



Quality improvement efforts in public health facilities of Bihar

- Some general findings

February 2016



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ABOUT THIS CASE STUDY


This case study has been developed to showcase the outcomes of technical assistance provided to various health facilities identified by the state government to make quality improvements, and help them reach Family Friendly Hospital Initiative (FFHI) and National Quality Assurance Standards certification levels. The case study draws from internal documents and conversations with internal stakeholders. Information from the ground was gathered through a field trip to four health facilities including Pandaul and Rahika in Madhubani district, and Dumraon and Shahpur in Bhojpur district. This included some in-depth personal interviews and group discussions with external stakeholders. These facilities were selected as examples of facilities to get a mix of both 'high' performing and 'low' performing facilities. The health facilities of different standards and certifications were selected in order to draw a comparison and see how certification mechanisms contribute to improving the health systems.

PLEASE NOTE: This case study does not claim to be an evaluation. It only presents information based on observations and unstructured interviews with stakeholders.

SECTOR WIDE APPROACH TO STRENGTHENING HEALTH (SWASTH)

Government of Bihar Initiative Supported by DFID, UK

The SWASTH programme aims to improve the health and nutritional status of people of Bihar by increasing access to better quality health, nutrition, and water and sanitation services, particularly for the underserved groups. The focus of this programme is to strengthen the systems through better planning, organisational strengthening & human resource management, decentralisation and convergence among key departments. The programme also uses community level processes to manage, demand and monitor services.



SUMMARY

Responding to the need for bolstering the state's public health apparatus, the Government of Bihar (GoB) has made a commitment to improving the quality of services being provided at its health facilities. So, Bihar is implementing Quality Management System (QMS), which encourages health facilities to assess user requirements for services, define the processes that can help in achieving the desired level of services, and keep the processes under check for consistency. The state government intends to institutionalise quality improvement in the system by ensuring quality certification under the Family Friendly Hospital Initiative (FFHI), and subsequently under the National Quality Assurance Standards (NQAS).

The Bihar Technical Assistance and Support Team (BTAST), a consortium formed by Care UK, Care India, Options Consultancy Services and IPE Global and supported by the Department for International Development (DFID) has been providing technical assistance to selected health facilities identified by the state government to improve the quality of services.

The study compares the functioning of health facilities that are deemed to be providing services in compliance of NQAS and FFHI standards, as compared to facilities that are yet to improve, to determine any differences in care, patient satisfaction, and service uptake. Field observations and information gathering shows that the efforts were seen in the improved quality of care, patient satisfaction, and service uptake at primary health centre (PHC), Pandaul and sub-divisional hospital (SDH), Dumraon. These two facilities were seen to be providing better services. By comparison, high quality of services are still wanting in PHC, Rahika and referral hospital (RH), Shahpur, which are still making efforts to reach such standards.

This documentation also highlights the inputs BTAST provided in creating an enabling environment for quality improvement and supporting health facilities in adhering to the checklists required for NQAS and FFHI certification. BTAST lent its support through regular monitoring visits, handholding, and regular advocacy with officials. On the ground, the BTAST Quality Assurance Consultants helped PHC, Pandaul identify gaps and provided suggestions based on which appropriate corrective actions could be taken. Rogi Kalyan Samiti (RKS) too was seen to be playing a crucial role in strengthening the facilities by generating resources at the local level.

Sustaining the acquired quality standards is a key concern. Information from the Sub Divisional Hospital at Dumraon, which had earlier reached FFHI gold standard level, shows how poor quality can seep into a hospital system after a period of time and adversely affect service delivery and footfall of visitors. Manpower shortage, especially of nursing staff and specialists; lack of training; persistent infrastructural issues; and shortage of emergency medicines and instruments and labour room essentials are some of the key gaps that can derail the quality improvement process. Any sustainable solution for ensuring continued delivery of quality care will need to not only address these long-standing issues, but also adequately respond to the critical need for regular monitoring and corrective action and securing the buy-in and motivation of healthcare staff.

