

Quality Enhancement in Primary Health Care

Presentation of Pilot Project

AP Health Sector Reform Programme,
Government of AP

Quality Enhancement Pilot

QE through Performance Management is being pilot tested in 10 PHCs in Warangal district.

The approach uses effective PHC management principles

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Peer-learning and Plan-Do-Study-Act (PDSA) concept of TQM

How QE works?

- In QE, solutions to PHC problems is sought from peers/MOs and their staff, especially the high performers
- District and state officials guide and support implementation of the solutions; not direct them
- Data from multiple sources used to assess PHC performance and factors responsible
- Considers only those factors on which PHC/district officers have some control.

This initiative aims at:

- Empowering front line service providers to take corrective actions
- Improving Front Line Service Providers' Management Capacity
- Encouraging communities to demand and get involved in primary health services

What it involves?

- Clear expectations set
- Performance monitored;
- Feedback provided
- Ability to perform enhanced
- Improved performance recognized

How It works?

- Focuses on Key Results and actions needed to achieve them
- Seeks Stakeholders' views on Actions needed
- Selects “Actions Needed” through peer consultations
- Encourages good work through positive recognition

Trying to address Management Problems typically found

- Focus on *inputs* rather than *results*
- Lack of accurate, timely and reliable *feedback* on performance
- Lack of *comparison* information
- Lack of *peer interaction* among PHC managers

Management Problems at PHC Level (2)

- Lack of *recognition* for performance
- Little *community and client engagement*
- Little local *autonomy & leadership*

We drew lessons from:

- The Health and Human Development Index at Panchayat level
- Community Score Cards
AP. Self-Help Groups (IKP)
- Community Involvement in RCH services,
Hunsur, Karnataka

The Four Components of the Pilot

1. A PHC Report Card using HMIS data
2. Peer-learning and consultations process
3. Performance-based awards/incentives
4. Community-based monitoring and support

PHC Report Card has two parts:

Part 1: PHC Performance on key indicators

Best Performance on Key Indicator

Self determined Targets

Target – Performance Gap

Part 2: Stakeholder assessment of PHC by:

Clients

PHC-staff

PHC – in charge

PHCs Involved in the Pilot

Sub-division	PHC Name	Type (#Beds)
Narasempeth	Duggondi	24X7 (10)
	Keshavapur	Normal (4)
Warangal	Stn. Ghanpur	24 X 7 (10)
	Damera	Normal (4)
Mulugu	Shyampet	24X7 (6)
	Raiparthy(P)	Normal (5)
Mahaboobabad	Nekkonda	Normal (4)
	Thorrur	24X7 (30)
Jangaon	Komalla	Normal (12)
	Palakurthy	24 X 7 (30)

Key Performance Indicators in the Report card

The report card uses 20 indicators from 5 areas.
(indicators could vary over time, as needed)

Indicator By Area	Number
Key Data from HH survey	4
Indicators of patient care	5
Indicators of mother care	5
Indicators of child care	3
Indicators of FP and RH	3

Part II: Stakeholder assessment

- A. Patients' Feedback on services received and service quality
- B. Staff's assessment of the work environment
- C. Status of Staff, equipment & supplies
- D. Funds availability and Financial powers
- E. MO's managerial control

PHC Report Card: Sample

	Performance Indicators	PHC performance	Best performance	Expected	Diff (Exp-PHC perf)
	Key Data from HH survey				
1	% Survey Population / Estimated	83	104	100	17
2	% Household with toilet	50	50	40	10
3	% HH with drinking water	74	100	76	2
4	% Eligible Couples sterilized	61	82	56	5

	Patient Care	PHC performance	Best performance	Expected	Diff (Exp-PHC perf)
5	Average outpatients / per day	44	220	75	31
6	OP seen in 104 / Per day	24	35	25	1
7	No. inpatients / month/ bed	8	200	20	12
8	% malaria slides/ Total OP	36	36	10	26
9	% lab test done / Clinic OP	0	16	15	15

	Mother Care	PHC performance	Best performance	Expected	Diff (Exp-PHC perf)
10	Number ANC Registration /per 1000 population	15	28	22	7
11	% ANC received Full ANC	100	100	95	5
12	% Institutional Deliveries	100	100	80	20
13	Number of deliveries at the PHC / month	0	16	5	5
14	% Delivered women received two PP visits	100	100	75	25

	Child Care	PHC performance	Best performance	Expected	Diff (Exp- PHC perf)
15	% Children fully immunized / Ch. 12-23 mo	103	131	90	13
16	% Children received Vitamin A dose/ Ch. 12-23 mo	103	131	90	13
17	% School children Examined/ Children 6-14	31	180	80	49
	Family Planning & RH				
18	% Sterilization / Non-sterilized EC	8	14	5	3
19	% Couples using spacing methods / EC not sterilized	12	23	10	2
20	% of RTI/STI Cases treated / per 100 EC	3	6	10	7

Results

- Two sets of report cards discussed with PHC MOs
- Action identified, planned and taken by MOs
- Enthusiasm and openness to quality improvement
- Peer learning effectiveness demonstrated

Planned steps

- Scale up in Warangal
- Institutionalization of community component
- Internal capacity building to continue implementation