# Barriers and Facilitators in implementation of National Quality Assurance Standards in Urban Primary Health Centers of Ambala Division, Haryana


**Presented by :**
**Shivani Bhandari (Roll No. 669; MBA HM-22 )**

**Guided by:**
**Dr. Mohan Lal Bairwa**


## Objective

1. To assess the barriers and facilitators in implementation of National Quality Assurance Standard guidelines in Urban Primary Health Centres.
2. To learn various strategies that would ensure sustainability of quality practices after implementation.

## Methodology

**Study Setting:** In Ambala division, three districts (Ambala, Kurukshetra, and Panchkula) were selected. UPHCs taken up by the state for NQAS certification in the selected districts were included in the study.

**Study Design:** Exploratory study using qualitative approach.

**Study Participants:**

1. State Urban Health consultant
2. District Urban Nodal Officer
3. District Urban Health Consultant
4. District Quality Consultant
5. MO I/C at the facility level

**Study Sample:** 14 concerned officials/implementers

**Inclusion Criteria:** Persons holding responsibility or working at the selected UPHCs for NQAS implementation were taken as sample.

**Exclusion Criteria:** Participants who did not consent, were excluded.

**Data Collection Method:**

Telephonically appointments were scheduled for the interview. In-depth face-to-face interviews were carried out using an interview guide. Audio taping was done during the interview which was later fully transcribed in Microsoft Office Word. Each interview lasted for 30 min on an average (20 min to 1 hour)

**Analysis plan:** For analysis, the transcriptions were used. Analysis was done using thematic content analysis. Firstly, primary content analysis was done by reading the transcriptions of the interviews with progressive development of themes, subthemes and codes accordingly.

**Results:** The results were divided into **three categories** keeping in mind the objectives of the study. For each category , themes were identified. The themes (**Blue color**) were further divided into subthemes ( **Pink color**).
The identified barriers and facilitators are highlighted in **Red** and **Green** respectively.

## General barriers to and facilitators for implementing Quality Standards

### Theme 1: Need for Quality Assurance

**Visualization**

- Error prone public health facilities with compromised quality care.
- In urban areas there is always a comparison with the private setups.

**Privacy**.

- Hard to deliver services keeping the privacy of the patients intact.
- Hesitant patient behavior.

### Theme 2: Insights on Quality Assurance

**Benefits /Advantages in practice**

- Contributes to streamlining of the processes.
- Beneficial for both public and staff.

**Attractiveness**

- Complicit checklists for easy adoption.
- Difficulty faced by staff to fit into their routine work as it is time consuming.

**Record Keeping**

- Although, the importance and benefit of maintaining documents was understood but still record keeping was felt as a burden.

### Theme 3: Work environment

**Work Culture**

- Staff, particularly older ones, is likely to resist change because, they have been in a practice of doing things in their own way.

**Team Work**

- Effective teamwork at all the levels.

### Theme 4: Change champions

**Leadership**

- Leader`s ability to communicate and his commitment towards the initiative is an essential first step toward establishing quality.
- Lack of commitment in leadership at the district level.

**Innovation**

- Extensive brainstorming to find out solution to the points which otherwise seemed to be unachievable.

**Staff Engagement**

- Overburdened staff, language issues-not in local language.
- Staff centrality and staff involvement in decision making.

**Responsibility**

- Sharing ideas and responsibility.

**Availability**

- Non-availability of Medical Officers who are involved in attending meetings and trainings.

**Coordination**

- Good coordination between Medical officer and his staff.

### Theme 5: Organizational context

**Resources**

- Staff attrition (especially Medical Officer), contractual staff and deputation .
- Challenge to work in irregular supply of essential commodities and medicines.

**Structure and Facilities**

- Changes could not be made without the involvement of the landlord.
- Availability of limited routine investigations.

## Barriers to and facilitators for using various implementation strategies

### Theme 1: Implementation strategy

**Motivation**

- Motivating change through incentives, felicitation programs, positive reinforcement, and staff recognition.

**Trainings**

- Focus on making quality a routine activity through live demonstrations and role play.
- Varying attendance rates at the trainings.

**Task Allotment**

- To make decisions on work distribution was found to be tough.
- Staff tends to lose focus on quality due to other programs running simultaneously.

**Timing**

- Lack of working according to timeline.
- Staff was highly motivated to do overtime

**Funding**

- Monetary support from Urban Local Bodies and Haryana State Health Resource Centre.
- Majority felt budget constraint, delay in release of funds as the major barriers while few saw no problem with funds.

## Strategies for sustainability of change

### Theme 1: Sustainability of Quality

**Ownership**

- Ownership comes with understanding the responsibility and seeing the program throughout from inception to implementation.

**Strategic Planning**

- By means of reassessments (internal as well as external), constant hammering, retraining, reorientation, continuous skill development, performance-based incentives and capacity building would help seek sustainability even after certification is achieved.

> "For people who reside in the urban areas, there will always exist a comparison with the private healthcare setup. In the private healthcare setup as the OPD load is less, so they can provide better quality of services. Once they are comparing these 2 setups, we must be in the same race, so quality is very important. "

> "Sharing of work load was the only way we achieved our desired objective. Understanding responsibility in HR shortages may help to avoid such situations. In some cases, we didn't even follow our work hierarchy. We divided the tasks on a similar basis and started working on it. "

> "Until they own the project, it won`t be sustainable. If they have simply prepared documents and records to clear nationals, the program will not sustain. But if they have grasped and taken the ownership it will sustain. "

> "One activity that we planned was appreciation of the staff. We had star performer of the month who would be appreciated from any doctor or any senior. That played a very good role. In other districts too, MO I/C liked the idea. Word of appreciation in front of other counterparts, even if you don't give a certificate, one handshake or say something about him, that thing

> "Suppose I go to the Laboratory Technician and ask him to dispense LASA and choose a dispensing method so that chances of error get reduced. They say that we don't make mistakes. We already know the medicine as we have been working on these things for last 20 years. So, this kind of attitude is there, they are not ready to change sometimes. "

> "Sometimes we say, "Lead with Example". If the leader is committed to work, the subordinates get motivated. Till the leader is not setting any example, the staff remains reluctant towards their part. But when the in- charge supports his/her subordinates, they reciprocate. So, leadership is important to achieve any target. "

> "When the assessor would ask, things should not be haphazard. Quality is also the reproducibility of the things in the earliest possible time. So, we did the file indexing. Assessors appreciated that, the moment he says the name of the report it was in front of us. "

> "The biggest issue was the language problem, as it is not in Hindi. ANM, Laboratory Technician has their basic education in Hindi. Each word was translated and discussed with them, asked to speak in their own language. When they understood this, they knew what is being expected out of them. So, from this they picked, internalized it and started working. "

## Conclusion

The present study concluded that strong leadership commitment, active staff involvement , and sharing responsibility were the important facilitators for the implementation of Quality Standards in Urban Primary Health Centres.
Lack of proper infrastructure, shortage of staff, budget constraint and non-availability of medical officer due to meetings and training were the top barriers pointed out in the study. However , considering the qualitative nature of the study , the findings should be generalized cautiously.


## Acknowledgement

I would like to acknowledge and thank all the senior management staff of NHM Haryana who provided me this opportunity and constant support during the study. Special thanks to my mentor, Dr. Mohan Lal Bairwa for his guidance and useful suggestions at every step. I would also like to thank all the participants of the study.