BACKGROUND

In the last few years, Bihar has shown improvement on some important family health indicators, driven by cumulative efforts of the national and the state government to strengthen the state public health system's quality. The latest data released by the fourth National Family Health Survey (NFHS-4), 2015–2016, shows that the share of women availing institutional births and receiving pre- and postnatal care has gone up substantially in the state. The fertility rate in Bihar has also come down from 4 children per woman in NHFS-3 to 3.4 in NHFS-4. However, Bihar still finds itself encumbered by daunting public health challenges on multiple fronts. The state continues to struggle on the nutritional status of children, with a huge share of underweight and stunted children. Further, over two-thirds of the children are anaemic.

Commitment to Improved Quality

The State Health Society, Bihar (SHSB) has been leading on second generation reform initiatives in the state in alignment with the Government of India (GoI) priorities and policies. In the past, focus was mostly on tertiary services. However, in recent years, there has been a shift towards improving quality of care in



Friendly behaviour of nursing staff at the model health facilities in Bihar encourages women to ask questions regarding safe motherhood and child care.

relation to maternal and newborn child health and primary health. This commitment towards provision of quality health services to women and children is in line with the Government of India's reproductive, maternal, newborn, child, and adolescent health (RMNCH+A) strategy.

Table 1: Bihar's improved performance on some important family health indicators

Indicators	NFHS-4 (2015–2016)			NFHS-3 (2005–2006)
	Urban	Rural	Total	Total
Maternity care (for last birth in the 5 years before the survey)				
Mothers who had antenatal check-up in the first trimester (%)	50.4	32.7	34.6	18.7
Mothers who had at least 4 antenatal care visits (%)	26.3	13.0	14.4	11.2
Mothers whose last birth was protected against neonatal tetanus (%)	93.1	89.2	89.6	73.2
Mothers who had full antenatal care (%)	6.6	3.0	3.3	4.2
Registered pregnancies for which the mother received Mother and Child Protection (MCP) card (%)	76.2	80.3	79.9	na
Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	52.6	41.1	42.3	13.4

QUALITY ASSURANCE STANDARDS

The Indian Public Health Standards (IPHS) were published in 2007 to guide the delivery of effective healthcare in the country by elaborately stating the norms for health facilities at different levels of the public health system. IPHS have been used as the reference point for public healthcare infrastructure planning and up-gradation. However, since the focus is on developing infrastructure and deploying the recommended human resources, the national programme's need for ensuring the quality of services, particularly the user's perspective, is often overlooked.

Acknowledging the need for ensuring sustained and sustainable quality at health facilities, the Ministry of Health and Family Welfare (MoHFW) has launched operational guidelines for quality assurance in public health facilities. The National Quality Assurance Standards (NQAS) envisage sustained improvement in service quality, with focus on implementation of evidence-based protocols to improve the quality of patient care and safety. The focus is not only on delivery of quality services but also on being perceived so by the users. The guidelines define the relevant quality standards, with a robust system for measuring these standards and institutional framework for implementation.

NQAS is conceptualised as a quality initiative that would utilise the internal strength and resources of the facility to carry out the various processes involved. The entire system would be participatory in nature wherein all hospital staff would share responsibility for improving the facility. It is envisioned that the momentum generated through the process would encourage facilities to strive for better quality and ultimately ask for accreditation.

Improved service quality is a crucial focus area for GoB. The state has been working with Sector Wide Approach to Strengthening Health (SWASTH) - a programme supported by the Department of International Development (DFID-UK) - to build quality at various health institutions by identifying and addressing gaps. The state government intends to institutionalise continuous quality improvements through a quality certification mechanism.

This was previously done through the Family Friendly Hospital Initiative (FFHI) till 2014, and subsequently under the National Quality Assurance Standards (NQAS). In fact, Bihar is a pioneer in quality assurance, becoming the first state in the country to start the quality assurance process through the FFHI standards initiative in 2011-12. NQAS was launched in 2013 at the national level, and GoB started implementing the NQAS initiative in November 2014.

