built quality assurance mechanisms at each of these levels are needed. Bearing all these in view, the **development of urban quality assurance (QA) system** for the UPHCP, will, in the long-run, act as a great leap forward towards the sustainability of the whole urban health care system in Bangladesh.

The accompanying assignment “Development of Urban Quality Assurance (QA) System” had four **objectives**: develop an Urban Reproductive Quality Assurance System for Urban Clinics; establish linkages with existing QA of UPHCP/CRHCC (CMC); provide the basis for Quality of Care to urban clinic in the light of comprehensive reproductive health care services; and recommend the establishment of quality assurance team for disseminating, supporting and enforcing quality standards for GoB, City Corporations’ Health Department and NGO services.

Improved quality of health care is of prime importance to the clients who are the first to benefit from better services and who may be further encouraged to meet their reproductive health needs – a result of the quality services they received.

**Quality assurance (QA) system** encompasses measuring quality on a routine basis spotlighting quality of care. As an important component of program it also sets the basis for the improvements of staff performance. For a case where an intervention is to improve quality of care is in place, the quality can be measured over two points in time-baseline and end line.

The QA cycle starts with a plan (strategic planning) and passes through setting standards, communicating the standards to the service providers, monitoring implementation of standards, defining problems, analyzing and studying problems, designing solutions to the problem(s), and finally helping implementation of the solutions towards achievement of the vision for rendering quality health care.

**Sequence of events/activities:** The tasks carried out (almost sequentially) as an integral part of developing, updating, establishing and supporting the quality assurance mechanisms at each points and levels of the system are: Team mobilization; Joint meeting with UNFPA and PIU concerned staff-members; Collection of relevant materials and documents; Familiarization visit; Literature Review; Individual In-depth consultation with UPHCP, MOHFW, ESP based NGO personnel; Design elements of QA cell at Project Implementation Unit; Quality Assurance Working Group (QAWG) chaired by PD-PIU (UPHCP): Formation and meetings; QA Spot Survey in 4 City Corporations; Dialogue with Managers and Service Providers at Dhaka; Stakeholders’ Workshop (UPHCP, MOHFW and ESP based NGOs) at Dhaka; Designing, Developing and Compilation of Quality Management Protocol and Standard for UPHCP Clinics;

Field testing and Finalization of Quality Management Protocol and Standard (Urban QA system); Conducting Training of Managers and Service Providers; and Presentation of Final QA System and Report.

**Quality Assurance Working Group:** A Quality Assurance Working Group (QAWG) was formed in a tripartite meeting with UPHCP, HDRC and UNFPA with Dr. Md. Nurul Islam as Chair and Professor Abul Barkat as Member Secretary. All pertinent issues related to Quality Assurance System Development (QASD) for UPHCP were consulted in QAWG meetings. QAWG has played a critical role in expediting the process of designing the Quality Assurance System (QAS) for UPHCP.

**Quality Assurance Spot Survey:** A spot survey was undertaken to understand clients' perception of their rights for health care service, to assess clients' satisfaction level with the services they receive from UPHCP clinics, to explore the UPHCP providers' perception of their needs, to observe and study the operational standards of the clinics, and to explore the possibility of using the tools by the QA teams.

The findings of and learnings from the spot survey and field visits have revealed that at present there is no scientifically designed QA system in place; and there is a distinct dearth of uniform QA system across the PAs. Different PAs use different forms, formats, etc. QA elements were not visible in service statistics and negligible part of QA elements available in M&E. All PAs suggested the need for scientifically designed comprehensive QA system.

**Dialogue on Quality Assurance System Development for UPHCP:** A Dialogue on Quality Assurance System Development (QASD) for promoting and sustaining quality of care in the services being rendered by UPHCP was jointly organized by QAWG, UPHCP and HDRC. A total of 50 professionals from UPHCP, QAWG, UNFPA, Partner NGOs and HDRC participated in the dialogue. All the pertinent suggestions and recommendations forwarded by the participants were discussed in the QAWG thoroughly before their appropriate incorporation into the proposed QA system.

