Partnership Defined Quality

Monitoring and Evaluation Toolkit

With Youth Annex

February 2010

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INTRODUCTION

Partnership Defined Quality (PDQ) is a methodology to improve the quality and accessibility of services with community involvement in defining, implementing, and monitoring the quality improvement process. Partnership Defined Quality links quality assessment and improvement with community mobilization. The PDQ approach addresses the underlying causes of health problems such as discrimination, socioeconomic, cultural, and organizational conditions through addressing the quality of health services. An integral part of this process involves providing community members and health facility providers with the skills and systemic support they need to improve health service quality and access to these services.

The Partnership Defined Quality Monitoring and Evaluation Toolkit provides a set of tools including supervisory checklists, mapping tools and an exit interview to support the implementation of PDQ. These tools have been developed by various country-based programs to document changes in quality at the community level. They are provided here as a resource to supplement *Partnership Defined Quality: a tool book for community and health provider collaboration for quality improvement* and the *Partnership Defined Quality Facilitation Guide*. We hope that this toolkit will enable practitioners to better plan, design, implement, and evaluate their PDQ programs. Please use these tools and adapt them as needed.

Also included in this document is a PDQ for Youth Annex with additional tools adapted for use with *Partnership Defined Quality for Youth: a process manual for improving reproductive health services through youth-provider collaboration*. The PDQ for Youth Annex is provided for those who wish to evaluate the use of the PDQ for Youth process as a part of their youth programs.

Once you complete the PDQ or PDQ-Y process, we also encourage you to complete the feedback form on the last page of this document and email it to PDQ@savechildren.org. This will enable us to continually improve these tools.

ACKNOWLEDGEMENTS

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Sincerely,

Beth Outterson
Director, Adolescent Health, Save the Children
Chair PDQ Subgroup
SBC Working Group at CORE
June 2010

Reference Guide for PDQ Tools

This reference guide provides an overview of the tools included in this guide and their use in monitoring and evaluating PDQ implementation.

Tool	Purpose	Timing and Frequency of Use	Key Person Responsible	Where Data is Kept
How PDQ Contributes to Improved Quality Improvement: A Flowchart	Explain conceptually the process of how PDQ contributes to stronger outcomes and ultimately improved impact	Used during program development	Helps program managers see how PDQ can be integrated within a broader project	N/A
Supervisory Checklist for PDQ Process	Ensure PDQ is implemented completely and correctly	Review before starting implementation; Use at baseline and during PDQ implementation	PDQ supervisors; Provincial/national manager and district coordinators	One copy at district, provincial and national office
Mapping Tools	Collect basic information for planning and monitoring. Help determine stakeholders and marginalized groups for group discussions.	Once At Baseline	Project Staff of implementing NGO	N/A
Template for an Action Plan	Chart problems, solutions, actions, responsible parties, resources, deadlines, and status in order to ensure that activities are conducted as planned. Provides a specific plan for how, who and when the activities will occur.	Developed in first or second meeting	Quality Improvement Team	Posted on wall during QI team meetings
Tracking Table for QI Team	Provide guide to target indicators for activity completion; Helps QI team remember the standards to which they have agreed	After action plan is completed	Quality Improvement Team	Posted on wall during QI team meetings
Outcome Indicator Data List	Help track the progress of indicators relevant to the project and PDQ over time	Data collected quarterly in both the PDQ and non PDQ facilities	Quality Improvement Team	Shared with facility, QI team, district management, and sent to provincial implementing NGO's office

Tool	Purpose	Timing and Frequency of Use	Key Person Responsible	Where Data is Kept
Supervisory Checklist for QI Team Function	Ensure that QI team meetings are functioning correctly; Identify and troubleshoot potential weak areas in the running of the meetings; Provide record of functioning of the QI team and track changes in group dynamics over time	Monthly	PDQ Supervisor from the government or implementing NGO	Summarized in monthly or other report, sent to district, provincial, national office
Team Effectiveness Questionnaire	Supplement Supervisory Checklist for QI Team Function with input from individual QI team members	Monthly	PDQ Supervisor from the government or implementing NGO	Summarized in monthly or other report, sent to district, provincial, national office
Community Capacity Indicators Relevant for PDQ	Assess impact of community capacity on success of PDQ	Monthly – each indicator is linked to a question in the Supervisory Checklist for QI Team Function	PDQ Supervisor from the government or implementing NGO	Summarized for monthly and quarterly reporting, shared in final project report
Exit Interview	Gauge client satisfaction with service quality; Guide action plan to address gaps identified during the exit interview	Every six months in both the PDQ & non PDQ facility	External (not by Quality Improvement team members because they may be biased)	Data compiled and shared at government levels as appropriate
PDQ Quarterly Report (optional)	Provide written report of PDQ activities including impact indicators, community mobilization activities and action plan accomplishments	Quarterly	Implementing NGO	
Additional evaluation tools (can be adapted to pictorial versions to overcome literacy barriers): 1. Happy face / Sad face jar 2. Suggestions jar 3. Simple exit interviews 4. Simple observation check list which QI team members or providers could administer 5. Provider self assessment 6. Client evaluation form		Every six months in both the PDQ & non PDQ facilities	Quality Improvement Team	Shared with the QI team members during monthly meetings

How PDQ Contributes To Improved Quality Improvement: A Flowchart

This flowchart is an instructional aid that can be used to explain conceptually the process of how PDQ contributes to stronger outcomes and ultimately improved impact. It can help program managers see how PDQ can be integrated within a broader project and make the case for the importance of PDQ in increasing community capacity in order to improve health outcomes and impacts. The example below is for a maternal and newborn health project. PDQ has also been used to improve quality of service delivery within family planning, reproductive health, adolescent reproductive health, and HIV/AIDS. Monographs of PDQ experiences are available at Save the Children's website at www.savethechildren.org.