QUALITY ASSURANCE AND THE ROLE OF BTAST

The advent of the second generation reforms has seen significant investment in public sector health systems and infrastructure, especially in relation to

quality improvement. In 2011-12, the SHSB adopted FFHI, which is a check list-based quality assurance certification programme. FFHI, which was developed to suit conditions in the state, provided the framework to carry out improvements in health facilities, mainly primary health centres and district and referral hospitals. To guide implementation of FFHI, the GoB asked its development partners to provide technical support to hospital administrators and service providers.

The Bihar Technical Assistance and Support Team (BTAST), a consortium formed by Care UK, Care India, Options Consultancy Services and IPE Global, and supported by the Department for International Development (DFID-UK) has been providing technical assistance to selected health facilities identified by the state government to improve the quality of services. BTAST was allocated a bulk of the districts - 25 out of 38 districts.

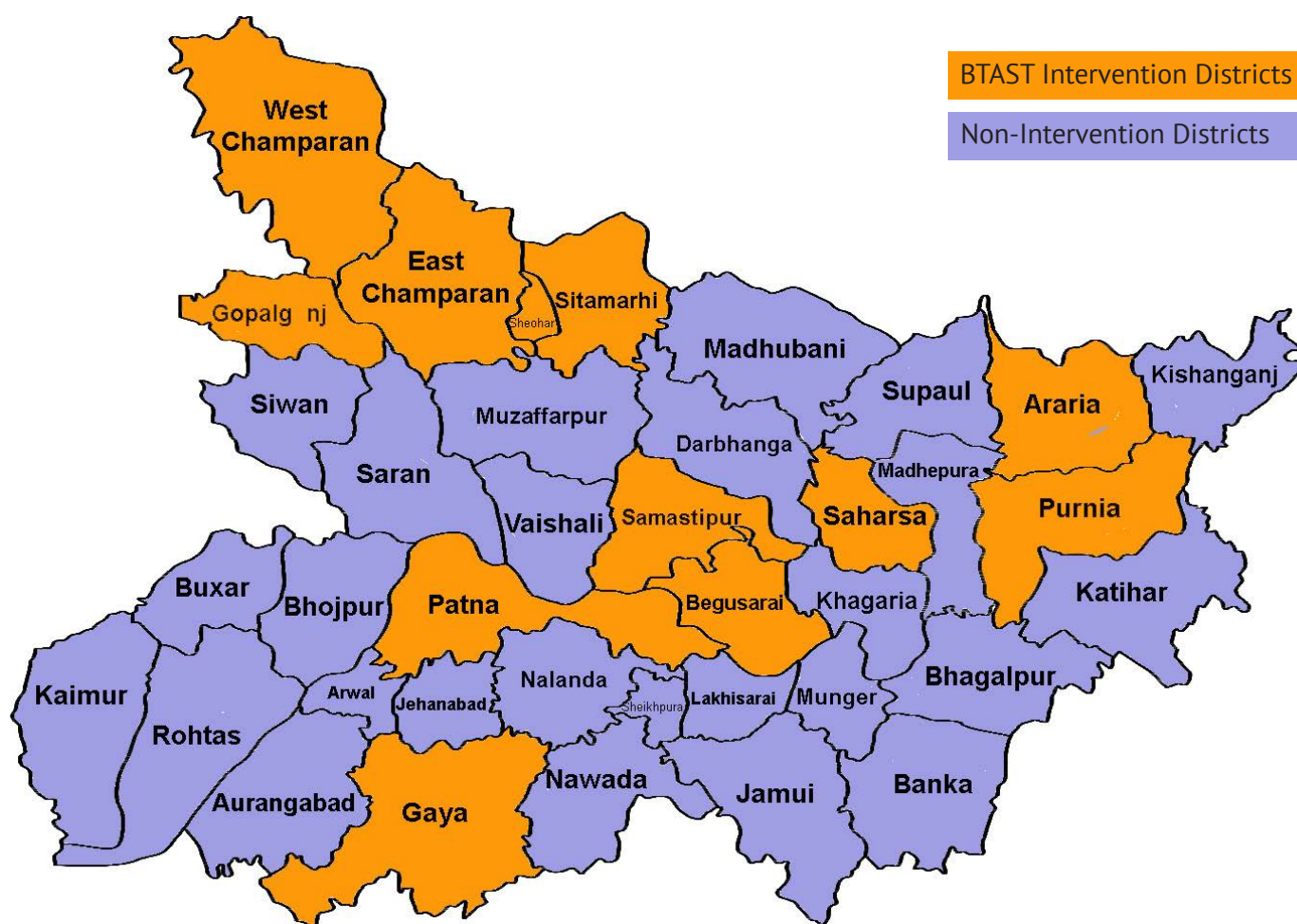
However, in March 2014, GoI rolled out protocols and guidelines for NQAS with the intention of standardising quality assurance in the public sector health system in the country. As part of the quality assurance process, quality assurance committees or quality teams have been instituted at state level,

