



**Setting the Grounds to Improve Quality and Humanize Health Care: The Case of Mozambique**

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### Background (1)

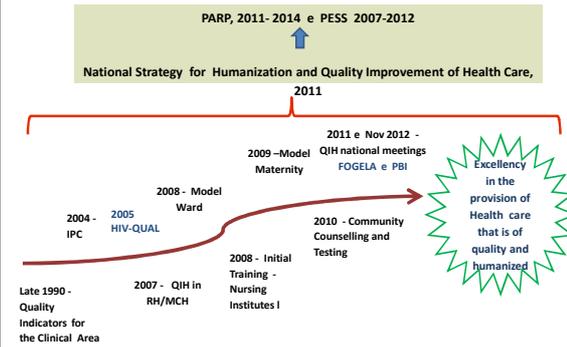
Quality improvement demands effective and equitable health care based on scientific evidence and respect to the dignity and sensibility of healthcare users and workers

Promoting humanization and quality improvement of health care services is one of the main MoH challenges in the context of health sectorial reforms and compliance with the Millennium Development Goals (NSQIH- 2011)

### Why Humanizing and Improve Quality ?

- Lack of respect and attention in caring health care users;
- Long waiting time;
- Illicit charges to clients and their families;
- Lack of understanding of client expectations and demands;
- Disconnection between treatment of the disease and the individual;
- Lack of human resources (quantity and quality) and low motivation;
- Lack of drugs and other medical commodities;
- Low quality of health data.

### Background (2)



### Background (3)

March 2011, MoH conducted a National Consensus Meeting on the National Strategy for Humanization and Quality Improvement along with the implementation plan.

**Main objectives:**

- ❖ Deliver health care services that are based on scientific evidence;
- ❖ Respect all players in the process of health care delivery: Clients, health workers and managers;

### Client Centered Approach



### Creating Structures/Platforms for H&QI:

- ❑ Conducted (3) Regional H&QI Formative meetings and 22 supportive visits (2 visits/ province) to guide the establishment of committees and clarify the role of the provincial, district and facility teams (≈ 170 members were trained).
- ❑ Disseminated the National Strategy for Humanization and Quality Improvement of Healthcare;
- ❑ Created the National H&QI committee with 60 members, chaired by the Minister of Health;

### Cont.

- ❑ (1) Technical Secretariat - Implementer of the National Committee decisions. Includes representatives from the partners committee- mainly USG
- ❑ (11) Provincial committees led by the Provincial Health Director (President) and Provincial Director of Women and social Affaires (Vice President)
- ❑ (79) District committees led by the District Health Director (President) and District Director of Women and Social Affaires (Vice President)
- ❑ (110) Health facility committees led by the Health Director (President) with clinical technical advisers

### Who are the H&QI Committee Members

- ❑ Community and Religious Leaders
- ❑ Representatives from the Traditional Medicine Associations
- ❑ NGOs, CBOs and Donors agencies
- ❑ Professional and non-professional associations
- ❑ Health workers and managers from MoH, health directorates and health facilities
- ❑ Representatives from medical and nursing training institutions
- ❑ Representatives from the Government institutions

### What committee members do (1)?

- ❑ Committee members organized by specific working groups develop/revise H&QI standards and checklists on MCNH, RH-FP/Cervical and Breast Cancer, Integrated Management of Child Infection, malaria, nutrition, and TB.
- ❑ Participated in SBM-R training - main MoH approach for H&QI within health facilities (Managers and health professionals from the national, provincial levels were trained).

### What do the committee members do (2)?

- ❑ With the H&QI health facility teams, evaluate progresses against H&QI standards in some QI&H initiatives, design and implement working plans.
- ❑ Participate in the government stakeholder sessions to present health issues/needs and advocate for more resources allocation.
- ❑ Mobilize resources from other sectors - business agencies/institutions and NGOs to support health facilities.

### What do the committee members do (3)?

- ❑ Visit health facilities to check how different services are working and to learn of client expectations and experiences with the health facilities.
- ❑ Conduct health education sessions to raise awareness:
  - ❖ Functioning of health services (existing services, waiting time (eg: laboratory results) )
  - ❖ Disease prevention (eg: diarrhea, malaria, TB, STI-HIV/AIDS) include personnel hygiene and hands washing.

### What the committee members do -community level (4)?

- Educate community members for Disease prevention and adoption of healthier lifestyles.
- Conduct cleaner and hand washing campaigns.
- Promote the use of MNCH/RH, Malaria, Nutrition, PMTCT, ART services and other services.
- Raise awareness about the patient roles and rights (eg: Model Maternity Initiative (MMI): Pregnant woman have the right to have companion based on her choices).

### Progresses are evaluated, shared and recognized through?

- Semi-annual meetings to feedback the national committee on the technical secretariat performance - 1<sup>st</sup> July 2013.
- Biannual national meetings - 1<sup>st</sup> November 2012.
- Biannual regional meetings - 1<sup>st</sup> August and September 2013.
- Annual provincial meetings.
- Other programmatic meetings.

News on H&QI can be accessed through:

<http://www.misau.gov.mz/index.php/humanizacao>

### Tools to track and evaluate H&QI process

- Standards for performance measurement and results from quarterly evaluations;
- H&QI initiative key indicators (ex: MMI and CECAP);
- H&QI general indicators;
- Study Results;
- Evaluation and supervision reports;

### What has been learned?

- Community leaders can serve as a strong link between community members - users - health services and government structures.
- Health professionals need their own time and space to shift from disease to client centered approach and understand the role of community members in the H&QI process.
- Health Managers are paying more attention on health information management. Community leaders are willing more to keeping records on their H&QI activities
- H&QI process in health is generating healthier competition between departments, sectors, programs, health workers, community leaders, private sector institutions and partners.

### Challenges

- Strengthen MOH capacity to document and share the benefits of the humanization and quality improvement initiatives.
- Increase Government, DPS and DDS policy makers and managers commitment on humanization and quality improvement process.
- Keep partners and community involved and enthusiastic in supporting MOH efforts to humanize and improve quality of care.

### Conclusion

H&QI Committees, is a promising strategy to:

- Generate and strengthen partnership between communities, health care users, partners and government.
- Lessen challenges for the NHS, and
- Accelerate changes towards Humanization and Quality improvement of health care!

## Summary

- ❑ Humanization and Quality Improvement program in Mozambique is decentralized.
- ❑ Community members are involved at all levels of implementations.
- ❑ There are practices and tools to measure Quality and Performance.
- ❑ The program is supported by the government.
- ❑ MoH - Ranked first in the 2012 Annual Government Performance Evaluation.
- ❑ The Model Ward Initiative Ranked third in the 2013 innovations and best practice competition organized by the Public Administration Ministry.

**In-patient client expressing his feeling on Model Ward services based on Satisfatometro**



**Provider drawing a graphic on results on client satisfaction**



**Compiling with IPC practices**



**Provider explaining patient roles and rights**



### Model Maternity: Promoting humanized birthing practices, which recognize women's rights, preferences and needs

Respect for beliefs, traditions and culture



The right to information and privacy



The right to have liberty of movement during labour



The right to choose and have a companion



The right to choose the position for childbirth





**José Macamo General Hospital Maternity**

Model Maternity with the highest monthly average of deliveries = 1070

← Before

After →



Training of committee members



Hands Washing Campaign - President of Chimano Municipality Learning Hands Washing



Open public meeting



Open public meeting



**Health education by community leaders**



**Nurses marched towards the appreciation of their work - Nampula, Nacala Porto District.**