**Stakeholder Workshop on Quality Assurance System Development for UPHCP:** A day-long Stakeholder Workshop on Quality Assurance System was jointly organized by Quality Assurance Working Group (QAWG) of UPHCP, UNFPA and HDRC. The participants of the stakeholder workshop included representatives of City Corporations Health Department, PIU, PIO, Partner NGOs, CMC and CHC Managers, Service Providers, Clients, and UNFPA. The workshop discussed various dimensions of methodological Issues of QA system development, key findings of Spot Survey and field visit, QA team(s)—composition, ToR, coordination, reporting, and QA scoring and planning matrix.

**Quality Assurance Training of Managers and Service Providers of UPHCP:** A two-day long training on Quality Assurance Training for the relevant UPHCP personnel working at different levels (PIU, PIO, PA, CMC and CHC) was held during November 30- December 01, 2004. The training was jointly organized by QAWG of UPHCP and HDRC, funded by UNFPA Bangladesh. **Objective** of the QA training was to equip the managers and providers at different level with the quality assurance system developed for UPHCP, and transfer the skills for implementing it. The participants were provided orientation on some relevant key issues which included QOC and QA, clients' rights and providers' needs, quality mapping, QA systems, QOC manuals for UPHCP service delivery: standards and protocols, and QA visit modules. The training was focused to provide the participants with thorough orientation on (i) QA tools and QA scoring techniques, and (ii) QA problem identification and QA planning (analysis, solutions, preparing

action plans, and reporting). In the concluding session of the training the participants were given certificates for their successful participation in the 2-day long training. Classroom methods and mock practice sessions were used to transfer the QA skills including situation analysis, problem identification, preparing action plan, reporting, etc. It is revealed from the discussions and group presentations that the participants have acquired sufficient skills to implement the quality assurance system developed for UPHC using the QA tools including QA implementation guidelines at their respective levels.

**Quality Assurance Tools Preparation and Compilation:** The development of QA Tools including QA Kit Box was one of the final outcomes of the assignment. The contents of the QA Kit Box are — A 6 Volume Quality Management Protocol and Standard (separate volumes by types of ESP services and support components); Subject-specific 4 Modules for QA visit; Knowledge Quiz for service providers; QA Observation Checklist; Questionnaire for Clients' Interview; QA Implementation Guideline; TOR for QA Teams; and Coordination Mechanism for the QA Activities. The contents have been formulated in accordance with the decisions taken in the QAWG meetings; Dialogue with concerned personnel from UNFPA, UPHCP, City Corporations, and Partner Agencies on QA mechanism; and also in the light of the outcomes of the Stakeholder Workshop. The content of the materials in the QA Kit Box was tested in the sample CMCs, CHCs, and NGOs for measuring their effectiveness, and were then finalized.

**Four Modules:** Considering the wide range of ESP, and comprehensive maternal health and FP services to be assessed, the QA activities have been classified into four modules, each addressing a specific set of ESP service/support components. Details of the modules are presented in the QA Implementation Guideline.

**QA Knowledge Quiz:** QA Knowledge Quiz has been developed primarily for the doctors as the key responsibility of quality assurance lies with them. Knowledge level will be scored on a separate scoring sheet using the Knowledge Quiz. The results of the Knowledge Quiz will in no way affect the individual staff performance or other related issues. It will be used only to assess the gaps between the current knowledge level of the providers and the ideal one and refer for undergoing relevant training/skill development to minimize the gap.

**QA Observation Checklist:** Specific services will be observed in accordance with the observation protocol. It will help identify the gaps in the existing standards in service delivery processes of the clinic. For this purpose, the City Maternity Center (CMC), City Health Centers (CHCs) and Satellite Clinic in the catchment area of the concerned CHC will be observed for verification of physical facilities as well as service delivery process. Only one CMC will be observed in one day. However, on the visit day for CHC, one Satellite Clinic will also be observed on the same day. In case of absence of clients/patients for specific services, demonstrations and/or role-plays may be used as a proxy for customer for process observation. The accompanying job-aid will be used to record the scores from these service delivery process observations, demonstrations and role-play.