district level, and at each facility level. The process entails a two-pronged approach: a) strengthening of systems and processes and b) ensuring IPHS standards. This approach is integrated into the public health system's natural functioning, in conformity with the quality assurance cells at state, district, and regional level. State government departments were encouraged to include NQAS related quality assurance activities in annual Programme Implementation Plans (PIPs). The Government of Bihar has been an early adopter of NQAS, having stepped up its quality assurance objectives from FFHI to NQAS certification for which SHSB developed a quality assurance road map with support from BTAST.

Bihar initiated some innovations in the NQAS implementation process to meet local needs, while keeping the overall process in line with central government guidelines. For example, while the central guidelines do not have any provision for regional quality assurance committees, the state

health department has constituted regional quality assurance committees in nine regions following approval from the central government. The main rationale behind the constitution of regional committees is the ease of monitoring through regional channels. This provision, it is hoped, would enable the process to be better managed and the regional stakeholders to be more responsible.

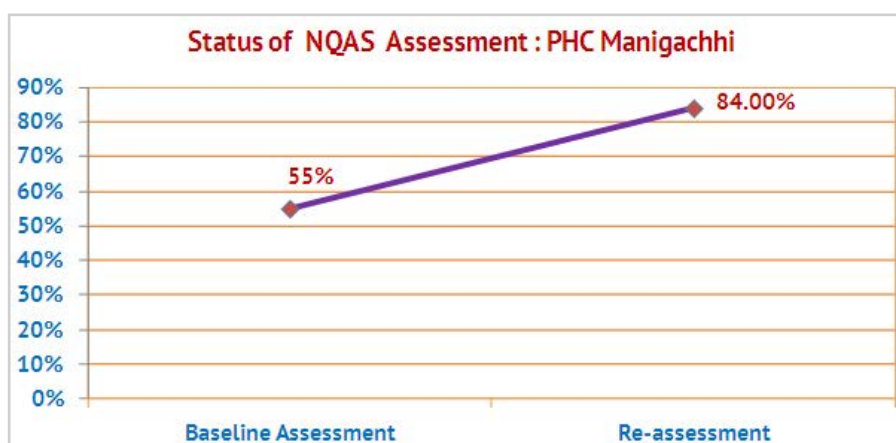
BTAST has been helping SHSB at the field level as well as at the strategic level. It has been helping with building quality assurance teams at different levels, handholding quality assurance committee members at the facility level in understanding their roles and responsibilities in the quality assurance process, as well as creating a roadmap for NQAS and FFHI compliance. The Quality Assurance Roadmap, for 2014-16, has three focus areas: strengthening quality assurance mechanisms and structures across levels; upgrading facilities to fulfil quality related criteria as per the NQAS framework and certification;



and training and capacity building of service providers.