Baseline	Inputs	Community Capacity Outputs	Quality Outcomes	Service Utilization and Coverage Outcomes	Illustrative Impact
(Planning and Design) Mapping and analysis of situation to describe community structure, capacities, and social norms and set goals and objectives	**Sensitization and Community Dialogue (Building Support)** PDQ Team meetings with service providers/health systems, religious, formal and informal leaders of the community • Mobilized and supportive community leaders • Mobilized service provider/system **Data Gathering (Exploring Quality)** PDQ Team conducts focus group discussions (FGDs) with community groups (including marginalized members)and providers • Issues and concerns for improvement of quality are shared by all groups **Sharing Common Concerns (Bridging the Gap)** PDQ Team holds Bridging the Gap (BTG) session. Community members and providers share concerns and vision for the future • Common concerns identified • Quality Improvement Team formed **Shared Problem Solving (Working in Partnership)** Quality Improvement Team develops, implements, and monitors progress of action plan and gathers outcome data. Leadership is shared. Implementing NGO initially guides meetings. • Action plans drafted • Work with influentials, mobilize community and engage in other activities to implement action plan	Increased sense of community and community cohesion Broad base of community support for improving quality of health services Increased empowerment for dialogue with health providers and health systems Greater community capacity to explore quality issues, plan together, act together and monitor results Increased use of existing resources, both human and financial Sustained community commitment to social change	Increased client satisfaction Improved provider performance Other indicators as decided by QI team (ex. cleanliness, adherence to protocol, emergency transport, shorter wait times)	Increases in: % of pregnant women with 4+ ANC visits % of women with 4+ PNC visits % of pregnant women fully protected against tetanus # registered eligible couples for family planning amount of financial and in-kind contributions from communities % of decrease in the number of days stock out % of deliveries assisted by skilled provider (health care professional) # admitted patients	Overall Increased/Improved Quality, Access and Utilization of Services (example: maternal and newborn health) Decreased Maternal Mortality Rate Decreased Infant Mortality Rate Increased Contraceptive Prevalence Increased Rate of Immunization

Supervisory Checklist for PDQ Process

This tool is a checklist designed for PDQ supervisors who attend Quality Improvement Team meetings to make sure PDQ is implemented completely and correctly. It includes all necessary components of PDQ. If an activity is optional or depends on context, that is noted. This tool can also be used by program managers to go over the flow of the process so that they understand all of the activities they will be responsible for implementing. It is important not to skip steps here, even though it may take extra time, because this may take away from the community process. All people who use PDQ should review this checklist before starting PDQ activities and discuss how each component will be completed in the community.

Phase	Protocol of Activities	Completed?		Date
		Y	**N**	
Planning and Design	Mapping completed			
	Team skills matrix developed			
	Goals and objectives for PDQ set			
	Detailed implementation plan outlining specific roles and responsibilities for NGO implementation staff developed for each phase			
	Presentation for stakeholders prepared			
Building Support	Meetings held with health department (at district and facility level)			
	Meetings held with elected representatives (as relevant)			
	Meetings held with influentials			
	Meetings held with CHWs/Volunteers			
	List of different segments of community prepared			
Exploring Quality	Questions for Group Discussions with community members and providers developed based on specific issues of concern			
	Group Discussions (and interviews as needed) conducted with separate groups that represent subsets of the target population			
	Prioritized list of problems and concerns collected from Group Discussions			
	Participants of Bridging the Gap workshop identified (two from each group)			
Preparation for Bridging the Gap (a sub step of exploring quality)	Venue, date and agenda of Bridging the Gap workshop communicated with the identified participants			
	Presentations/categorization of the community and provider lists of concerns prepared and confirmed by both groups			
	(Should be done in a separate meeting with community and provider reps)			
	Optional ice breaker activity conducted (ex. group dinner to reduce tension between providers and community representatives)			
Bridging the Gap	Bridging the Gap workshop conducted (with skilled facilitator)/ to present community and provider list of concerns			
	List of common concerns developed and prioritized			
	QI team members selected and QI team formed			
Working in Partnership	Follow-up meetings held, with supervision by one person from PDQ Implementation Team			
	Problem Analysis completed using Fishbone diagram or Problem Tree			
	Action plan developed by QI team			
	Final Action Plan shared with broader community			
	Bench marks developed using Tracking Table and Outcome Indicator Data List			
	Action plan implemented with support from community stakeholders including formal and informal leaders			
	Monitoring data gathered and analyzed			
	Reports shared at all levels			
	Checklist for QI team Function completed by PDQ Implementation Team member or health official			

Mapping Tool 1 - Community Health Services Assessment Tool

Mapping Tool 1 is used to collect basic information about health facility and villages. Please adapt the questions here to the reality in your community.

District _____

1. Name/Type of Facility: _____ 2. Name of Facility Director:_____

3. City / Village:_____ 4. Phone Number:_____

5. Name of Local Authority or Governing Council: _____ 6. District: _____

7. Urban / Rural (circle one)

8. Status: (Fully Operational/Limited Operation / Non Functional) # Patients per Day: _____

9. Total Population Covered by Facility: _____ 10.Total Number of Staff: _____

11. Access to Facility: By Paved Road _____Non-paved Road_____ None_____

12. Ambulance Availability: Public Sector: _____

Private Sector: _____

Private Transport:_____

13. Labor Room Facilities Available: Yes_____ No_____

If Yes, Total # of Deliveries Conducted in Previous Year: _____

Who manages normal or complicated obstetric cases in the absence of a trained provider on staff? _____

Who conducts deliveries after hours? _____

Where: _____

Provision of Blood Bank: Yes_____ No _____

Nearest Referral Point (Priority wise):

A. _____

Distance _____Time to Reach_____ Means of Transport_____

B. _____

 Distance _____Time to Reach_____ Means of Transport_____

C. _____

Distance _____Time to Reach_____ Means of Transport_____

18. Which Health Center/Post is Nearest to Facility? _____

Distance from Health Center/Post:_____ Travel Time:_____

Which District/Community Hospital is Nearest to Facility? _____

Distance from District/Community Hospital:_____Travel Time: _____

Which District/Community Hospital is Nearest to Facility? _____

Distance from District/Community Hospital: _____Travel Time: _____

19. Total Number of Trainers at National Level_____

Number of Health Staff Trained at Different Levels of the System (list names of positions and number trained –include field and non-field level): _____

_____

_____

_____

_____

_____

20. Number of Community Health Workers/Volunteers at this Facility: _____

21. Number of Community Health Workers/Volunteers based in the community: (not applicable for all countries)_____

22. Total # of Community Councils or Committees Associated with this Facility: _____

Names of Councils or Committees Associated with this Facility:

1. _____	2. _____	3._____
4. _____	5. _____	6._____
7. _____	8. _____	9._____
10. _____	11._____	12._____
13._____	14._____	15._____

23. Total # of Health Units/Posts Associated with this Facility:_____

Names of Health Units/Posts Associated with this Facility:

1. _____	2. _____	3._____
4. _____	5. _____	6._____
7. _____	8. _____	9._____
10. _____	11._____	12._____
13._____	14._____	15._____

Mapping Tool 2 - Information about Health Facility Staff

Mapping Tool 2 should be used to gather specific information about health facility staff in selected communities. It should be completed with the assistance of the health facility director.

Name	Title/Designation	Address & Contact Number

Mapping Tool 3 - Total Population Covered by Community Health Workers/Volunteers

Mapping Tool 3 should be used to gather demographic information about the communities in the catchment area of your program that pertains to a health facility where you are implementing PDQ. It should be completed with the assistance of a health service provider.

