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District managers and facility staff find ways to improve quality of care in Kalahandi, Odisha

Madhavi Misra and Sudha Ramani

Bottom-up decision making requires free space to think and prioritize. To facilitate this, a workshop was conducted using the human-centered design approach with district level managers and health facility staff responsible for improving the quality of care in public health facilities in Kalahandi, Odisha. Human-centered design approaches are increasingly being used in health research settings globally, but practical experiences of using such tools have been less documented. In this practice note, we outline the steps followed in the human-centered design workshop, the types of solutions developed by the implementers, and key insights that emerged.

KALAHANDI, ODISHA

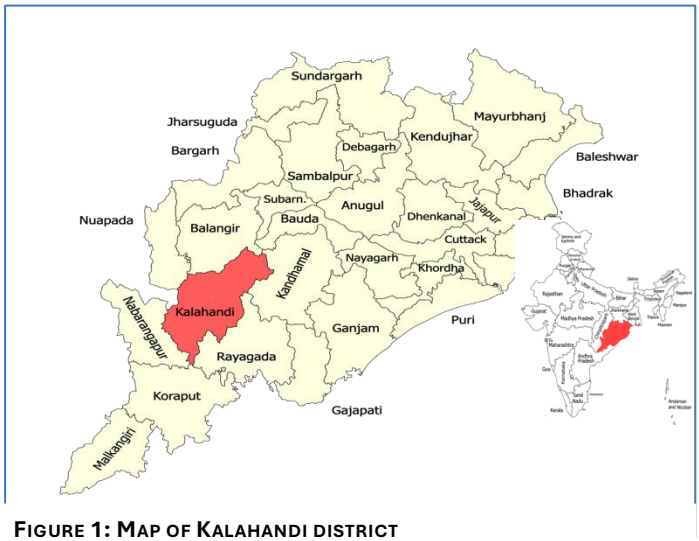

FIGURE 1: MAP OF KALAHANDI DISTRICT

TABLE 1 KALAHANDI DISTRICT PROFILE

Population characteristics*	
Total Population	15,76,869
Urban (%)	8%
Rural (%)	92%
Sex Ratio (females per 1000 males)	1003
Health infrastructure**	
Medical college	1
District Hospital	1
PHCs – HWCs (rural)	45
PHCs – HWCs (urban)	1
Sub- centers HWCs	199 out of 241

**Census 2011 and **district level data provided as of 17th April 2024*

Improving the quality of care provided by public sector health facilities has been a policy priority in India for over a decade. A range of national-level certification programs for quality improvement exist, such as, certification that promotes standards of cleanliness, hygiene, and infection control practices (Kayakalp- 2015),[i] National Quality Assurance Standards (NQAS- 2016),[ii] and Labour room quality improvement initiative (LaQshya- 2017)[iii].
In this note, we report on the challenges and solutions to improving quality at public sector health facilities, as perceived by public health system staff in Kalahandi.

Kalahandi is a remote district in the eastern state of Odisha (see Figure 1 and Table 1). Historically, known for poor human development and health indicators, the district has improved its reputation over the last decade. While a small proportion (5%) of sub-center health and wellness centers (HWC) are NQAS certified, many more (57%) sub-centers HWCs are Kayakalp certified[iv].

Human-Centered Design

Human-centered design (HCD) is a problem-solving approach that enables participatory solution-finding in health systems. Conventional approaches to problem solving often have researchers spearheading activities, while practitioners only act as 'sources of raw information'. However, innovative approaches like the HCD offer an alternate pathway to bring equipoise to researcher-practitioners' relationships. Deeply embedded in this approach are values of empathy, free space to generate ideas, building solutions, and finally sharing with the group what has been developed[v]. HCD approaches are increasingly being used in the health

sector, but practical experiences of using such tools have been less documented.

A one-day workshop was convened in February 2024 with district and block level managers in the public health system, providers at public health facilities, and local development partners who work with the public health system in Kalahandi. Six groups were formed with 4-5 people each. All activities were group based. The workshop was done in four steps.[vi]

Step 1: Spider diagram-based activity. (see image 1) In this activity, the group members wrote the challenges they faced with respect to quality of care at the health

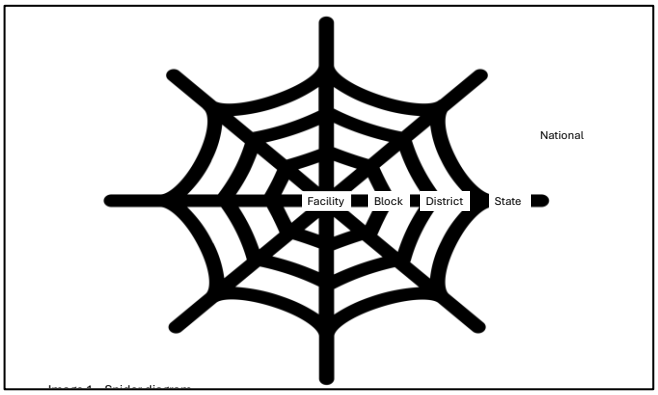

IMAGE 1: SPIDER DIAGRAM

facility, block, district, and state level. This freewheeling activity gave the participants ample opportunities to list a range of challenges to improving quality. As a next step, each team selected one challenge to work on further. The selected challenges were:

- Inadequate training for health workers
- Underperforming health workers
- Insufficient drugs
- Poor patient flow
- Weak community involvement
- The overlapping of programmes

Step 2: A root cause analysis. In this activity, participants delineated the deeper causes of the challenge selected in the previous exercise. One example is shown in image 2.