Whereas most states are strengthening facilities on their own, Bihar has employed Quality Consultants through BTAST at the facility and district level. BTAST's technical experts supported SHSB at the state level. Some of the specific components of work have included:

- Developing concept notes, road maps and work plans; drafting ToR, protocols and guidelines for quality improvement; carrying out assessments and studies on quality related issues; providing trainers for thematic workshops; supporting recruitment for quality assurance units; and, creating a pool of experts on quality assurance.
- Addressing gaps in service provision that had been identified through assessments and verifications by supporting facility managers and district level managers to strengthen the infrastructure in labour rooms at various facilities (designated as 'Delivery points')
- Helping selected facilities to improve the quality of care as per NQAS standards
- Assisting service providers in the use of supportive supervision checklists and client survey checklists; and mentored district officials in monitoring and supportive supervision processes
- Strengthening DQACs and RQACs to ensure regular meetings and members fulfil their responsibilities
- Supporting district authorities in the preparation of District Health Action Plans and allocation of resources
- Supporting facility managers to systematically collect and analyse Key Performance Indicators (KPI) related data and develop quarterly KPI dashboards
- Providing technical assistance to three government medical college hospitals on implementation of NQAS in their MCH units



EMERGING LESSONS

This document examines differences in the functioning of the health facilities that were visited with regard to their FFHI and NQAS quality standards. The two primary health centres (PHCs)-Pandaul and Rahika-from Madhubani district; and two facilities-sub-divisional hospital (SDH) in Dumraon block from Buxar district and referral hospital (RH) in Shahpur -in Bhojpur district were selected to understand the differences in services. The narrative based on the information collected on the four facilities is given below:

PHC, Pandaul, Madhubani district

PHC, Pandaul caters to a population of 2,86,534. The facility's monthly average delivery load is 212, outpatient (OPD) caseload is 4,400 patients, and inpatient (IPD) number is 425 patients. PHC, Pandaul, which had a score of 55 percent in the baseline assessment for NQAS, was ready for certification with a score of 84.55 percent. Though the District Quality Assurance Committee (DQAC) has recommended the facility for certification, yet some of the identified gaps still remain to be filled, largely due to paucity of funds. The graph indicates the ascending scores at PHC Pandaul. Support of BTAST Quality Assurance consultants has been important for PHC, Pandaul to progress on the quality front. Equipped with the NHSRC checklist, the BTAST consultants regularly assisted PHC authorities in identifying gaps and provided suggestions based on which appropriate corrective actions could be taken. Improvements also materialised through the Rogi Kalyan Samiti (RKS), which plays an important role in securing various provisions, including procurement of emergency

Table 2: Service uptake at PHC, Pandaul

Service	Jan–Nov 2014	Jan–Nov 2015
OPD	41,580	45,569
IPD	4,056	5,477
Minor operation	2,355	2,767
Major operation (FP)	893	941
Institutional delivery	1,944	2,704
Still birth	29	22
ANC registration	1894	1901
3 ANC check-ups	696	1,155
Full immunisation	520	558
Partograph	0%	70% (almost)
IUCD	356	412

The hospital provides 14 tests free of cost. An emergency unit has been developed with adequate supply of medicines and emergency equipment. The health facility has also evolved an effective feedback mechanism for strengthening delivery room facilities.

The NQAS checklist has also helped the facility in guiding the staff on proper storage of medicines. For example, oxytocin, an essential drug for the labour room, should be stored in the refrigerator.

Improved facilities and services seem to be attracting many more people to avail services at PHC, Pandaul. The increase in OPD and IPD figures at PHC, Pandaul (See Table 2) is a testimony to the fact that consistent improvement in services not only improves patient satisfaction but also builds their confidence. The OPD patient turnover at PHC, Pandaul as reported shows a gradual increase over the years.

Table 3: Service uptake at SDH, Dumraon

Service	Apr 2012-Mar 2013	Apr 2013-Mar 2014	Apr 2014-Mar 2015*	Apr 2015-Nov 2016*
OPD	1,01,903	1,05,867	61,885	43,008
IPD	11,581	18,529	17,498	8,105
Minor operation	1,219	8,123	4,848	571
Major operation (FP)	509	1,467	1,024	350
Institutional delivery	3,756	3,973	4,058	2,565
Still birth	70	81	77	41
ANC registration	514	70	75	74
Total ANC	945	706	534	455
Full immunisation				
Partograph				
C-section	1	61	30	18
IUCD	0	134	53	63

*The figures for subsequent years clearly show how the PHC, Pandaul facility could not maintain the desired quality after having attained the gold standard under FFHI, the results of which are evident in the hospital's records for the subsequent years.

