



Quality Assurance and Quality Improvement Policy



Ministry of Health and Child Care

July 2015



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Ministry of Health and Child Care
Zimbabwe

Printed by



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Acronyms and Abbreviations

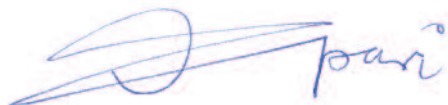
CCZ	Consumer Council of Zimbabwe
CME	Continuing Medical Education
CQI	Continuous Quality Improvement
EDLIZ	Essential Drug List of Zimbabwe
EMR	Electronic Medical Record
HPA	Health Professions Authority
ICU	Intensive Care Unit
ISO	International Standards Organization
MDPCZ	Medical and Dental Professions Council of Zimbabwe
MOHCC	Ministry of Health and Child Care
MOU	Memorandum of Understanding
NDTPAC	National Medicines and Therapeutics Policy Advisory Committee
NIHFA	National Integrated Health Facility Assessment
PDSA	Plan-Do-Check-Study-Act
PHC	Primary Health Care
QA	Quality Assurance
QI	Quality Improvement
QIAG	Quality Improvement Advisory Group
QMS	Quality Management System
RBM	Results Based Management
SAZ	Standards Association of Zimbabwe
VMAHS	Vital Medicines Availability and Health Services Survey
ZINASP	Zimbabwe National HIV/AIDS Strategic Plan
ZINARA	Zimbabwe National Road Authority
ZINQAP	Zimbabwe National Quality Assurance Programme

Foreword

The mission of the Ministry of Health and Child Care is to provide, administer, coordinate, promote and advocate for the provision of equitable, appropriate, accessible, affordable and acceptable quality health services and care to Zimbabweans using available resources, in line with primary health care approach. It is therefore of critical importance that the country has a policy on Quality Assurance and Quality Improvement (QA&QI) to reach the ultimate aim of providing the highest quality of health care services to the people of Zimbabwe. I sincerely believe this is achievable, and that we are well positioned to do this within this decade.

The development of the QA&QI Policy led by the Ministry of Health and Child Care with involvement of many different stakeholders in the health sector, including public, mission, private and public health programme representatives. Thematic working groups with wide stakeholder representation were instrumental in the development of this policy document. The main thematic areas in the QA&QI policy are reliable delivery of standards-based care for leading causes of mortality and morbidity in Zimbabwe; patient safety; client centred care; and health worker performance, engagement and attitudes.

We are aware of the challenges in delivering reliable and responsive high quality healthcare and improving people's lives. I hope that this policy document will provide a basis for all of us to focus our combined efforts on addressing the current and future challenges, to ensure high quality healthcare for ourselves, our families and generations to come.



Dr P D Parirenyatwa

Hon Minister of Health and Child Care

Acknowledgements

The Quality Assurance Directorate would like to acknowledge the contributions of various individuals and organisations, who were involved in the formulation of the Quality Assurance and Quality Improvement Policy for health in Zimbabwe. Contributions included providing information during interviews, reviewing documents and participating in thematic group discussions. The list of contributing persons and organisations are listed in Appendix 1.

Special thanks goes to the Secretary for Health and Child Care, Brigadier General Dr G Gwinji and Dr. DG Dhlakama, Principal Director Policy, Planning, Monitoring and Evaluation for their excellent support throughout the policy making process.

The Directorate would also like to specially acknowledge the United States Agency for International Development (USAID) Maternal and Child Health Integrated Program (MCHIP) who provided financial and technical support in hiring of the consultants and convening of stakeholder meetings. In particular, the technical contributions of Prof R Kambarami, Dr H Chiguvare and F Tain from MCHIP and Dr J Keatinge from USAID are appreciated.

The Quality Assurance Directorate would also like to thank Dr N Masuka and Dr G Shambira who provided consultancy services for coordination, writing and final production of the document. The Director of Quality Assurance and Improvement Dr J. Z Chiware provided the overall leadership for the development of the Policy and the final editing and proof reading was done by Dr A Miller, Mr F Mudzimu and Dr B Khabo.

Executive Summary

The health sector in Zimbabwe is in recovery mode after a decade of significant challenges including inadequate financing, shortages of qualified staff, poor infrastructure and obsolete equipment. As the health sector recovers, it is important that Quality Assurance (QA) and Quality Improvement (QI) processes become embedded in the system to improve the quality of health services delivered to all Zimbabweans.

The development of the QA&QI Policy was led by the Ministry of Health and Child Care (MOHCC) through a consultative process involving multiple stakeholders including Central, Provincial and District Health teams, public and private health workers, multi- and bi-lateral partners and non-governmental organisations involved in the health sector. The process started in late 2012 with technical support from a team of two consultants. A series of meetings, key informant interviews and stakeholder workshops were conducted to identify current QA&QI practices which formed the basis for developing the policy. Four thematic working groups were established to address issues related to standards of healthcare; patient/client safety; patient/client satisfaction; and health worker attitudes and performance.