Name of Community Health Workers/Volunteers (CHW/V)	Name of Village Covered by CHW/V	Total Population of Village	# of Women in Village	# of Men in Village	# of Women of Reproductive Age in Village	# of U5 Children in Village	Total Population Covered by CHW/V	% of Village Population Covered by CHW/V

Mapping Tool 4 - Information about Villages/Communities near Health Facility

Mapping Tool 4 should be used to gather information about the villages and communities surrounding selected health facilities. It should be completed with the assistance of an appropriate and relevant community member/leader (i.e. members of the Community Council or governing body). Please modify as needed for your population.

Name of Village						
Total Population						
Major Occupations						
Languages Spoken						
Socio Economic Status %						
Social Activities **1. Gathering places** **2. When** **3. Where**						
Existing Committees						
# of Government Schools	**Boys**	Primary: Secondary:	Primary: Secondary:	Primary: Secondary:	Primary: Secondary:	Primary: Secondary:
	Girls	Primary: Secondary:	Primary: Secondary:	Primary: Secondary:	Primary: Secondary:	Primary: Secondary:
Literacy Rate %	**Male**					
	Female					
Person/practitioner consulted when sick **Name** **Title/type of provider** **Distance** **Means of Transport** **Time to Reach**						
Nearest Public Health Facility **Name** **Distance** **Means of Transport** **Time to Reach**						
Name of Community Health Worker or Volunteer						
Name of Other NGOs Conducting Community Mobilization or Providing Services						
% of Population with Access to: **1. TV** **2. Radio** **3. Newspaper**						

Mapping Tool 5 - Information about Counselors/Religious Leaders/Teachers and Key Influentials

Mapping Tool 5 should be used to gather information on influentials within specific villages or communities. It should be completed with the assistances of members of a Community Council or governing body.

Name	Title/Designation	Complete Address & Contact #	Remarks (How influential/ popular/ important)

Mapping Tool 6 - Information about Non-Governmental Organizations and Community-Based Organizations

Mapping Tool 6 should be used to gather information about other non-governmental/community-based organizations doing relevant work in the selected community. It should be completed with the assistance of a government official.

Organization Name	Type of Organization	Working Since	Intervention Sectors	Current Interventions	Working Area	Name of Contact Person, Address & Contact #

Mapping Tool 7 - Information about Private Practitioners

Mapping Tool 7 should be used to gather information about the number and patient load of private practitioners in the catchment area of your project. It should be completed with the assistance of the hospital staff, Community Council or any other relevant person.

Name	Title/Designation	Complete Address & Contact Number	Patient Load (number of patients per month)

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Mapping Tool 8 - Information about Traditional Birth Attendants

Mapping Tool 8 should be used to gather information about Traditional Birth Attendants, their training, and number of deliveries per month. It should be completed with the assistance of Community Health Workers and other relevant persons.

Name	Trained	Untrained	Complete Address	Number of Deliveries per Month

Action Plan Template

After solutions have been identified for the problem, the team needs the skills to take the potential solutions or strategies and translate them into specific activities and plans for implementation. Starting with those challenges that have the most feasible solutions, develop a specific plan for how, who and when the activities will occur. The sample chart below is one way the team can keep track of the issues. Note: There is often more than one solution to the problem, as well as more than one action for a solution.

Problem	Contributing Factors	Solutions (for each factor)	Action Needed	Who is Responsible	Resources/ Materials Needed	When	Status
1.		A._____ B._____	1. 2. 3.				
2.							
3.							

Tracking Table for Quality Improvement Team

The following table provides a framework for the group to begin to consider how they want to measure change as a result of their activities. It may be adapted to whatever column titles or steps make sense in your situation. The main purpose is to come up with indicators that are simple to define and measure but that will accurately reflect a change in the identified problems.

Problem	What should be? (Quality Standard)	Proof of change? (Indicators)	How will you measure?	How good is good enough? (Benchmark)

Sample Action Plan:

Save the Children Armenia NOVA Project (National PDQ Project)

Goal: Improvement of Health Care Services of Fantan Community

Problem	Influencing Factors	Solution	Actions	Responsible Person	Implementation Deadline
I. Insufficient health care services provided by health post	1. Bad condition of building Absence of water, heating and sewage system 2. Lack of furniture 3. Lack of medical supplies 4. Absence of regular doctor visits from supervisory health facility 5. Lack of essential drugs at the health post	1. Provision of normal building conditions Provision of water and sewage system 2. Provision of furniture 3. Provision of medical supplies 4. Organize regular doctor visits once a month 5. Provide essential drugs	1. Provision of materials. Building of water and sewage system. Internal renovation. 2. Procurement of furniture 3. Provision of medical supplies 4. Inform the community, make announcements about the doctors' visits, and organize the visits 5. Provide essential drugs	1. Village mayor – Yeghiazaryan Gagik NOVA Hovsepyan Paytsar 2. Community, Charentsavan policlinic, NOVA 3. NOVA 4. Nurse, Charentsavan policlinic 5. Charentsavan policlinic	1. Up to March 24 2. During the project implementation 3. During the project implementation 4. From March 25 5. From March 25
II. Lack of health knowledge and information	1. Absence of regular visits of doctors from supervisory health facility 2. Absence of health talks/seminars 3. Lack of literature and information sources	1. Organize regular visits of doctors once a month 2. Organize health talks/seminars 3. Provision of literature	1. Inform the community, make announcements about the doctors' visits, and organize the visits 2. Choose topics for talks, inform community people 3. Obtain literature, establish health library, put a box of anonymous questions, provide consultancy	1. Charentsavan policlinic 2. Charentsavan policlinic Nurse 3. NOVA, Community Charentsavan policlinic	1. After provision of building conditions 2. During project implementation 3. During project implementation
III. Lack of knowledge and skills of nurses in reproductive health sphere	Lack of seminars in reproductive health	Provide knowledge in reproductive health	Involve nurses in the training courses in reproductive health	NOVA	During project implementation

Sample Tracking Table
QI Team for a Maternal and Newborn Health Program

Problem	What should be? (Quality Standard)	Proof of change? (Indicators)	How will you measure?	How good is good enough? (Benchmark)
Clients lack necessary information	All clients receive complete and understandable information about care All clients receive information about how to take medicine All clients receive information on how to prevent problem in future	Client can explain care Client can explain use of medicines Client can explain preventive actions to take	Possible methods: Exit interview by QI team member or Health Post Coordinator or In-Charge	More than half of clients interviewed indicate they received information about their diagnosis XX% of clients could explain how to take their medicine correctly XX% of clients knew of prevention strategies
Clients feel there is discrimination	All clients treated equally	No jumping of queue unless urgent care needed Clients feel they are treated with respect	Client Voting Jar – After receiving care, client places a stone or bean in the jar with a happy face or a sad face corresponding with good or bad performance	No jumping of the queue observed No reports of unfair treatment to the QI team or Health Post Staff

Sample Outcome Indicator Data List

The Sample Outcome Indicator Data List can be used to help track the progress of indicators relevant to your project and PDQ over time. The information for this table can be compiled from various tools within this toolkit as well as observations and other data sources. Please add additional indicators based on the specific quality issues addressed by the QI team. For community capacity indicators see the Supervisory Checklist for QI Team Function.

