OR SUMMARIES
ASIA & NEAR EAST REGION

India Quality Assurance

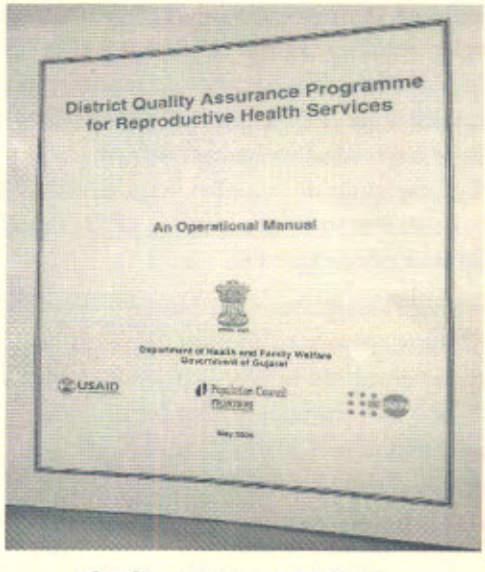
OR Summary 15

Scaling Up of Quality Assurance Measure in District Level Management in Gujarat State

Quality Assurance (QA) checklists and an operational manual developed by FRONTIERS Program of Population Council in collaboration with UNFPA demonstrated that they are effective tools for monitoring and improving the quality of services at PHCs and CHCs. Further, the quality measures could be institutionalized at district level management. Encouraged by the positive results of a feasibility study in two districts, the Gujarat government is introducing QA in all its 25 districts with TA from the FRONTIERS Program.

Background

The Frontiers in Reproductive Health Program in collaboration with UNFPA developed tools, checklists and a procedural manual to introduce QA measures at the district level management in districts of Dahod and Surendranagar in Gujarat and Gadchiroli and Chandrapur in Maharashtra. Feasibility of using these checklists to improve quality of services was tested and yielded positive results, both in Gujarat and Maharashtra. The study also demonstrated that QA measures could be institutionalized at district level management with some limited TA and back-stopping.



Quality Assurance Manual

Comparative Results between Baseline and QA visits in Dahod

◆ A comparison of total scores of QA inputs of the health facilities obtained in three consecutive quarters in Dahod district showed that the introduction of QA measures helped the clinics to improve its readiness substantially. For instance, while at baseline survey no facility qualified with Grade A (76 % or more of total score), second quarterly visit recorded 54 percent facilities achieving Grade A, which further increased to 77 percent in third quarterly visit. (See Table 1)

Table 1: Percent of Health Facilities According to their QA Grades* in Three Consecutive Quarterly Visits in Dahod

Dahod Quarterly Visits	Grade A	Grade B	Grade C	Grade D
Q 1	-	8	84	8
Q 2	54	46	-	-
Q 3	77	23	-	-

*Grade A indicates excellent & grade D poor readiness of facility

◆ During the third quarterly visit, 50 percent of facilities had a doctor or nurse trained in emergency obstetric care (EmOC) as compared to 20 percent in first and second quarterly visits.

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◆ The proportion of facilities providing PNC for women and newborn within 6 weeks of delivery increased from 25 percent in first quarter to 50 percent in second and 70 percent in third quarter.

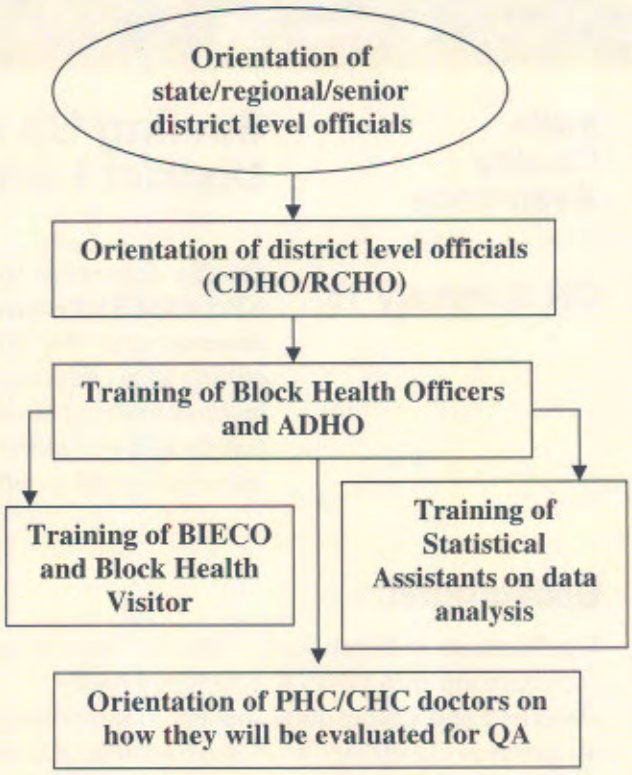
◆ The third quarterly visit recorded that all the facilities had at least 3 temporary methods available in stock as against 85 percent at baseline.

Scaling Up

By the time QA entered into the second quarter, UNFPA assistance to states under the IPD Program was withdrawn and all the resources were pooled with RCH program phase II at the central level. FRONTIERS Program staff however continued to provide TA to Dahod district in Gujarat whose officials used district resources to make QA visits. Based on the encouraging results of the three quarter visits in Dahod, the Commissioner of Health, Gujarat, decided to scale up the intervention throughout the state in a phased manner. In the first phase, it is being introduced in 500 PHCs/CHCs; 20 facilities from each district of Gujarat state. In the second phase, the QA program will be expanded in the remaining PHCs/CHCs of the state. It has also been decided that visits to sub-centers to measure quality of services would be initiated after one year.

An orientation workshop was first held in May 2006. The Health Commissioner of Gujarat himself acted as one of the key resource persons, underlying the importance of the QA initiative. The participants included senior state level officials and Additional Deputy Directors, District CDHOs and RCHOs. More than 100 officials were oriented about the QA program.

The orientation workshops were followed by two-day regional/district level trainings. The participants included ADHO and BHO. Till date, seven batches of trainings have been held. After receiving their training, the ADHOs and BHOs in each district, in turn, will train the Block IEC Officer and Block Health Visitor. In addition, they will also conduct a half-day orientation to MOs of PHCs/CHCs on the QA program on how their clinics (PHC/CHC) will be evaluated. One day training for Statistical Assistants will also be held to train them on how to analyze the data that will be collected. (See figure below).



Utilization and Policy Implications

◆ The intervention demonstrated that with initial technical support, QA can be integrated at district program management level. District supervisory staff could use the checklists in their routine monitoring visits to PHCs and CHCs. Findings from the initial three quarter visits in Dahod clearly demonstrated the feasibility and usefulness of the approach.

◆ Population Council in collaboration with UNFPA, PATH and EngenderHealth are developing an abridged version of the manual to be introduced in six states in India by MOH&FW.

◆ Documentation of scaling up of QA in Gujarat will provide an insight on the operational difficulties and possibility for its expansion at the national level.

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Khan, M.E., Anurag Mishra and Vivek Sharma. 2006. 'Scaling up of Quality Assurance Measure in the 25 districts of Gujarat State: Initial Observations.' For more information, contact frontiers-india@popcouncil.org This project was conducted with support from the U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT under Cooperative Agreement Number HRN-A-00-98-00012-00.

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