Step 3: The solution tree. In this activity, participants drew a tree that outlined different solutions for the identified challenge. An example of a solution tree is given in image 3.

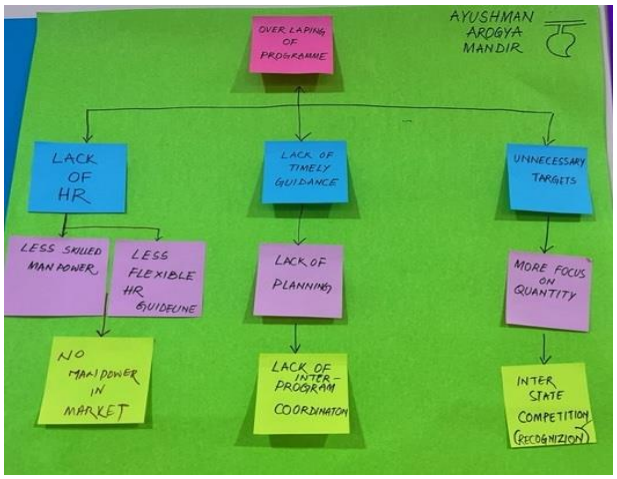

IMAGE 2: ROOT CAUSE ANALYSIS

IMAGE 3: SOLUTION TREE

Step 4: Showcasing solutions to the district leadership. The HCD exercise concluded with each team presenting their solution trees to a panel comprising the leadership team from the district. The panel included the Chief District and Public Health Officer (CDPHO), the District Medical and Health Officer (DMHO), and a Professor from AIIMS Bhubaneswar, among others. Constructive feedback was provided by the panel. The solution trees were displayed around the meeting room for all to read. The range of solutions developed and presented have been compiled in image 4. The district leadership team proposed some of the solutions to be budgeted into the district programme implementation plan for the following year.