Name of Facility _____District _____

Quarter (Months Covered, Year)_____

Indicator (Illustrative Quality Improvement Indicators to be Determined by QI Team)	Recommended Source	Frequency	By Whom	Indicator Data			
				Month 1	Month 2	Month 3	Total
% of Clients who stated being at least somewhat satisfied according to exit interviews	Exit Interviews						
% of Clients who reported waiting less than 15 minutes to see a provider	Exit Interviews						
% of Clients who stated that the health facility was clean	Exit Interviews						
% of clients who felt that the behavior/attitude of the provider was good	Exit Interviews						
% of clients who felt that the technical capacity of the provider was good or excellent	Exit Interviews						
# of first time visits at the health care facility for a specific service (ex. number of pregnant mothers who visit the health center for ANC)	Patient Registers						
% of provider(s) who report feeling confident and comfortable providing culturally-appropriate, language-appropriate services and information to marginal populations	Individual Interviews						
Patient flow is client-friendly and expedient	Observation						
Housekeeping and janitorial duties are regularly completed by paid or volunteer staff	Observation						
Provider follows protocol for diagnosis and treatment of client as appropriate	Observation						

Name of Key Provider Responsible _____   Signature_____

Name of Staff _____   Signature_____

Supervisory Checklist for QI Team Function

Facility Name: _____ District Name: _____

Date: _____

This tool is for use by a PDQ supervisor from the implementing NGO who attends Quality Improvement Team meetings to ensure that they are functioning correctly–with appropriate representation by marginalized groups, gender equity, equal power sharing, and use of internal and external resources. The questions link directly to indicators of community capacity (listed on the community capacity indicator list) so that at the end of the process, the supervisor will have a fairly good idea of the level of community capacity in this community, assuming that the Quality Improvement Team is representative of the larger community's needs and interests. This tool also provides the supervisor with a clear indication of needs for training both of providers as well as community groups. Since community members and providers generally do not dialogue with each other, one of the first needs for capacity building will be in the area of interpersonal communication. The Supervisory List for QI Team Function needs to be reviewed at each monthly meeting, especially early in the project. This document is a record of the functioning of the QI team and, if well documented, could track changes in group dynamics over time. It also can be used to identify and troubleshoot potentially weak areas in the running of the meetings. (For example, if the provider does not let anyone else lead the meetings). An important accompanying tool is the Team Effectiveness Questionnaire, which should be used with individual QI team members.

Indicators	Yes	No	Remarks
1. Does a QI team exist?			
2. Are QI team meetings conducted as agreed upon? (usually monthly basis)			
3. Are at least 70% of the members of the QI team in attendance at this meeting?			
4. Is the QI team composed of those most affected and interested? 33% participation from broad spectrum of community members 33% target group/marginalized (including women) or nonusers 33% providers and other resource people			
5. Does the QI team have written roles and responsibilities?			
6. Is the meeting documentation book or register available with: Minutes of meeting(s); Attendance sheet; Action Plan; and Tracking table?			
7. Is the QI team progressing in the accomplishment of its Action Plan items? If yes, please specify.			
8. Is there broad community engagement in QI team action plan initiatives? If yes, please specify.			
9. Has the QI team sufficiently raised awareness in the community about the issue?			

Indicators	Yes	No	Remarks
10. Have external resources been generated to improve health quality? (ex. district adds more nurses, water pump placed at facility, etc) Please specify amount and type.			
11. Have internal resources been generated? (ex. exam room built, benches for waiting room built, etc) Please specify amount and type.			
12. Does the QI team keep the community regularly informed of activities (ex. sharing of Action Plans, progress on Action Plans)?			
13a. Does the data being gathered inform the work of the QI team ?			
13b. If yes, has success story been documented?			
14. Can QI team members give an example of how this community has solved a problem in the past and why they think they were able to solve it? (ask them)			
15. Are QI team members encouraged to try different roles? (ex. rotational leadership)			
16. Do all members contribute to decision making?			
17. Are all members respected for their ideas and opinions?			
18. Does the team feel they are effective in meeting their goals? (ask them)			
19. Do all members understand the "goal" (i.e. what they are trying to achieve)?			
20. Does the QI team use the creativity of its members to accomplish goals?			
21. Do all QI team members have basic knowledge on the issues?			
22. Does the QI team feel confident that they, as community members, can develop and carry out solutions to problems as they arise? (ask them)			
23. Does the QI team engage other community structures to help the QI team? (ask them and comment on how you think they are doing)			
24. Is there positive communication and collaboration within the QI team? (observe)			
25. Are you, as a supervisor, satisfied with progress of the QI team? If no, what could be improved? Comment.			

Name of Reviewer: _____**Signature:** _____

Remember to interview individual QI team members with the Team Effectiveness Questionnaire and follow up on internal issues

Team Effectiveness Questionnaire
(for individual QI team members)

1. How involved do you feel with what this team is doing?

1	2	3	4	5
Not at all		Somewhat		Very involved

2. Do all members contribute to the decision-making?

1	2	3	4	5
No, only a few		Some		All contribute to decision-making

3. How often do members participate in making decisions?

1	2	3	4	5
Never		Sometimes		Always

4. How fully do we use the resources and creativity of our members for accomplishing our goals?

1	2	3	4	5
Not at all		Somewhat		Fully

5. Are you satisfied with the progress the team is making?

1	2	3	4	5
Not at all		Somewhat		Very satisfied

6. Are all members treated with respect for their ideas and opinions?

1	2	3	4	5
Most are not		Most are		All are

7. How often do you feel that you are part of the team?

1	2	3	4	5
Never		Sometimes		Always

8. Do you feel you have contributed to the QI team in some way?

1	2	3	4	5
No		Somewhat		A great deal

9. In your opinion, is the QIT leadership rotational?

1	2	3	4	5
Never		Once in a while		Always

10. How many times have you had a chance to help lead the QI team meeting?

1	2	3	4	5
None		1-3 times		More than 3 times

11. How well respected/trusted is your group leader by the majority of group members?

1	2	3	4	5
Not at all		Fairly respected and trusted		Very respected and trusted

Questionnaire adapted from Training for Transformation, Volume 2

Community Capacity Indicators Relevant for PDQ

Save the Children has been testing the use of community capacity indicators in several countries to determine what motivates communities to excel, become empowered and work together for community improvement. Although it is very much a qualitative and fairly subjective exercise, there are many trends that are seen across cultures worldwide in how communities define and build capacity. PDQ happens at the community level and its success relies heavily on having motivated, organized communities whose members work together. The table below is a subset of a larger set of community capacity indicators, which have been identified as linking to the PDQ process. Each of the indicators below is also linked to a question in the Supervisory Checklist for PDQ Function tool, so that PDQ implementers will be able to measure for example, whether the community's collective cohesion was a factor in success with PDQ. The table below is a reference only, but can help implementers see the reason why we ask so many questions about how the Quality Improvement Team works. You will see in the right column that there is a notation for the question on the Supervisory Checklist for PDQ Function that corresponds to each particular aspect (called domains and sub-domains) of community capacity. For further questions about community capacity, write to **PDQ@savechildren.org**.