Among the major strengths noted in the current health system in Zimbabwe are the existence of institutions involved in setting standards including the Standards Association of Zimbabwe (SAZ) and regulatory bodies such as the Health Professions Authority (HPA). Commitment to ensuring QA&QI processes are embedded in the national health system is demonstrated by the establishment of a Quality Assurance and Improvement Directorate in the MOHCC. Within the health sector, there are many clinical treatment guidelines and protocols, which if adhered to, will help standardize care and improve health outcomes.

Other opportunities to enhance QA&QI processes include the existence of patient and service charters, utilization of recent lessons learnt from the performance based financing pilot in 18 districts of Zimbabwe, and supporting health centre committees for more meaningful participation of communities in the delivery of health care services. Threats to the successful implementation of the QA&QI policy relate mainly to underfunding and donor dependency for health financing.

The target audience for the QA&QI policy includes all health providers, planners, programme managers, implementers, teaching/academic institutions, partners in the private and public sectors, non-governmental organisations in the health sector, patients, families and communities. The aim of the policy is to guide the process of ensuring that quality of care, as well as continuous quality improvement, is maintained in both public and private health sectors. The vision and mission are articulated in the main body of the document.

This QA&QI policy takes into account a health systems strengthening approach based on the six World Health Organisation (WHO) building blocks for a health system. Policy statements address leadership structures for QA&QI processes; patient participation and empowerment in healthcare; equitable access to healthcare; patient safety; and health worker performance and attitudes. A number of strategic priorities are derived from the policy objectives in line with the four thematic areas. Mechanisms for implementation of the policy include setting up of QA&QI advisory and technical working groups, as well as provisions for monitoring of the policy implementation to provide feedback and make constant improvements. A comprehensive strategy to support implementation of this policy will be developed.

Definition of Terms

Best Practice — A way or method of accomplishing a function or process that is considered to be superior to all other known methods. In health care, it is often used to refer to tools, materials, and models of care, organisational arrangements, and other practices that have been shown in multiple settings to facilitate compliance with evidence-based standards of care.

Continuous Quality Improvement — An approach to health care based on evaluation of a product or the outcome(s) of a process, and an understanding of the needs and expectations of the consumers of these products or processes.

Quality Assurance — A system to support performance according to standards. It implies a systematic way of establishing and maintaining quality improvement activities as an integral and sustainable part of systems or organisations. This includes all activities that contribute to the design, assessment, monitoring of standards agreed upon by all stakeholders and improving quality of service delivery, client satisfaction and effective utilisation.

Quality Improvement — A management approach to improving and maintaining quality that emphasises internally driven and relatively continuous assessments of potential causes of quality defects, followed by an action aimed either at avoiding decrease in quality or correcting at an early stage.

Quality Management — The application of management practice to systematically maintain and improve organisation-wide performance.

Indicator — A measurable variable (or characteristic) that can be used to determine the degree of adherence to a standard or the level of quality achieved.

Quality — There are many definitions, but for our purposes, quality is defined as the extent to which health care services, systems, and programmes conform to national or international standards/requirements/specifications. According to the Institute of Medicine (IOM), health care is of high quality if it is safe, effective, patient-centred, timely, efficient; and equitable.

Quality Improvement Initiatives — Cycles of interventions that are linked to assessment and that have the goal of improving the process, outcome, and efficiency of complex systems or simply put: interventions for assessing, measuring, defining and resolving health care delivery issues with an aim to improving the safety, timeliness, equity, access, and appropriateness of health care services.

Patient Centred Care — Providing care that is respectful and responsive to individual preferences, needs and values and ensures that patient values guide all clinical decisions.

Patient Safety — The prevention of errors and adverse events to patients associated with health care delivery.

Private Sector — Private Health Care Providers from different sectors

Chapter 1

Introduction

1.1 Background to QA & QI Policy

Zimbabwe is a landlocked country with a population of 13,061,239 people (Census 2012). The population is relatively young, with 40% under the age of 15. The majority of people (65%) live in rural areas.

The Vision of the Ministry of Health and Child Care (MOHCC) in Zimbabwe is “to have the highest possible level of health and quality of life for all citizens of Zimbabwe”.

The Mission is, “to provide, administer, coordinate, promote and advocate for the provision of equitable, appropriate, accessible, affordable and acceptable quality health services and care to Zimbabweans while maximizing the use of available resources, in line with the primary health care approach.”

At Independence in 1980, Zimbabwe adopted the Primary Health Care approach (PHC), which resulted in the decentralization of health service provision from a central level (cities and towns), to administrative wards at a district level in the rural communities. Four tiers for health service delivery were established as follows:

- Quaternary Level: Central teaching hospitals with specialist medical services in the capital city Harare, and the second largest city Bulawayo.
- Tertiary Level: Provincial hospitals with ambulatory and inpatient specialist services in the eight rural provinces of Zimbabwe.
- Secondary Level: District hospitals with emergency, ambulatory and inpatient services in the sixty-two districts of Zimbabwe.
- Primary Level: Rural health centers with primary care services in the 220 wards of Zimbabwe.

