



# **Community Defined Quality (CDQ): Creating Partnerships for Improving Quality**

**MAQ Exchange**



## What is CDQ?

A methodology to improve quality and accessibility of health care with greater involvement of the community in

- ◆ Defining,
- ◆ Implementing and
- ◆ Monitoring

the quality improvement process.



## Features of CDQ

- ◆ **CDQ can be a complementary strategy to other QI**
- ◆ **Not a substitute for the technical assessment of quality. Creation of a quality improvement partnership between the community and health workers**
- ◆ **Exploration and sharing of both community and health worker perceptions of quality**
- ◆ **Emphasis on mutual responsibility for problem identification and problem solving - not blame**
- ◆ **Operationalizes a shared rights and responsibilities approach**



## Why Use CDQ?

- ◆ **Complements QI process by looking for answers outside health system**
- ◆ **Focuses on health issues that most affect community**
- ◆ **Captures perspectives of both clients and non-clients**
- ◆ **Empowers community through ownership and accountability of QI process**
- ◆ **Gains commitment for community resources**
- ◆ **Engages clients, non-clients and health service personnel in dialogue and action**



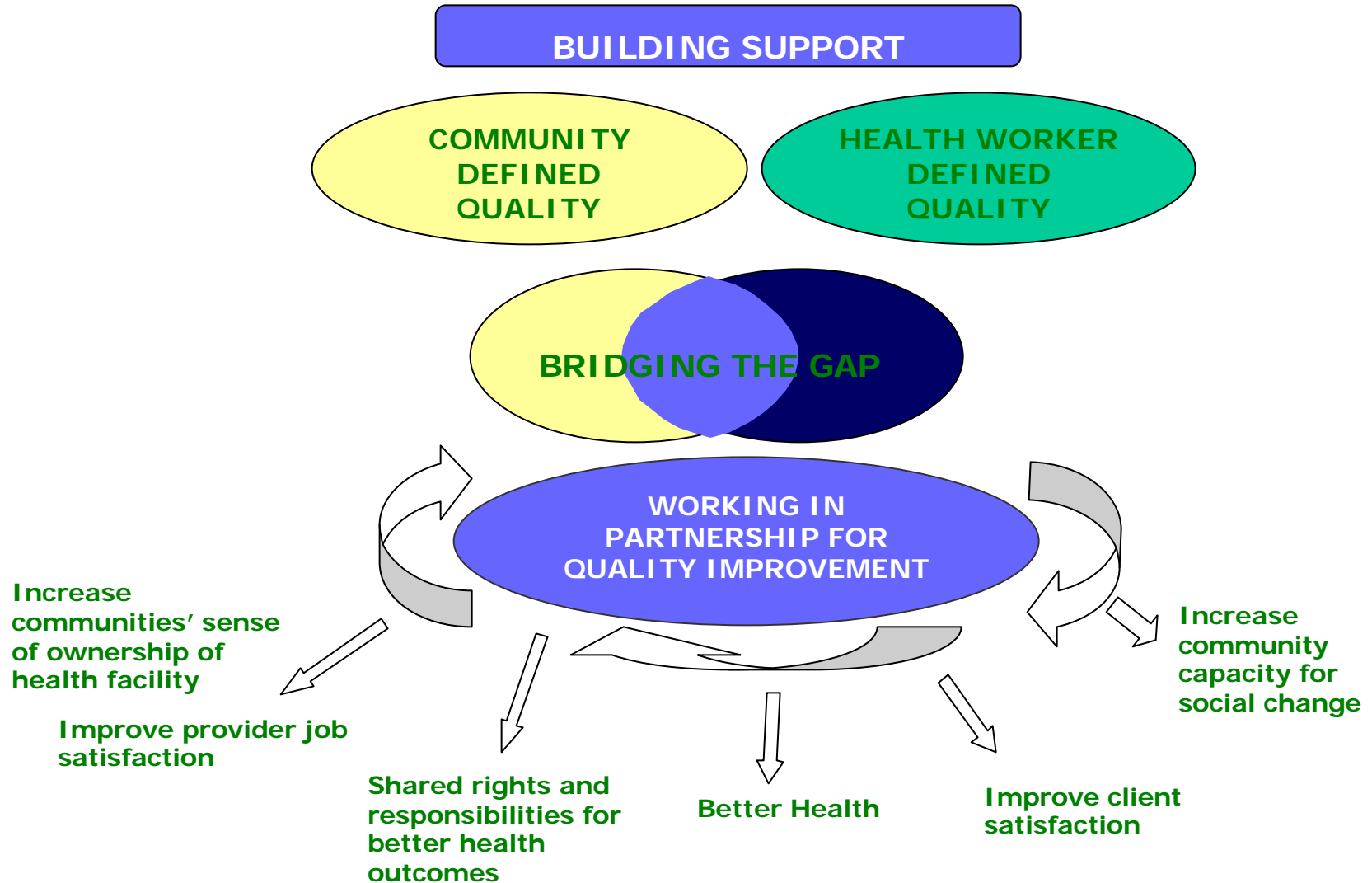
# Value Added of CDQ

## Beyond Quality Improvement...

- ◆ **Helps eliminate social and cultural barriers to better health**
- ◆ **Strengthens community's capacity to improve health**
- ◆ **Creates mechanism for rapid mobilization around health priorities**