Domain/Sub-Domain of Community Capacity	Definition	Tool/Question to Measure Community Capacity
Participation	**Participation is the community's capacity to engage its own diverse membership in any collective, constructive action.**	
Participant Base	Proportion of community members who participate in community groups and activities	Supervisory Checklist for QI Team Function Questions 4, 8
Access to participation/diverse network to enable different views/population segments	Extent to which all community members are encouraged to participate in community activities and programs	Supervisory Checklist for QI Team Function Q. 4, 8, 11, 12
Extent of participation	The extent to which each group member is active or participatory in group functions/activities	Supervisory Checklist for QI Team Function Q. 3, 4, 16
Levels of participation	Refers to the levels within an organizational structure and which members can participate in which level(s). Examples of levels: Senior Decision Makers, Activity Implementers, Administrators.	Supervisory Checklist for QI Team Function Q. 15, 16, 17 Team Effectiveness Questionnaire Q. 8, 9, 10
Social Cohesion	**Social cohesion consists of the forces that act on members of a group or community to remain in, and actively contribute to the community. Cohesive groups are characterized by members who want to be part of the group, like one another, and are loyal and united in the pursuit of group goals. Social cohesion is an important antecedent and consequence of successful collective action.**	
Community vision/goal consensus	Extent to which community members feels they share a common purpose or vision for their community	*Supervisory Checklist for QI Team Function* Q.16, 18, 19, 20 *Team Effectiveness Questionnaire* Q. 4, 5
Sense of Ownership	**Sense of ownership is a community's feeling/belief that the problem/issue and/or program belong to them and they have a commitment to the program.**	

Domain/Sub-Domain of Community Capacity	Definition	Tool/Question to Measure Community Capacity
Sense of responsibility for program/activities	Extent to which participants feel responsible for the implementation and outcome of the program/activities	*Team Effectiveness Questionnaire* Q. 7, 8
Contribution to program/activities	The degree to which the larger community contributes to the program or activity whether through participation or provision of some form of resource	*Supervisory Checklist for QI Team Function* Q. 8, 14, 20
Collective Efficacy	**Collective efficacy is a group's shared belief in its conjoint capabilities to attain their goals and accomplish a desired task.**	
Perceived efficacy to solve problems as a group	Extent to which group members believe they can be effective in solving specific problems in their community, when working together	*Supervisory Checklist for QI Team Function* Q. 16, 20
Resource Mobilization	**Capacity can be reflected in a community's ability to access resources and to use them wisely. Resources can be in the form of property, money, knowledge, and skills.**	
Accessing and sharing resources	The extent to which resources are accessible and shared among community programs and activities	*Supervisory Checklist for QI Team Function* Q. 15, 17, 20, 23 Team Effectiveness Questionnaire Q. 2, 7, 8
Use of internal and external resources Money internal and external sources (# bricks, # dollars, materials, time donated	The proportion of internal versus external resources being used for community programs and activities	*Supervisory Checklist for QI Team Function* Q. 10, 11, 12
Information Equity	**Information equity refers to the level of awareness and knowledge about an issue, health problem or program that is shared among different individuals within a group or between different groups in a community as well as the level of access that the community has to the corresponding information sources.**	
Awareness and correct knowledge of the issue or program	Extent to which community members have correct knowledge and information regarding a specific issue or program	*Supervisory Checklist for QI Team Function* Q. 18, 19, 21
Critical Thinking	**Critical thinking is the ability to contemplate alternate ways of thinking and to reflect on the assumptions underlying their ideas and actions.**	
Comfort to listen and speak/openness between individuals	Extent to which community members are comfortable sharing their opinions with others and listening to their fellow members' opinions	*Supervisory Checklist for QI Team Function* Q. 15, 17, 24
Problem solving	Extent to which the community is capable of solving problems utilizing the talents and skills of community members	*Supervisory Checklist for QI Team Function* Q. 14, 20, 22
Participatory monitoring and evaluation	Extent to which the group evaluates their progress towards achieving and the achievement of their goal	*Supervisory Checklist for QI Team Function* Q. 6, 13a

Questionnaire for Clients Exiting from Health Facility after Seeking Care

Sample Exit Interview

This tool is an exit interview for community members leaving the health facility where PDQ is being implemented. A person external to the community (i.e. QI team members from neighboring communities) should conduct the interview in order to reduce bias. This tool can be used every three to six months to gauge changes in client satisfaction.

Good morning/afternoon, my name is ___ and I am part of the Quality Improvement Team at the health center in _____. We are conducting interviews with some people as they leave the health center to find out how they felt their health care was provided. Would you be willing to answer a few questions for me? It will only take a few minutes. I also want to assure you that we will not be using your name or giving your information to anyone else –this information will only be used to help improve the health care here. Is this okay? (If they agree, then proceed.)

Name of Client (optional)_____ Assign a number?_____ (optional)

[Note: If person receiving services was a child, please request that the caregiver answer the following questions on behalf of their child.]

Age _____ Sex   M   F (circle)

Name of Health Facility _____ Date of Interview _____

Name of Interviewer_____

Name of Provider(s)_____

1.   Is this your first visit to this health facility for an illness or other service?

( ) Yes   ( ) No

If yes, proceed to question 2. If no, proceed to question 3.

When was your last visit to this facility?

_____

3.   What is the main illness/complaint or service for which you came here today?

_____

4.   Do you know the name of the provider(s)you consulted? If yes, please state the name of the provider who attended to you.

_____

5.   Do you feel you had the chance to fully explain your problem to the person who provided care to you?

( ) Yes   ( ) No

6.   Did he/she physically examine you?

( ) Yes   ( ) No

7. Were you satisfied with the exam?

( ) Yes   ( ) No

　　　　If No, why not?

_____

8. How much time did he / she spend with you during consultation?

_____

9. In your opinion was the time spent sufficient?

( ) Yes   ( ) No   ( ) Don't know

10. Why do you feel the time was or was not sufficient?

_____

11. How would you rate the technical capacity of the provider in diagnosis and treatment?

( ) Excellent ( ) Good ( ) Sufficient ( ) Poor

12. How would you rate the behavior / attitude of the provider who gave you services?
( ) Good   ( ) Adequate ( ) Poor

13. Please explain why you rated the provider as good, adequate or poor.

_____

14. How long did you have to wait before being seen?

( ) less than 15 min   ( ) 15 - 30 min ( ) 30 - 45 min

( ) more than 45 min   Any other _____ (please write in minutes)

15. Do you feel you were seen in the appropriate order? ( ) Yes   ( ) No

16. Can you explain what you are supposed to do when you go home?
( ) Can explain ( ) Can't explain ( ) Does not understand

If the client has not been to the facility before, skip to question 19.