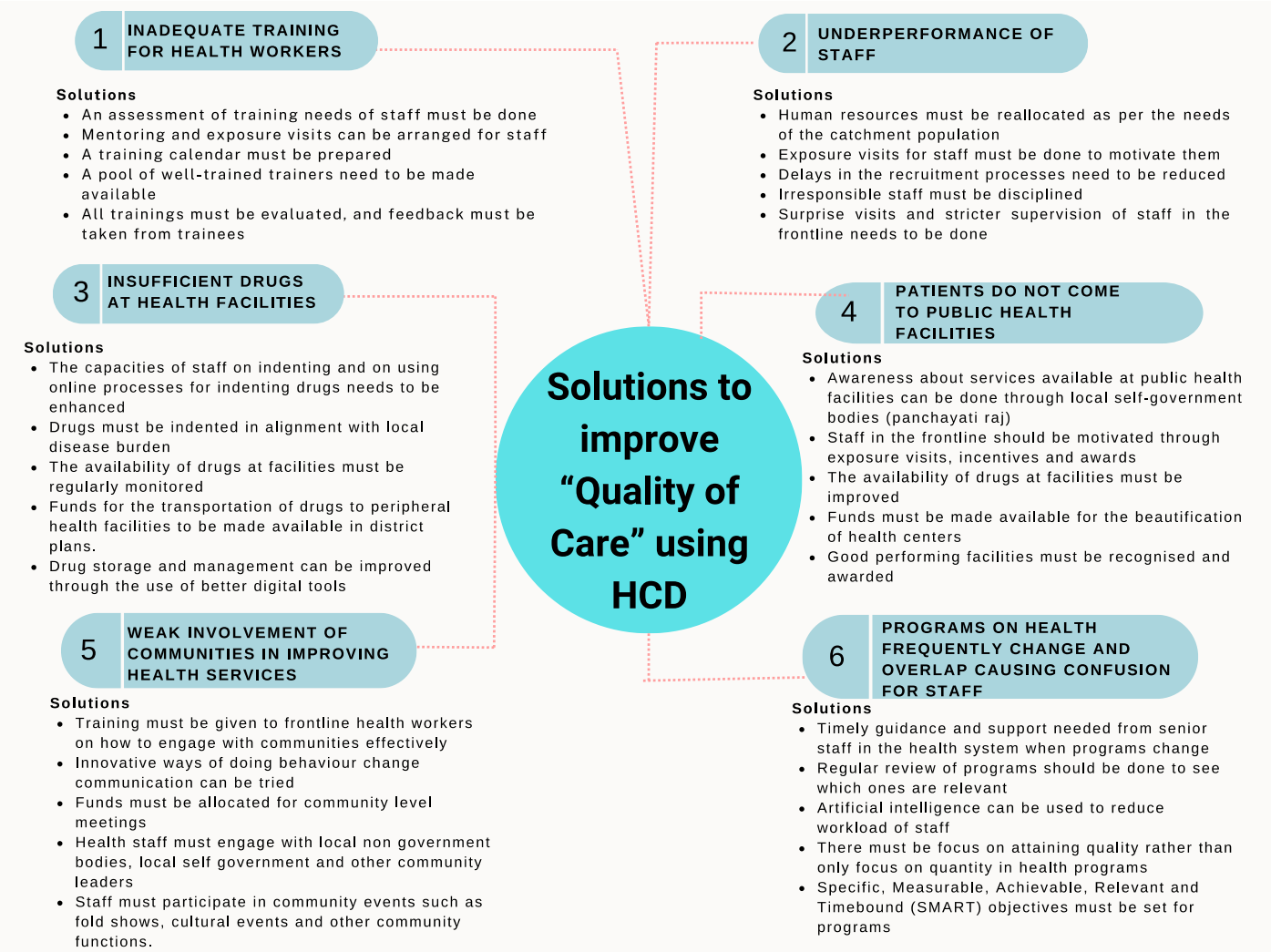

IMAGE 4: SOLUTIONS TO IMPROVE 'QUALITY OF CARE' USING HCD

Key learnings from the HCD workshop to improve quality of care

Quality is more than certification.

The Government of India has adopted several certification processes to improve the quality of care in public sector health facilities. It was interesting to note that stakeholders thought of quality as more than just the completion of these certifications. Kalahandi has made important strides particularly in obtaining Kayakalp certifications, which were acknowledged by the workshop participants. However, participants also felt that quality in health systems can be improved only if deeper systemic issues such as stark human resource gaps, lack of training and motivation of staff, inadequacies in the supply of drugs, and the inability of the public health system to engage with communities can be resolved.

Improving quality of care needs a wide range of system-wide reforms.

The HCD workshop highlighted that a wide range of foundational reforms in health systems were needed to improve the quality of care. The reforms suggested include:

At the district level: improved learning opportunities for staff, including, exposure visits to other places, focus on quality rather than quantity, providing guidance to frontline staff when programs and schemes change, and exploring the use of artificial intelligence and digital technologies to reduce work burden on the frontlines.

At the facility level: having a full complement of staff at the facilities, ensuring drugs and trainings for staff, and providing supportive supervision and guidance.
At the community level: engaging with communities to improve awareness, working with local non-government bodies, local self-government, and other community leaders and the participation of staff in local cultural rituals.

The perceptions of implementors are key to improving quality.

Designing strategies for improving the quality of care in resource-constrained settings needs important inputs from implementors, which are thereafter adopted by local leadership. Problem-solving workshops like HCD are useful in both obtaining inputs from implementors as well as facilitating the reach of these inputs to those in leadership positions.

CONCLUSION

Free thinking is important for implementers at the district level to think of challenges facing them and explore solutions together. Usually, implementers follow program guidance which comes from the top and are not able to incorporate their practical implementation experience. HCD workshops can enable finding person-centered solutions for service delivery challenges. In this workshop participants came up with numerous solutions to improve the quality of health care in the district. Challenges in such workshops pertain to breaking hierarchies between different sets of people (practitioners, policymakers, and civil society) while bringing the attention of higher-level decision makers to the range of solutions suggested during the workshop.

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i https://nhm.gov.in/images/pdf/in-focus/Implementation_Guidebook_for_Kayakalp.pdf
ii https://qps.nhsrcindia.org/national-quality-assurance-standards/nqas-Guidelines
iii https://nhm.gov.in/New_Updates_2018/NHM_Components/RMNCH_MH_Guidelines/LaQshya-Guidelines.pdf
iv District level data received from Kalahandi as of 1st April 2024 provided on 17th April 2024.
v Sultan, M. A., Closser, S., Majidulla, A., Ahmed, S., Naz, F., Nayyab, S., ... & Sohail, A. (2023). How to eradicate polio in Pakistan: Insights from community health workers. PLOS Global Public Health, 3(8), e0002289.
vi The HCD methods described here were adapted from the techniques used in the Design Thinking Workshops for Improving Community Partnership for Comprehensive Primary Health Care organized in January 2024 with support from USAID's flagship health systems strengthening project NISHTHA, implemented by JHPIEGO and Johns Hopkins Bloomberg School of Public Health in Jharkhand and Chhattisgarh states"

Contributors

All India Institute of Medical Sciences, Bhubaneswar: Binod Kumar Patro, Abhisek Mishra, Pradip Jana, Anshuman Dash, Manas Ranjan Kata, Tapasi Barik
Kalahandi district team: Ranjan Mitra, Bhawani Shankar Sahoo, Reeta Naik
John Hopkins India Private Ltd: Madhavi Misra, Sudha Ramani, Austin Schmidt

Series editor: Krishna D. Rao (kdrao@jhu.edu), Johns Hopkins University