**Client Interview Questionnaire:** Special questionnaire has been developed that will be used to interview the clients receiving ESP services and their accompanying persons. Output of these interviews will be scored according to the guideline. On the day of QA visit, four clients will be interviewed in each clinic to measure Quality of Care in terms of rights and needs and clients' satisfaction.

**Six Volume Manuals:** A Six-Volume loose-leaf Manuals on Standards and Protocols for ESP services have been developed, designed and compiled for use by the service providers and the

QA team aiming at enhanced quality assurance. These manuals are designed to be loose-leaf ones to permit continuous updating by way of insertion of new standards and protocols just by replacing the relevant old pages by new ones. These manuals should be kept in each of the facilities as reference manual for the QA system. Both QA facilitators and service providers will use these six-volume manuals as their reference guide.

**QA Teams: TOR, Composition and Coordination:** The proposed quality assurance system will comprise of in-built mechanisms at all levels with a coordinating staff-member at each level of service delivery system, [CMC (CRHCC), CHC (PHCC) and SC level], a team at PA level, a team at each of the project cities (PIO level) and a team at PIU level. The QA system at PIO and PIU level will be run by a team of professional experts working on full-time basis. The entire QA activities will function using an admixture of bottom-up and top-down approaches.

**Clinic level QA Team (C-QAT)** will comprise of two QA representatives from the clinic to permit self-assessment. They will conduct QA assessment monthly to accomplish one complete round in 4 months. This team will conduct QA assessment following the protocol and estimate the Knowledge Score, Observation Score and Client's View Score for the facility. It will identify the problems for the low scoring areas and analyze the root causes in consultation with the staff members responsible for the activities. It will also fill-in the "Problem Identification and Planning Matrix", in which the problem, the steps to be taken, time line, action level and person responsible – all will be mentioned. A copy of the filled-in "QA Score Compilation Matrix" and "Problem Identification and Planning Matrix" will be sent to the respective QA teams at PA-HQs and City UPHCP.

**PA level QA Team (P-QAT)** will be formed in each PA. P-QAT will consist of representatives from each static service delivery facility and include one representative from the PNGO/CC. This team will be headed by concerned person from the CC/PNGO. It will conduct quality visit bimonthly in all service delivery facilities (CMC, CHC and selected SCs) following the protocol and estimate aggregate QA score for the service delivery facility. Each facility visiting team will consist of the head of the team and one member of the team not related to the facility to be visited. It will document the results of each round of QA visits by clinic in appropriate formats and send copies to respective PNGOs/CCs (as applicable), UPHCP PIO and PIU QA Team and UNFPA.

**PIO QA Team (PIO-QAT)** will be formed at City Corporation level in each project cities (at present six cities: Dhaka, Chittagong, Rajshahi, Khulna, Sylhet and Barisal). It is proposed that representatives of all PAs operating in the respective City will be members of PIO QA team. Deputy Project Director, UPHCP of the respective cities will head the City QA team (PIO-QAT) and will also include PNGOs as members. For practical implementation purpose it is suggested that, one QA team will conduct 4 visits a year to a service delivery point, once in 3 months. During each visit, one module of the proposed four modules QA tools will be followed and QA score will be assigned. Thus, one complete round of QA visit will be materialized within one calendar year. The PIO QA team will forward the scores of service delivery facilities to QA team at UPHCP-PIU and UNFPA. Moreover, PIO-QAT will discuss the results of QA visits made by PA level QA teams and analyze the self-assigned QA scores monthly reported by facility itself. Any major discrepancy and/or deviation in scores will be thoroughly investigated. The PIO QA team may seek additional assistance from PIU level.

**QA Team at UPHCP-HQ (PIU-QAT)** will be formed for monitoring and follow-up of QA aspects day to day. This team will comprise 2 to 3 professional experts working on full-time basis. They will be assisted by a group of experts from the GOs and NGOs, as and when required basis.