Radha Devi, 26-years-old and a mother of two, says that availability of medicines, proper cleanliness, and the good behaviour of ANMs are the positive factors at the health facility.

medicines, payment to contractual staff, and improvement in miscellaneous utilities. Supportive supervision by SHSB also helped the facility identify gaps and procure special funds to strengthen the labour room. These actions, a few of the many, have helped PHC, Pandaul improve patient experience and welfare and increased the uptake of services despite the presence of many private players.

In compliance with NQAS standards, PHC, Pandaul has successfully put in place amenities in the labour room, OPD registration and OPD medicine counters, and sitting arrangements/shade for patients. It has ensured that female patients have full privacy even during OPD. IPD has also improved and is furnished with more blankets, mattresses and fans. PHC, Pandaul has established a new-born care corner (NBCC) and strengthened family planning counselling facility. Additionally, a new maternity wing has been created with improved medical and pathology facilities. Diagnostic facilities have also been strengthened.

As part of the assessment, several beneficiaries visiting PHC, Pandaul were interviewed about the diverse services available at the facility.

BENEFICIARY RESPONSE

At a glance: Improvement at PHC, Pandaul

BTAST provided regular handholding support to PHC, Pandaul, resulting in the following outputs at the hospital level:

- Formation of Quality Improvement Team (QIT) at the facility level
- Improved understanding of all concerned employees on the quality management system
- Successful completion of baseline assessment on NQAS checklist
- Renovation and upgrade of the labour room according to Maternal and Newborn Health (MNH) toolkit
- Renovation and upgrade of the operation theatre according to MNH toolkit
- Availability of delivery table, six kinds of trays, elbow tap, etc, in the labour room
- Availability of pre-delivery and post-delivery facility
- Orientation of auxiliary nurse midwives (ANMs) on partograph, radiant warmer, and phototherapy machine
- Enhancement of ANMs' skills on the use of partograph, radiant warmer, etc.
- Maintenance of partograph in the labour room and monitoring the progress of labour
- Enhanced understanding of data recording and reporting and timely reporting
- List of available drugs are displayed at the hospital
- Availability of all protocols in the labour room
- Management of Active Management of the Third Stage of Labour (AMTSL) with the use of oxytocin
- Availability of drugs and consumables
- Availability of Standard Operating Procedures (SoPs) and Standardized Treatment Guideline (STGs) and understanding of the concerned person
- Availability of shed and chairs in the waiting area for use by patients and attendants
- Availability of booklets/ leaflets/ brochures in the waiting area for health education and information on different programs and schemes

- Empathetic and courteous behaviour of staff toward patients and attendants
- Recording of patient history, complaints, and examination diagnosis/ provisional diagnosis in the OPD slip
- Implementation of a system for sorting patients in cases of mass casualty; referral of all unstable patients (as decided by the doctor)
- Patient referral with a referral slip
- Availability of alcohol-based hand-rub; adequate contact time for decontamination
- Identification and recording of dangers signs for cases like breathlessness, acute abdomen/chest pain, etc.
- Use of BHT in the facility and discharge summary being provided
- Availability of emergency lab services for selected tests of haematology, biochemistry, and serology
- Availability of standard formats/ instructions for collection and handling of primary sample; communication of these to the persons responsible for collection; system in place for labelling of the primary sample
- Display of hand washing instructions at point of use; hand washing sink wide and deep enough to prevent splashing and retention of water; display of the six steps of hand hygiene
- Display of entitlements under JSSK and JSY
- Display of different entitlements and schemes at prominent places for the benefit of beneficiaries
- Reporting on key performance indicators on a regular basis
- RKS members oriented on NQAS
- Dietary services ensured at the hospital
- Garden in the hospital premises

Efforts of RKS have also helped PHC, Pandaul successfully upgrade its facilities:

- Installation of air-conditioners in the labour room as well as the NBCC
- Using wasted space in the hospital premises for providing better facilities
- Putting waiting chairs at the health facility



Jai Kishan Mahto, medical officer in-charge (MO-IC), PHC, Pandaul, appreciates BTAST's role in identifying gaps. BTAST has been instrumental in answering questions like 'what' and 'how'.