17. Did you see any change in how you were treated by staff this time compared to your previous visit/ experience at this health facility?

( ) Yes   ( ) No

18. If yes, what is the change?

_____

19. What is your opinion about the cleanliness in the facility?
( ) Clean ( ) Not clean

20. If not clean, please specify:

_____

21. Overall, how satisfied are you with your experience in this facility today?

( ) Very satisfied   ( ) Some what satisfied ( ) Dissatisfied

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22. Why?

_____

_____

23.   What are your suggestions for improving services in this facility?

_____

_____

_____

_____

_____

_____

Thank you for your time. We appreciate your input.

PDQ Quarterly Report Template (optional)

Name of Province	
Name of District	
Name of Health Facility	
Reporting Period	
Names of QI team members	

Prioritized Problems	Actions Taken During the Reporting Period	Accomplishments/Progress	Challenges	Next Steps

Has the attendance of the QI team members remained consistent? Why or why not?	
What percentage are providers and what percent are community members? (goal: 50/50)	
What is the percentage of marginalized group participation? (goal: 30%)	
Comments	
Name : Signature: Date:	

Illustrative quarterly indicator report for service utilization. Please include indicators relevant for your program

#	Coverage outcome	Project Target	Before PDQ process implementation	Coverage in the last three months
1	ANC 4+ visits	X%	X%	
2	TT2+ coverage	X%	X%	
3	Deliveries by SBA	X%	X%	

Feedback Form for PDQ Users of this Toolkit

Name:_____

Country: _____E-mail:_____

1. How are you using PDQ/PDQ-Y? (theme, purpose, population, etc)

2. Which tools from this toolkit did you use?

3. How did you modify them for your use?

4. Which tools were most useful? Explain.

5. Which tools were least useful? Explain.

6. Did you develop any of your own tools? Please describe.

7. Do you have any recommendations for changes to improve this toolkit?

Comments:

_____

_____

_____

_____

Thank you very much!
Please email this page to PDQ@savechildren.org or mail to
Save the Children, 2000 L Street, NW, Suite 500, Washington, DC 20036

Partnership Defined Quality for Youth Annex

Introduction

The PDQ for Youth (PDQ-Y) process is similar to the PDQ process except that it focuses on meeting the needs of a specific subgroup of the population - youth. This means that all four phases of the process are directed towards assessing and improving the access and quality of reproductive health information and services for young people. Youth tend to be a largely overlooked population whose needs are often combined by the health system with those of children or adults. In fact, youth, a growing population, have specific health and social needs that make them unique from children and youth, and if they do not feel that their needs are met, they may seek information from inaccurate sources, such as equally uninformed friends. Add to this the awkwardness of adolescence and the social taboos around talking about sexuality in many communities, and it is easy to see why targeting youth is necessary to a community's health. International standards of youth-friendly health services have been established, and often have been adopted at the national and even district level. But, promoting their adoption in terms of behavior change and training at the local level has been a long, slow process, with few real champions.

Adaptation of the PDQ process is key for youth program managers. Key differences between the PDQ and PDQ for Youth in this process are:

- In the Building Support phase, youth organizations and ministries who are responsible for youth programs are informed and engaged.

- In the Exploring Quality phase, information is gathered from youth through service mapping and socio- dramas rather than group discussions, since these methods are more youth-friendly. Group discussions are still held with providers. Questions focus around what is needed to help improve quality of reproductive health care for youth.

- In the Bridging the Gap phase, youth representatives attend the session along with providers, however some youth supporters, including a small number of adults (parents, coaches, etc.), are present to help support the youth viewpoint.

- The Quality Improvement Team that is established includes youth and providers and therefore will require some capacity building to enhance communication between the two groups so that they can work as a team.

- The Working in Partnership phase requires more input at first to ensure that youth needs are taken seriously, the QI team links with the appropriate other existing services, and leadership in the QI team is both age and gender appropriate.

The reason that the PDQ for Youth portion of this guide is an annex is that many of the PDQ tools should also serve to evaluate the PDQ for Youth process. Please note that if you are evaluating PDQ for Youth, you will need to refer to the PDQ documents for mapping, since only Mapping Tool #4 is included in this annex. The two checklists, the Exit Interview and the Outcome Indicator Data List have all been modified for use with youth as well. Please refer to the PDQ-Y Manual. If you have any questions, please contact PDQ@savechildren.org.

Supervisory Checklist for PDQ-Y Process

This tool is a checklist designed for PDQ supervisors who attend quality improvement team meetings to make sure PDQ is implemented completely and correctly. It includes all necessary components of PDQ. If an activity is optional or depends on context, that is noted. This can also be used by on the ground program managers to go over the flow of the process so that they understand alls of the activities they will be responsible for implementing. It is important not to skip steps here even though it may take extra time, because this may take away from the community process, which is an inexact science at best. All people who use PDQ should review this before starting PDQ activities and discuss how each component will be completed in their community.

Phase	Protocol of Activities	Completed?		Date
		Y	N	
Planning and Design	Mapping completed			
	Team skills matrix developed			
	Goals and objectives for PDQ-Y set			
	Detailed implementation plan outlining specific roles and responsibilities for NGO implementation staff for each phase			
	Presentation for stakeholders prepared			
Building Support	Meetings held with health department (at district and facility level)			
	Meetings held with elected representatives (as relevant)			
	Meetings held with influentials			
	Meetings held with CHWs/Volunteers and Youth Leaders			
	Lists of different segments of community prepared			
Exploring Quality	Socio dramas and service mapping with youth and group discussions with parents, teachers, etc. conducted			
	Questions for Group Discussions with community members and providers developed based on specific issues of concern			
	Prioritized list of problems and concerns collected			
	Participants of Bridging the Gap workshop identified (two from each group)			
Preparation for Bridging the Gap (a sub step of exploring quality)	Venue, date and agenda of Bridging the Gap workshop communicated with the identified participants			
	Presentations/categorization of the youth and provider lists of concerns are prepared and confirmed by both groups (Should be done in a separate meeting with community and provider reps)			
Bridging the Gap	Bridging the Gap workshop conducted (with skilled facilitator)/ to present youth and provider list of concerns (note: a few parents/teachers may attend)			
	List of common concerns developed and prioritized			
	QI team members selected and QI team formed			
Working in Partnership	Follow-up QI team meetings held with supervision by one person from PDQ-Y Implementation Team			
	Problem Analysis completed using Fishbone diagram or Problem Tree			
	Action plan developed by QI team			
	Final Action Plan shared with broader community			
	Bench marks developed using Tracking Table and Outcome Indicator Data List			
	Action plan implemented with support from community stakeholders including formal and informal leaders			
	Monitoring data gathered and analyzed			
	Reports shared at all levels			
	Checklist for QI Team Function completed by PDQ-Y Implementation Team member or health official			