# CDQ FRAMEWORK



**Community Defined Quality**

Adapted for USAID MAQ-CDQ Subcommittee  
SAVE



# CDQ in Action

## Examples:

- ◆ PUENTES - Peru
- ◆ SC/US PDQ - Nepal
- ◆ Community Cope - East Africa



# Puentes – Building Bridges for Quality

## Project Objectives

- ◆ Establish a joint venture between communities and health services to bring client and community perspectives into a QI program
- ◆ Increase utilization of public health services
- ◆ Improve interaction and communication between clients and health service providers





# The Problem

- ◆ Relationship between clients and providers major barrier to utilization of RH services
- ◆ Cultural, educational and socio-economic gaps between clients and providers lead to poor communication





# Usual Remedies

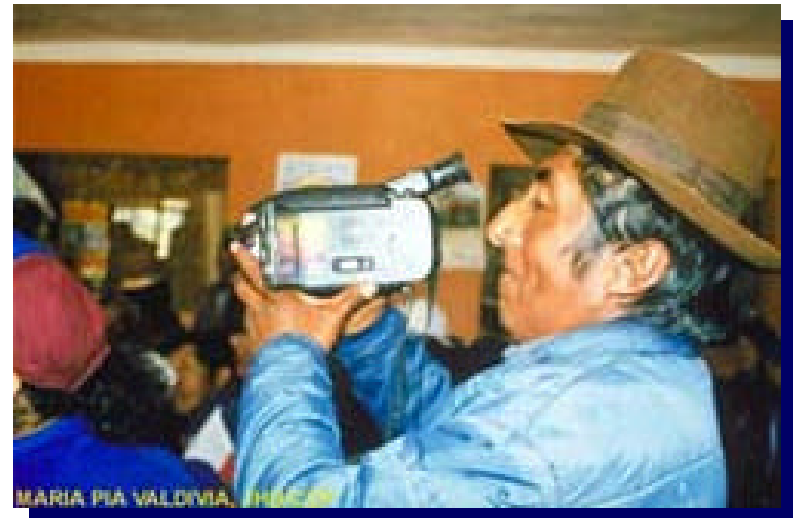


- ◆ Traditionally efforts to improve quality focus on strengthening provider's clinical skills
- ◆ Less focus on interpersonal communication
- ◆ Minimal participation of community in defining and improving quality of care



# Innovating CDQ

- ◆ Videos produced by community members and health center personnel
- ◆ Showed how the two groups define quality of care
- ◆ Used interviews, group discussions, frank testimonials & socio-dramas
- ◆ Shared videos during two day interchange of experiences and views



- ◆ Developed action plans together for improving quality
- ◆ Jointly implemented & evaluated project activities

**Community Defined Quality**



# Preliminary Results

- ◆ **MOH and community members report increasing utilization of health services**
- ◆ **Sites have organized joint committees to coordinate, monitor and document activities**
- ◆ **Communities and service providers meet regularly to review progress on implementing action plans**
- ◆ **Tangible results include: expanded hours of service, additional resources (human and physical) and community participation in improving health centers**



# Save the Children Partnership Defined Quality (PDQ) – Nepal Experience

## Objectives

- ◆ Make services more accessible and friendly to disadvantaged people, ensuring implementation within a cultural context.
- ◆ Create the demand for quality services, while forming a sense of responsibility for, and ownership of, services among community members.
- ◆ Develop advocates for health services among the community that can assist health workers to make changes within the health care system.



# The Problem

- ◆ Despite training and ongoing quality improvement efforts, improvements were not sustained at the local health posts
- ◆ Different health priorities between providers and consumers



# Applying PDQ

- ◆ Exploration of quality definitions through many focus group discussions with different community members and health center workers
- ◆ Bring the groups together to share the view points, establishing priorities, action planning
- ◆ Electing local Quality Improvement Teams(QIT) from members of the community and health workers
- ◆ QIT engage in a continuous quality improvement process:
  - ◆ Determining priority issues
  - ◆ Mobilizing community members and health center staff to resolve the problems
  - ◆ Monitoring progress in improving quality



# Preliminary Results

- ◆ Improved relations between clients and service providers
- ◆ Early data suggest significant increase in use of some services (tetanus toxoid and measles immunization)
- ◆ Innovative tools developed and used to monitor quality (e.g. pictorial exit survey for non-literates)
- ◆ High level of participation by community members, especially women, and health workers
- ◆ Midterm evaluation found 100% use of clean needles and proper handling of dirty needles



# Community COPE<sup>®</sup> in East Africa

## Objective:

- ◆ To build on and strengthen ongoing QI efforts
- ◆ To understand the community's needs and its definition of quality services

## Problem:

- ◆ Only reaching current clients - needed to expand to non-clients and discontinuers



## Intervention Site

- ◆ Mission hospital in East Africa
- ◆ Referral hospital for the district
- ◆ 110-bed capacity
- ◆ 60-70% occupancy
- ◆ Provides a wide range of preventive and curative services in a poor rural area