Doctors and ANMs are perceived as being responsive to the needs of visiting patients and careful during their stay at the hospital. Following their orientation at Quality Improvement Team (QIT) meetings, the staff nurses are proactively counselling women on family planning services. Friendly behaviour of the hospital staff and improved services are also being appreciated not only by patients but also by field level workers like Accredited Social Health Activists (ASHAs), who play an important role in bringing pregnant women to health facilities.

Provider response

The hospital management at PHC, Pandaul feels that fixing staff responsibility and motivating service providers has been a major achievement. The supportive role BTAST played through its Quality Assurance Consultants nudged the facility staff to participate in and incorporate the positive changes. Based on gap analysis, the hospital management made arrangements for, among other things, counselling mothers inside the delivery room. Provision was also made for separation of labour room from outside so as to ensure greater privacy for women. Procurement was also made for a delivery table to replace the existing one that was infected with blood and worms.

However, despite significant improvements in both infrastructure and services, quality care is hindered by certain constraints like lack of drugs and necessary items like gloves and syringes in the delivery room. These shortages linger as a constant challenge before the facility striving to keep up high NQAS scores.”

Doctors at PHC, Pandaul also expressed the need for strengthening the investigation side with proper training of paramedical staff in delivering services. Handholding by BTAST in compliance with NQAS norms has helped develop some skills in the nursing staff. The hospital authorities acknowledge the crucial support BTAST has lent in improving their health facility.

SDH, Dumraon, Buxar district

The SDH in Dumraon block, Buxar district, has recorded positive developments following the launch of the FFHI quality assurance programme in 2011. The health facility had a score of 98 percent at the time of reaching the gold certificate level under FFHI. The efforts towards compliance of FFHI standards helped SDH, Dumraon register more institutional deliveries (See Table 3), up from 3,756 institutional deliveries in 2012–2013 to 3,973 in 2013–2014.

Similarly, the facility's OPD headcount rose from 1,01,903 in 2012–2013 to 1,05,867 in 2013–2014. Successful integration of the family planning and maternal and child health programmes and the quality assurance efforts through FFHI helped the facility register 134 intrauterine contraceptive device (IUCD) insertions in 2013–2014, compared to none in the previous years.



A well equipped maternity ward has resulted in more women availing the IPD facility at the SDH in Dumraon block of Buxar district.

The improvements brought in as a consequence of the efforts toward FFHI certification included fully-equipped labour room, with essentials like forceps obstetrics, anterior vaginal wall retractor, foetal toco cardiograph, radiant warmer, vacuum extractor, foetal Doppler, nebuliser, and Intrauterine Contraceptive Device (IUCD) removing hook. Realising the importance of cleanliness in hospital premises, arrangements were made for cleaning in three shifts. Funds from RKS helped in providing pictorial representation of the various utilities available at the hospital. The quality assurance process also involved meticulous data collection and analysis to help the hospital management plan for adequate deployment of HR and strengthen the existing facilities. The patients visiting SDH, Dumraon counted the hospital infrastructure, labour room standards, and the behaviour of hospital staff among the main positive factors. Patients reported that they were happy with the behaviour of nurses and the round-the-clock availability of doctors.

However, the compliance towards FFHI standards, achieved about two years back, appears to have diluted overtime as is evident from the scarcity of necessary items like partograph and gloves in the labour room. The quality improvement process is hampered by a number of limitations, including shortage of supplies and lack of A-grade nurses. The burden of too many deliveries on a limited number of nurses adversely impacts service delivery in the labour room. Lack of residential facilities is also a stumbling block as it makes it difficult for the medical staff living far



Anjani Kumar Sharma, Quality Assurance Consultant, Buxar, stresses that the quality of the public health facility can only be sustained through regular monitoring and addressing gaps.

away to provide emergency services at odd hours. Scarcity of HR and essential supplies, coupled with other bottlenecks, seem to make sustainability of the quality assurance standards difficult.

