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Policy Action Brief[1]
on
Quality Assurance in Public Health

Vardaan Foundation

Developed by
Quality Assurance Project Team[2]

Center for Action Research and Developmental Studies

This policy action brief is prepared to develop quality assurance (QAP) standards for the public health institution. The idea behind such initiative is to promote quality services with wider reach to the community residing at the grassroot level and monitor the work of the service provider to reward them. It provides key elements for understanding current policies targeting rural population for providing quality health services. It highlights successes and mistake, and shows us how individuals, institutions, and policy makers committed to public health system, must find innovative way to address the rural community necessities and life circumstances.

The Problem: Today discussions on quality have included the concept of outcomes, assuming that "good" outcomes prove satisfied quality of services. However it often happens that a patient can highly be satisfied with incorrect or inappropriate clinical care. A patient can adhere to a regime, which is not effective, or a patient can receive clinical care, which is "state-of-the-art", and be still dissatisfied with it. This shows that we are still in the infant stage of measurement and evaluation of quality in public health institutions. Assessing and improving quality of health care was, until recently, a low priority for both policy makers and technical agencies in developing countries. The idea of triggering up the concept of 'quality in health' gained momentum only after the ICPD conference in 1994. The main emphasis was on decentralized client-oriented planning, community participation at grassroot level, and quality centered services. Thus the focus of health programmes has now shifted from narrow demographically driven agency-oriented programmes to individual-needs-driven, client-centered, broad reproductive health programmes.

This initiative was taken up looking at the ICPD agenda for decentralized planning, community participation at grassroot level, and quality centered services. The ICPD conference revealed a shift from top-down, target-based approach to reproductive health to need-based, client-centered, demand driven approach. The three-tiered vertical healthcare system of our country plays an essential role in providing health services to 70 percent of the population residing in rural areas. However, with passage of time, the rural health service began to deteriorate due to several reasons. As a result, majority of the population is forced to go for expensive private healthcare system.

Thus today public health system requires substantial and careful reconsideration of the human resource management that includes training, supervision, accountability, performance appraisal, and reward/appreciation for the commendable work performance for any health programme operating in public health institutions. This action policy brief is basically meant for policy/programme managers dealing health services at PHC/CHC level. The task to be accomplished using this action policy brief under the quality assurance project is to make the services available, sustainable and rewarding. A new approach - Quality Circle - has been applied to make realize the objectives of the ICPD conference.

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[1] Based on field experience; literature survey; research and individual observation, the Policy Action Brief is developed and presented in four pages with suggestions for concrete actions so as to sensitize policy makers, programme managers, and public administration for swift action to the problem. It also intended to share the depth of this problem within the funding agencies and civil society for future action.

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Current Status

Today's quality movement in public health remained in infancy stage because of lack of proper government licensing and accreditation system, internal or external audits and inspections to maintain standards, and the most neglected - the rewarding system. Even the ICPD did not provide all the solutions in the matter of quality of care, but it certainly pointed programme managers in a different direction – a direction that gave more emphasize to meeting client needs and being more responsive to community perspective. The paradigm shift that had occurred after ICPD clearly articulate the demands to recognize needs beyond contraception and emphasized the importance of addressing a comprehensive basket of reproductive health interventions.

Today many countries reported the availability of various elements of reproductive health care, and many had taken steps to integrate some components of reproductive health into the primary health-care system. Yet, progress in implementing compre hensive, integrated services has been limited. Some countries were more advanced in moving from policy adjustments to actual implementation of the reproductive health approach, while others were just setting out to undertake changes in service delivery. The initial steps taken by countries that were advancing in this area included translating reproductive health policies into operational guidelines by designing an approach to reproductive health services reflective of the ICPD commitment, analyzing the human and institutional constraints, and preparing for monitoring progress.