# Community COPE<sup>®</sup> Process

- ◆ Meetings held between community leaders and hospital staff
- ◆ Interviews, group discussions, and meetings in the community
- ◆ Establishment of a QI Team
- ◆ Analysis of issues raised and development of action plan
- ◆ Follow-up with community participants

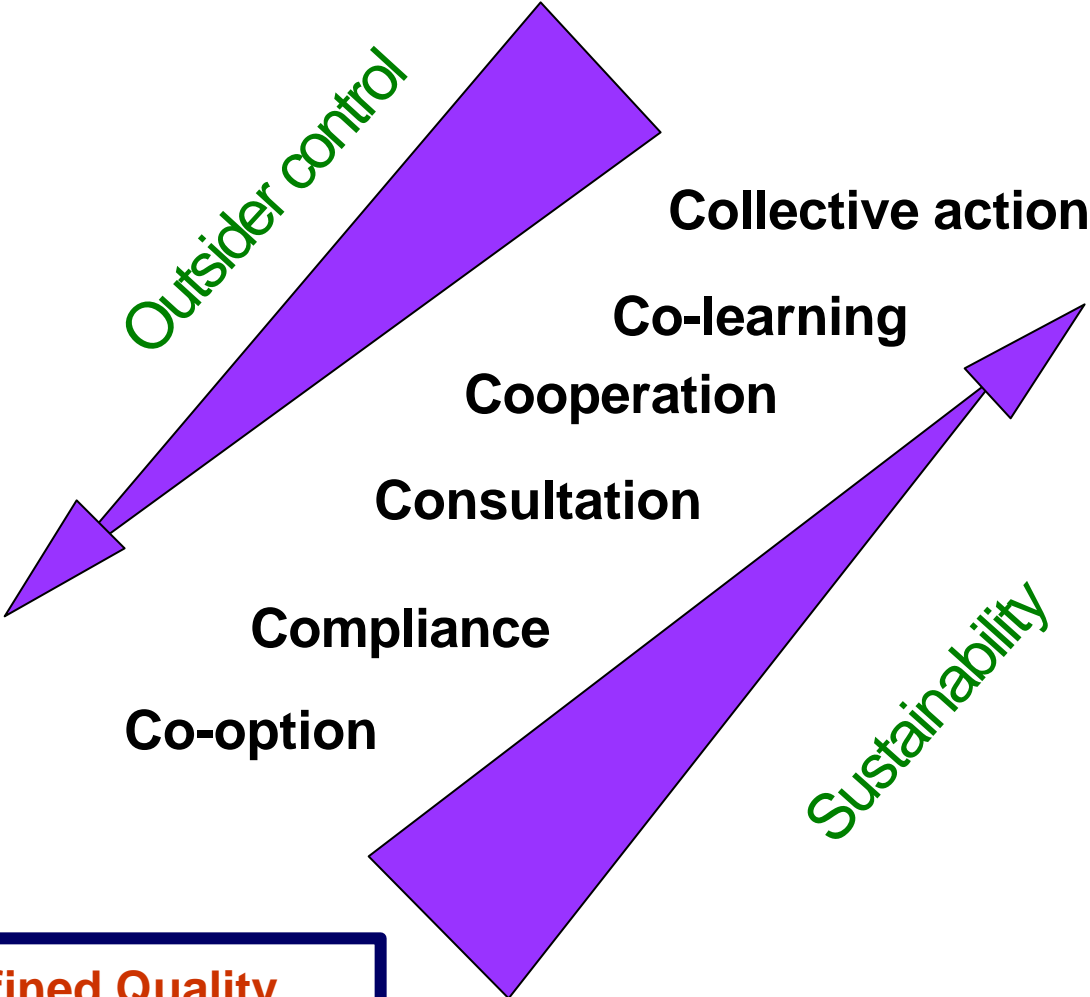


# Solutions/Results

- ◆ Shortened waiting time
- ◆ Increased specialized services
- ◆ Coordinated outreach services
- ◆ Improved staff attentiveness and friendliness
- ◆ Clarified charges
- ◆ Addressed blood shortage
- ◆ Improved cleanliness
- ◆ Cleaned and renovated mortuary
- ◆ Provided curtains for privacy



# CDQ: Continuum of Participation



**Community Defined Quality**



# CDQ: Challenges

- ◆ Time commitment from the participants
- ◆ Maintaining political will to continue CDQ efforts
- ◆ Gaining true community representation and participation at all levels
- ◆ Keeping the process flexible to meet local needs
- ◆ Replication and scaling up



## CDQ: Lessons Learned

- ◆ Does not require huge investment of additional resources when built into existing system improvement efforts
- ◆ CDQ can be a catalyst for other initiatives
- ◆ Problems of technical competence and safety may not be mentioned but enter into the prioritization process through standards and health worker input



## CDQ: Lessons Learned *continued*

- ◆ Dialogue often yields solutions – e.g. allows misconceptions to be clarified
- ◆ Skilled and impartial facilitators are essential
- ◆ Formative research is critical to understanding issues and designing appropriate interventions