How PDQ-Y Contributes to Improved Quality Improvement: A Flowchart
*Illustrative Pathway for Adolescent Reproductive and Sexual Health

Baseline	Inputs	Community Capacity Outputs	Anticipated Quality Outcomes	Anticipated Use and Coverage	Illustrative Impact
(Planning and design) Mapping and analysis of situation to describe community structure, capacities, and social norms around youth	**Sensitization and Community dialogue (Building Support)** PDQ for Youth Team meetings with religious, formal and informal leaders, school teachers, youth NGOs and youth advocates • Mobilized and supportive youth leaders **Data Gathering (Exploring Quality)** PDQ for Youth Team conducts mapping and socio dramas with different groups for youth (users, non-users, marginalized) and focus group discussions with providers (including marginalized) in the community • Issues and concerns for improvement of health quality for youth are shared by all groups **Sharing Common Concerns (Bridging the Gap)** PDQ For Youth Team holds BTG session. Youth representatives and Providers share concerns and vision for youth in the future of the community • Common concerns identified • Quality Improvement Team is formed **Shared Problem Solving (Working in Partnership)** QI team implements action plan, monitors progress and gathers outcome data. Leadership is shared. Implementing NGO initially guides meetings. Action plans implemented: • Action plans drafted • Work with influentials, mobilize community and engage in other activities to implement action plan	Increased sense of community and community cohesion Broad base of community support for improving quality of health services for youth Increased empowerment of youth for dialogue with health providers and health systems Greater capacity of youth and providers to explore quality issues, plan together, act together and monitor results Increased use of existing resources, both human and financial Sustained community commitment to social change	Increased youth client satisfaction Improved provider performance regarding youth friendly services Other indicators as decided by QI team (cleanliness, attention to youth need for privacy, gender equity, improved counseling on sexuality education, contraception, adherence to protocol, etc)	**Increases in:** % of new visits by adolescent males and females to Service Delivery Points for Sexual Reproductive Health information and services # of service delivery points that provide Youth friendly services # of condoms distributed # of Couple Years of Protection % of adolescents who used a condom at last sexual intercourse % of adolescent pregnant women who receive all 5 doses of TT Amount of financial and in-kind contributions from communities % decrease in stock outs of Family Planning commodities	Overall Increased/Improved Quality, Access and Utilization of Youth friendly Services Decreased Adolescent Maternal Mortality Rate Decreased Infant Mortality Rate among adolescent mothers Increased contraceptive prevalence rate Increase in age of marriage Decrease in adolescent pregnancy rate

Mapping Tool 4 - Information about Villages/Communities near Health Facility

Mapping Tool 4 should be used to gather information about the villages and communities surrounding selected health facilities. It should be completed with the assistance of an appropriate and relevant community member/leader (i.e. members of the Community Council or governing body). Please use the appropriate differentiation for socioeconomic groups in your community.

Name of Village						
% of Total Population Youth						
% Out of School						
Languages Spoken						
Socio Economic Status %						
Social Activities **1. Gathering places** **2. When** **3. Where**						
Existing Committees that Serve Youth						
# of Government Schools	**Boys**	Primary: Secondary:	Primary: Secondary:	Primary: Secondary:	Primary: Secondary:	Primary: Secondary:
	Girls	Primary: Secondary:		Primary: Secondary:	Primary: Secondary:	Primary: Secondary:
Literacy Rate %	**Male**					
	Female					
Consulting Facility when People Fall Ill **Name** **Title/type of provider** **Distance** **Means of Transport** **Time to Reach**						
Nearest Public Health Facility with Youth-Friendly Health Services **Name** **Distance** **Means of Transport** **Time to Reach**						
Name of CHW or Volunteer(s) Trained in Youth-Friendly Health Services						
Are there other NGOs that Support Youth Engagement? Yes/No **If yes, write name**						
Source of ARSH Information, state % **1. TV** **2. Radio** **3. Newspaper** **4. Other (please specify)**						

Supervisory Checklist for QI Team Function

This tool is for use by a PDQ-Y supervisor who attends Quality Improvement Team meetings to ensure that they are functioning correctly –with appropriate representation by marginalized groups, gender equity, equal power sharing, use of internal and external resources and many other factors. The questions link directly to indicators of community capacity (listed on the community capacity indicator list) so that at the end of the process, the supervisor will have a fairly good idea of the level of community capacity in this community, assuming that the Quality Improvement Team is relatively representative of the larger community's needs and interests. This tool also provides the supervisor with a clear indication of needs for training, both of providers as well as community groups. Since youth and providers generally do not dialogue with each other, one of the first needs for capacity building will be in the area of interpersonal communication. The Supervisory List for QI Team Function needs to be done at each monthly meeting, especially early in the PDQ-Y process. This document is a record of the functioning of the QI team and, if well documented, could help to track changes in group dynamics over time. It also can be used to identify and troubleshoot potentially weak areas in the running of the meetings (For example, if the provider does not let anyone else lead the meetings). An important accompanying tool is the Team Effectiveness Questionnaire, which should be administered to individual QI team members.

Facility Name: _____ District Name: _____

Date: _____

Note: Remember to interview individual QI team members with Team Effectiveness Questionnaire (at least quarterly) and follow up on internal issues.

Indicators	Yes	No	Remarks
1. Does a QI (Quality Improvement) team exist?			
2. Are QI team meetings conducted as agreed upon? (usually monthly basis)			
3. Are 70% of the members of the QI team in attendance at this meeting?			
Is the QI team composed of those most affected and interested? 33% participation from youth 33% marginalized youth (including girls) or nonusers 33% providers and other resource people			
5. Does the QI team have written roles and responsibilities and do all members understand the 'goal'?			
6. Is the meeting documentation book or register available with: Minutes of meeting(s); Attendance sheet; Action Plan; and Tracking table?			
7. Is the QI team progressing in the accomplishment of its Action Plan items? If yes, please specify.			