Looking the objectives of the ICPD programme, two key strategic aspects of moving towards a reproductive health approach are the integration of existing services and the broadening the constellation of available services. Managerial concerns in implementing these strategies include institutional set-up, training and supervision. Further the main objectives of the ICPD Programme of Action are to improve the quality of services, defined as the way clients are treated by the service-delivery system. The definition focuses on the process of service delivery, including communication and information sharing; criteria for minimal standards for procedures and examinations; and whether clients receive the service appropriate to their needs. Since the ICPD conference much of the debate has centered on the feasibility of improving the standard of quality of care, because it is seen as too costly. However, many studies revealed that improvements in the quality of service provision can be made at a reasonable cost and that without such improvements, initial and continuing utilization of services may suffer.

A Way Out:

Designing quality assurance project is a challenge itself as many hidden as well as concrete problem makes the project unsuitable. The idea of putting the "quality of care" in public health seems to be an impossible task. There are several centrifugal and centripetal forces that restrict such innovation in a vertical health care system of our country. For many years World Health Organization (WHO) has been promoting the concept of primary health care which place the individual and the family at the very core of health care delivery. However simultaneously a new concept for quality of health care provision also developed with the work of several quality experts (Donabedian, Deming, Juran, Batalden etc) that was chosen to represent all common approaches (QA; TQM,CQI etc) to have a concentrated efforts for developing and improving the delivery of health services. Looking earlier efforts, the

current quality assurance project was framed by introducing popular Japanese philosophy of "Quality Circle[1]".

Dr. Harshit Sinha referred numerous management philosophies and found four dimensional philosophy of quality circle suitable for public health system. Here four dimension means problem identification, problem selection, problem analysis and solution to the problem. This is integrated with new definition of customers that classifies the customer as internal (service providers) and external customer (client or beneficiaries). To know their demand in public health, he explores their needs by developing a formula based on four 'M' and one 'E' and termed it as 4ME formula.

The 4ME stand for manpower, material, method, measurement and the environment associated with them. In order to integrate the concept of quality of care and make it as a mandatory process, he developed a four-tier quality structure by forming quality circle committee, right from the grassroot level to state level policy makers. He developed ten steps for solving problems identified at the village, PHC and district level. For achieving the quality result he introduces the human factor by developing two formulas as K-LIMB and L-TIT. Here K-LIMB stands for knowledge, leadership, imagination, motivation and behaviour while L-TIT stands for leadership, team, individual and task. All the stated human qualities are very essential for all individual in providing the quality services in teamwork. Taking account of the said elements he intend to introduce quality assurance system, to develop standards, focused on the clients, system, process, measurement and team work. The entire model is pictorially represented in figure.

Forthcoming Challenges in Public Health Institutions under Quality Assurance Project:

1. **Introduction to Quality Assurance and Accreditation of Health Care Services. (It includes, standard of Quality Control; Quality Audit and Quality Surveillance)**
2. **Manual to Evaluate Quality of Care from Gender Perspective**
3. **Improving Quality in the Family Planning Programme**
4. **Manual for Counseling in Public Health Institutions**
5. **Improving Compliance with Standards for Essential Obstetric Care**
6. **Designing Quality Essential Obstetric Care Services**
7. **Assessing Performance of Services Providers**
8. **How to Improve cost of Quality in Public Health?**
9. **Improving Quality of Service in Treating RTIs/STIs.**
10. **Improving Quality in MCH and UIP Session in Village.**
11. **Improving Quality for Sterilization and MTP**
12. **Models to Improve Behaviour of Services Providers**

An Appeal

Vardaan Foundation has taken these burning issues and is quite interested to explore the problem through action cum research project. We seek joint collaboration in exploring the financial resource and implementing the programme at the desired level of institutions. We look forward joint collaboration with international donors; government bodies and other experts and individuals to make the programme viable and sustainable. Thus we will be highly obliged in becoming partner organization and seek organizational supports for facilitating resource mobilization and development of the people organization; delivering services at very low cost; reaching to the vulnerable and underprivileged adolescent groups residing in both urban and rural areas of our country.

