Rwanda
Consumer-Driven Quality

CDQ in Action
Improving Service Quality through Provider-Community Partnerships

PRIME II’s Consumer-Driven Quality (CDQ) approach enables primary health care providers to improve the quality of family planning and reproductive health services through a better understanding of the needs, wants and preferences of consumers. In Rwanda, PRIME II is using CDQ to strengthen the Ministry of Health’s capacity to build partnerships between health providers and the communities they serve. Despite concerted efforts to improve the accessibility and quality of basic health care in the country, use of reproductive health services remains low. To address this problem, PRIME II is working at the national level and in six health districts, offering technical assistance in reproductive health policy and advocacy, service standards, supportive supervision, monitoring and evaluation, and community participation. In two health districts selected for the CDQ intervention, PRIME II also supports community health care prepayment schemes, or mutuelles.

PRIME II and partner staff began integrating CDQ into ongoing activities in May 2002 by introducing the concept to Rwandan counterparts—Ministry of Health staff, mutuelle committees, health committees and elected officials—and adapting the approach to reflect the Rwandan context and needs. The CDQ strategy for Rwanda—Partenariat pour l’amélioration de la qualité (PAQ)—builds on PRIME II supporting institution Save the Children’s Partnership Defined Quality methodology, which links quality assessment and improvement with community mobilization. The PAQ approach is designed to complement other PRIME II activities taking place in health facilities, reinforce enrollment in mutuelles, and improve the overall quality and accessibility of family planning and reproductive health services.

Working in four pilot sites in the Byumba and Kabgayi health districts, PRIME II and Save the Children staff trained district supervisors who are responsible for applying the PAQ approach and monitoring its impact. The PRIME team also worked with Ministry of Health staff at the pilot sites to explore community members’ and health workers’ definitions of quality services. This exercise revealed that community members and providers agree on the majority of issues—clinical and social—related to quality services. After consolidating their perspectives, teams of community members and providers began to work together at the four sites to implement solutions to resolve selected problems.
“If we had used the PAQ approach earlier, we would never have had the problems we experience now with poor treatment of health center clients,” says Agnès Uzabakiriho, a member of the PAQ team at the Byimana pilot site. “This is the first time we have ever sat around a table together to discuss what quality of care really means to the health care providers and to the community.”

During the next 21 months, the Ministry of Health and PRIME II will continue to foster improved relationships among health providers and communities, working toward a goal of replicating and institutionalizing the PAQ approach in order to:

- Involve community advocates to influence efforts to improve service quality in ways that reflect and respond to community needs, wants and preferences
- Strengthen both national efforts to improve health care quality and district-level strategies to increase mutuelle enrollment rates through community involvement
- Increase awareness of positive health practices and the benefits of using health care services by enhancing community interest in and ownership of health services.

## Community and Provider Expectations of Quality Services

- Greater access and availability
- Improved communications, better information
- Safety
- Availability of equipment, supplies and drugs
- Effective systems and procedures for management
- Enhanced provider/client relationships
- Cultural compatibility
- Technical competency