Indicators	Yes	No	Remarks
8. Is there broad community engagement in QI team action plan initiatives? If yes, please specify			
9. Has the QI team sufficiently raised awareness in the community about the issue?			
10. Have external resources been generated to improve health quality? (ex. district adds more nurses, water pump placed at facility, etc) Please specify amount and type.			
11. Have internal resources been generated? (ex. exam room built, benches for waiting room built, etc) Please specify amount and type.			
12. Does the QI team keep the community regularly informed of their activities? (ex. sharing of Action Plans; progress on Action Plans)			
13a. Does the data being gathered inform the work of the QI team?			
13b. If yes, have success stories been documented?			
14. Can QI team members give an example of how this community has solved a problem in the past and why they think they were able to solve it? (ask them)			
15. Is there rotational leadership? Are QI team members encouraged to try different roles?			
16. Do all members contribute to decision making?			
17. Are all members respected for their ideas and opinions?			
18. Does the team feel they are effective in meeting their goals? (ask them)			
19. Do all members understand the "goal"—what they are trying to achieve?			
20. Does the QI team use the creativity of its members to accomplish goals?			
21. Do all QI team members have basic knowledge on the issues?			
22. Does the QI team feel confident that they, as community members, can develop and carry out solutions to problems as they arise? (ask them)			

Indicators	Yes	No	Remarks
23. Does the QI team engage other community structures to help the QI team? (ask them and comment on how you think they are doing)			
24. Observe: Is there positive communication and collaboration in the QI team?			
25. Are you, as a supervisor, satisfied with progress of the QI team? If no, what could be improved? Comment.			

Name of Reviewer: _____

Signature: _____

Sample Outcome Indicator Data List

The Sample Outcome Indicator Data List can be used to help track the progress of indicators relevant to your project and PDQ-Y over time. The information for this table can be compiled from various tools within this toolkit as well as observations and other data sources. Please add additional indicators based on the specific quality issues addressed by the QI team. For community capacity indicators, see the Supervisory Checklist for QIT Function.

Name of Facility _____District _____

Quarter (Months covered, Year)_____

Tips for conducting focus group discussions can be found in the PDQ-Y manual on page 31.

Indicator (Illustrative Quality Improvement indicators to be determined by QI team)	Recommended Source	Frequency	By Whom	Indicator Data			Total
				Month 1	Month 2	Month 3	
% of Youth who stated being at least somewhat satisfied according to exit interviews	Exit Interviews						
% of Youth who reported waiting less than 15 minutes to see a provider	Exit Interviews						
% of Youth who stated that the health facility was clean when coming to provider visit	Exit Interviews						
% of Youth who felt that the behavior/attitude of the provider was good	Exit Interviews						
% of Youth who felt that the technical capacity of the provider was at least good	Exit Interviews						
# of new Youth users of the health care facility for reproductive health information or services	patient registers						
Provider(s) feels confident and comfortable in providing culturally appropriate, language appropriate services and information to marginal populations	individual interviews						
Patient flow is client friendly and expedient	Observation						
Housekeeping and janitorial duties are regularly completed by paid or volunteer staff	Observation						
Provider has been trained and follows protocol for diagnosis and treatment of client as appropriate	Observation						

Name of Key Provider Responsible _____   **Signature_____**

Name of Staff _____   **Signature_____**

Questionnaire for Clients Exiting From Health Facility after Seeking Care

Sample Exit Interview

This tool is an exit interview for youth leaving a health facility where PDQ-Y is being implemented. A person external to the community (i.e. QI team members from neighboring communities) should conduct the interview in order to reduce bias.

Good morning/afternoon, my name is ___and I am part of the Quality Improvement Team at the health center in ___. We are conducting interviews with some people as they leave the health center to find out how they felt their health care was provided. Would you be willing to answer a few questions for me? It will only take a few minutes. I also want to assure you that we will not be using your name or giving your information to anyone else – this information will only be used to help improve the health care here. Is this okay? (If they agree, then proceed)

Name of Client (optional)_____ assign a number?_____ (optional)

Age _____Sex   M   F (circle)

Name of Health Facility: _____ Date of interview: _____

Name of interviewer:_____

Name of providers:_____

1.   Is this your first visit to this health facility for an illness or other service?

( ) Yes   ( ) No

If yes, proceed to question 2. If no, proceed to question 3.

2. When was your last visit to this facility?

_____

3.   What is the main illness/complaint or service for which you came here today?

Was the reason for the visit related to reproductive and sexual health information or services?

( ) Yes   ( ) No

If Yes, please explain. _____

If Yes, how did you find out about these services being available at this facility?

---

5.   Do you know the name of the provider you consulted?

---

6.   Do you feel you had the chance to fully explain your problem to the person who provided care to you?

( ) Yes   ( ) No

7.   Did he/she physically examine you?

( ) Yes   ( ) No

8. Was there a separate space where the provider could speak with you?

( ) Yes   ( ) No

9. Was the space and location of the consultation satisfactory to you?

( ) Yes   ( ) No

About how many minutes did the provider spend with you during consultation?

_____

11. In your opinion, was the time spent sufficient?

( ) Yes   ( ) No   ( ) Don't know

12. Why do you feel the time was or was not sufficient? **(Optional)**

_____

13. How would you rate the technical capacity of the provider in diagnosis/treatment?

( ) Excellent   ( ) Good   ( ) Sufficient   ( ) Poor

14. Please explain why you rated the provider as good, adequate, sufficient or poor.

_____

15. How would you rate the behavior / attitude of the provider who gave you services?

( ) Good   ( ) Adequate   ( ) Poor

16. Please explain why you rated the provider as good, adequate or poor.

_____

17. How long did you wait before being seen?

( ) less than 15 min ( ) 15- 30 min ( ) 30- 45 min

( ) more than 45 min   Any other _____ (please write in minutes)

18. Do you feel you were seen in the appropriate order?

( ) Yes   ( ) No

19. Can you explain what you are supposed to do when you go home?

( ) Can explain   ( ) Can't explain ( ) Does not understand

20. What is your opinion about the cleanliness in the facility?

( ) Clean   ( ) Not clean

21. If not clean, please specify:

_____

If the client has not been to the facility before, skip to question 25.

22. Did you see any change as compared to your previous visit/ experience at this health facility?

     ( ) Yes   ( ) No

23. If yes, what is the change?

24. Overall, how satisfied are you with your experience in this facility today?

     ( ) Very satisfied   ( ) Some what satisfied   ( ) Dissatisfied

25. Why?

_____

26. What are your suggestions for improving services in this facility?

Thank you for your time. We appreciate your input.

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Feedback Form for PDQ-Y Users

Name:_____

Country: _____E-mail:_____

1. How are you using PDQ-Y? (theme, purpose, population, etc)

_____

2. Which tools did you use in this toolkit?

_____
_____
_____

3. How did you modify them for your use?

_____
_____
_____

4. Which tools were most useful? Explain.

_____
_____
_____

5. Which tools were least useful? Explain.

_____
_____
_____

6. Did you develop any of your own tools? Please describe.

_____
_____
_____

7. Any recommendations for changes to improve this toolkit?

_____
_____
_____

Comments:

_____

_____

_____

Thank you very much!

Please email this page to PDQ@savechildren.org

Or mail to Save the Children 2000 L Street, NW, Suite 500, Washington, DC 20036