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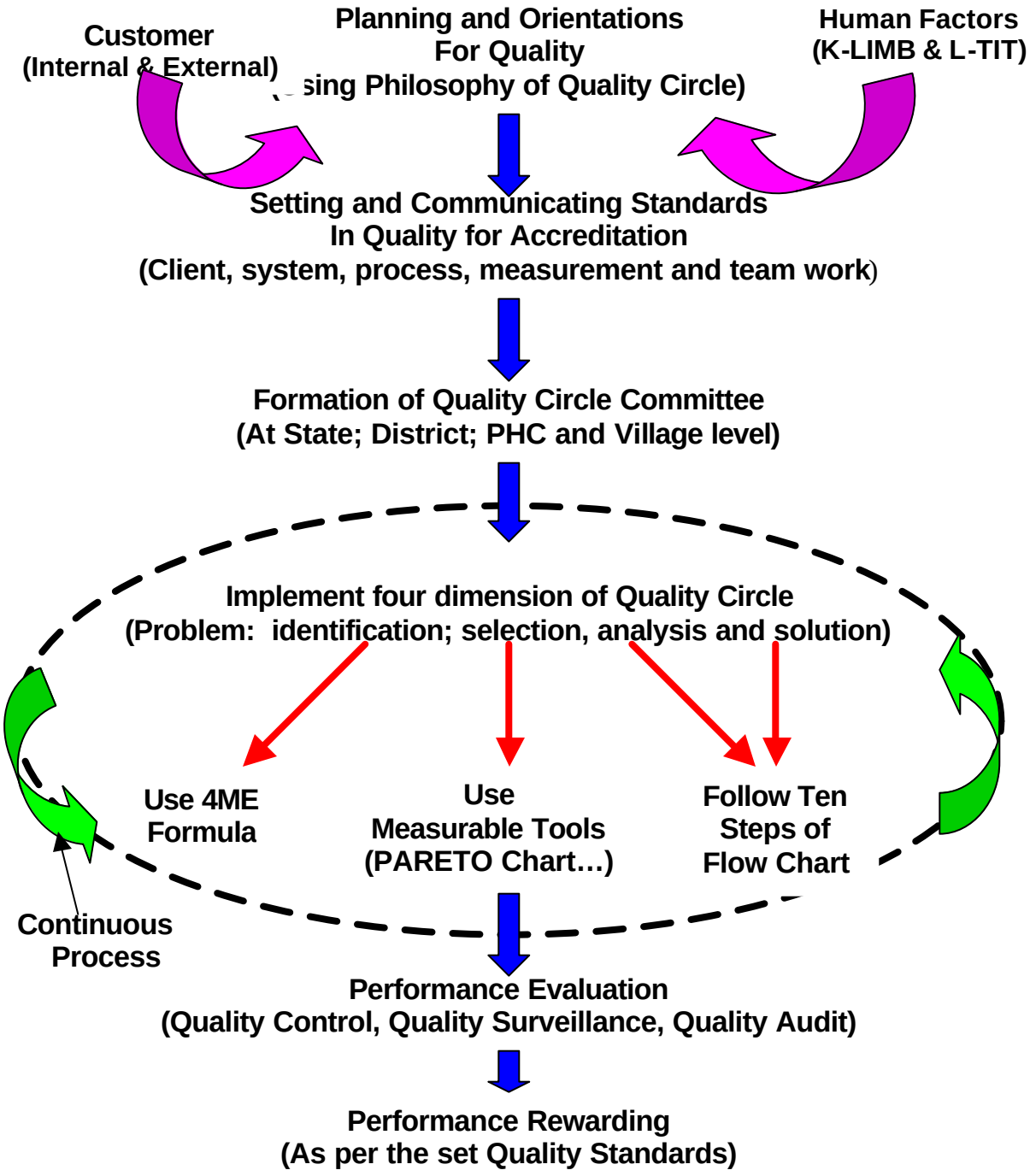
[1] Quality circle is small voluntary group of people from the same work area who meet together on a regular basis of the purpose of identifying, selecting, analyzing and solving quality, productivity, cost reduction, safety, customers services and other work related problems in their work area, leading to the improvement in their work effectiveness and enrichment of their work life.

Quality Assurance Project
(Vardaan Model)



For details refer QC Manual Developed by Dr. Harshit Sinha

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