PHC, Rahika, Madhubani district

PHC, Rahika, also in Madhubani district, has struggled with quality improvements. It did not receive any BTAST technical inputs or handholding at the facility level for NQAS. Lack of strategic planning shows several areas unattended at various levels, including in infrastructure, equipment availability, and HR management. The quality of services in the labour room in general needs improvement, and the staff also needs to be better sensitised to the importance of best practices for safe delivery like filling the partograph. The labour room is struggling with lack of essentials like air-conditioner and provision for addressing the erratic power supply. Moreover, nurses to pregnant women load ratio needs to improve.

Improved ownership in the hospital staff, including paramedics, can help respond to patient needs which at the moment are inadequately addressed. Nurses' awareness about anaemic mothers and low-weight babies was seen to be low. The nursing staff has been long overdue for a refresher training, and doctors report that work overloads are responsible for them not being able to conduct routine meetings for quality assurance at the facility. Apart from the members of the QIT, many hospital staff members, including seasoned doctors, nurses, and chemists, have not heard of NQAS, revealing how ensuring quality is nobody's priority.



Brij Kumar Singh, Civil Surgeon, Buxar, says that all certified institutions may not remain up to mark. In 2012 Dumraon, a gold certified FFHI facility was very good but it could not sustain that quality.



Dayanidhi, District Programme Manager, National Health Mission, Madhubani, sees lack of human resources as a big challenge, especially the lack of specialists like gynaecologists and anaesthetists.

RH, Shahpur, Bhojpur district

The referral hospital (RH) in Shahpur, Bhojpur district, is also an example of a facility struggling due to lack of a concerted focus on quality assurance. The facility's efforts toward quality assurance under FFHI appear to have addressed only a few of the numerous gaps. Although the nurses at RH, Shahpur were trained through FFHI and improvements ensured on many fronts, including strengthening of labour rooms with various equipment and sterilisation facilities, a lot is left to be achieved and improved in terms of hospital infrastructure. Labour room essentials like the suction machine (neonatal) and oxygen concentrators need upgradation and partographs stocks need to be filled. Other upgradations needed include improved lighting and handwashing facilities in the labour room.



A dilapidated building housing a maternity ward and a dimly lit-corridor speaks volumes about the sorry state of affairs at the referral hospital (RH) in Shahpur.

Doctors at the facility also feel that a number of nurses would benefit from training on how to handle emergencies in the labour room. Physical infrastructure such as beds in the maternity ward, as well as well-stocked essential drugs such as oxytocin and misoprostol, can make maternity services safer. Although many of the staff, including senior nurses and doctors were conscious of the need for quality improvements, they felt they were too constrained to make any improvements.

CONCLUSION

Generic comparison of the functioning of health facilities leads us to believe that there are significant positive outcomes of quality improvement efforts of the government. As the experience at PHC, Pandaul and SDH, Dumraon has shown, strong quality assurance efforts by the quality assurance committees improve care, particularly for maternal and newborn care, and have a positive bearing on patient satisfaction and service uptake.

Technical assistance provided by BTAST is reported to have created an enabling environment for quality improvement, with supporting health facilities adhering to the checklists required for NQAS and FFHI certification. Although their service quality and uptake may have improved, SDH, Dumraon also shows that ensuring sustainability of quality is a challenge. SDH, Dumraon, which had earlier reached FFHI gold standard level, shows how poor quality can seep into a hospital system after a period of time and adversely affect service delivery and footfall of visitors. Continuous support from the government would be crucial to the sustainability of large initiatives like FFHI and NQAS.

Apart from the crucial issue of sustainability, other barriers to quality of care became apparent. Manpower shortage, especially of nursing staff and specialists; lack of training; persistent infrastructural issues; and shortage of emergency medicines and instruments and labour room essentials are the key gaps in some of the facilities. Along with addressing these long-standing issues, any sustainable solution for ensuring continued delivery of quality care must also address the critical need for regular monitoring and corrective action and securing the buy-in and motivation of healthcare staff.

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