PIU QA team will compile QA reports received from each PAs and City QA teams, and analyze the status. The PIU QA team will also provide feedback on regular basis to City QA teams and PA QA groups with their analyses. Besides, PIU QA team will conduct QA visits to service delivery facilities as and when necessary. The PIU-QAT will also develop knowledge tests on regular basis for application during the Quality assessments and QA visits. There should be separate PIO in all cities including Dhaka (as most of the clinics are situated here).

**Manual Scoring of Data:** The manual scoring of all relevant QA data is simple and easy to accomplish (this has already been proved in the training sessions). The simple procedure to be followed is as follows: Sum all the "Yes" in the " (Yes)" column; Count all the responses scored either "Yes" or "No" and enter this figure in the "Total (Yes+No)" column; and Fill-in the "Percentage Score" column by dividing the results of "Total (Yes) by the Total of (Yes+No)" column, and then multiply by 100.

$$\text{QA Score (in \%)} = \frac{\text{Total (Yes)}}{\text{Total (Yes+No)}} \times 100$$

Indicators/sub-indicators that scored "No" response need to be clearly narrated in the "Comments" box.

**Problem Identification and Planning:** The problem should be described in measurable, operational terms. If the problem is not measurable, it will be difficult to resolve the problem. It is suggested to ask the following questions to help describe the problem- **What** is the problem (not the cause or the solution)? What is not functioning, as we desire ? **How** do we know that it is a problem? What information do we have to support or confirm the existence of the problem or deficiency? **What** are the effects of this problem on quality and on the population we serve? **How long** has this been a problem? **How** frequently does it occur? **How** will we know that the problem is solved? **What** does the "desired" state look like? **What** data will we need to answer these questions?

**Examine each cause:** Which causes can be readily solved or eliminated? Which causes need further study so that they can be better understood? Are there any causes, which assign personal blame? If so, revise them.

**Getting in to root cause:** Getting into the root causes is best approached by asking "Why?" to each successive response five times. It is recommended to use this technique alone or with any cause-and-effect diagram.

**Selection of solution based on criteria:** It is suggested to use a prioritization matrix to choose the best option. Using the matrix, the QA team can discuss each solution and evaluate it for each of the criteria. After scoring each solution, the team should have a top or set of top solutions that are most favorable for implementation.

**Implement/Plan:** Planning for any activity involves determining the who, what, where, when, and how (a suggested format is available in the text).

**Suggestions and Recommendations for Implementation:** Regarding **What Next to Implement under QA System**, the Consultants, UPHCP personnel, City Corporations and NGO managed Clinic Managers and Service Providers forwarded the following suggestions worth considerations by the competent authorities:

1. Since there already exist a high demand for institutionalizing a Quality Assurance System now it is a matter of well-planned supply. This supply side components should include the following: formation of all relevant Quality Assurance Teams (QAT); supply of six-volume manuals (standards and protocols) to each clinic; supply of four-modules; provide required number of instruments – QA knowledge quiz, observation checklist, client interview questionnaire, QA score compilation matrix, QA problem identification and planning matrix; communicate QA recording and reporting system to all level; and finally, continuously improve the QA system through participatory learning, sharing visits, and know-how dissemination.
2. All relevant staff should learn about how to use/fill-in scoring matrix.
3. All should learn how to identify problem, root cause and do the planning matrix.
4. All should learn all the relevant things about how QAS will work.
5. QA consciousness needs to be enhanced.
6. The whole issue of QA should be treated as an issue of culture.
7. QA should be viewed as a continuous process of QA cycle.
8. Efforts need to be made to ensure ‘understanding uniformity’.
9. Learning –by-doing (mistakes welcome) should be practiced.
10. QAS needs institutionalization.
11. More training, retraining, and on-the-job training are needed.
12. Specialist at PIU-QAT needs to be deployed.
13. Additional QA Staff for PA, CC are needed.
14. Continuous coaching is needed; this is urgent at the initial stage.
15. Computerization of QA-MIS is needed.
16. All the relevant end products should be used to improve Quality of Care.