This decentralization was associated with a significant improvement in most health indicators in the 1980s and early 1990s. The National Health Strategy 2009-2015, Equity and Quality in Health: A People's Right, has 33 goals that address technical areas and aim to strengthen the building blocks on which health services should be delivered. Overall the objectives highlight the key health priority areas to ensure maximum impact on reducing morbidity

and mortality in Zimbabwe. It is against this background that this policy on Quality Assurance and Quality Improvement for health is proposed to ensure and maintain high standards in the quality of care throughout the national health system in both the public and private sector.

1.2 Process of policy development

The development of the QA&QI Policy was led by the MOHCC through a consultative process involving multiple stakeholders including Central Hospitals', Provincial and District Health Executive teams, public and private health workers, multi and bi-lateral agencies and Non-Governmental Organisations (NGOs) involved in the health sector. The process started in late 2012, with support from a team of two consultants. The first step was to carry out an initial desk review of critical documents to inform a situation analysis of existing QA&QI systems, leading to the identification of gaps which need to be addressed to strengthen the QA&QI systems and approaches in Zimbabwe.

Key informants involved in the areas of QA&QI processes, policy and strategy development, monitoring and evaluation, and information and programme management were targeted. The identified key informants were interviewed to establish their current practices, involvement, knowledge, skills, perceptions and expectations with QA&QI within their specific institutions, programmes, projects and to give recommendations on the content of the proposed QA&QI Policy. Purposive sampling was also used to document examples of QA&QI systems in health.

In addition, a stakeholder meeting was convened where four thematic technical working groups (TWG) were formed. The TWGs consisted of representatives of health workers (from across multi-institutional divides), health partners, regulatory bodies, professional associations, academia, patient associations, standards associations and other government ministries. The TWGs analysed problems related to quality of care according to the four thematic areas. The thematic areas were chosen on the basis of identification of areas for QA&QI, which would yield some of the highest gains in a resource limited context. The TWGs were tasked with answering the following questions:

What are the problems with?

- **Reliable delivery of standards-based care for leading causes of mortality and morbidity in Zimbabwe:** there should be a minimal standard of health services in order for quality of care to be ascertained. The TWG assessed the standards of health care with regards to infrastructure, availability of staff and commodities, and standards of care for programmatic and clinical services. This analysis made reference to the standard guidelines and norms expected when health care is being delivered.
- **Patient/Client safety:** an analysis was made of the availability and use of policies and guidelines to ensure patient safety within both the public and private sector.

- **Patient/Client Centred Care:** the availability and use of policies for measuring patient satisfaction were assessed and an analysis of how these initiatives can be addressed and improved was made. In addition, the feedback mechanisms such as handling of complaints were assessed.
- **Health worker performance, engagement and attitudes:** the technical capacity and performance of health workers and their attitudes towards improvements in the quality of care was analysed.

The analysis of these thematic areas, as well as the information provided by the key stakeholders, formed the basis for the development of this policy.

Chapter 2

Situation Analysis

2.1 Strengths, weaknesses, opportunities and threats

An analysis of issues that have a bearing on the quality of health care being delivered in Zimbabwe was carried out. A summary of these include:

2.1.1. Strengths:

- Existence of institutions responsible for setting standards of care such as the Standards Association of Zimbabwe and regulatory bodies such as the Health Professions Authority among others
- Commitment and leadership from the MOHCC to ensure QA&QI processes are adopted as evidenced by the formation of the Quality Assurance Directorate in the MOHCC
- Existence of some clinical treatment, infection control, and clinical audit guidelines
- Well established proficiency testing system for laboratories.

2.1.2. Weaknesses:

- Underfunding of health services
- Variable provider competence to deliver best practices
- Low staffing levels against a background of high workload
- Lack of well-defined quality management systems in health training institutions
- Inadequate support and supervision systems for health workers
- Non-systematic undertaking of clinical audits
- Inadequate capacity of the QA Directorate within the MOHCC to oversee QA&QI activities

- Lack of inclusion of quality of care (content) measures, including regular analysis of such measures as part of routine facility health services and national and local Health Information Systems
- Lack of improvement capacity and experience among mid-level managers and front-line health service delivery staff to support continuous improvement to overcome important quality of care gaps
- Lack of pre- and in-service improvement capacity building
- Lack of data on major quality of care gaps and service delivery and health system obstacles related to priority health conditions
- Lack of good monitoring and feedback mechanism to allow two-way flow of information.

2.1.3. Opportunities:

- Political commitment at national level to the importance of quality for achieving priority national health outcomes
- Existence of Quality Assurance Directorate within the MOHCC
- Commitment of partners and professional associations to QA&QI initiatives
- Examples / models of good functional hospital quality management systems in place to adopt
- Several QA&QI initiatives in the country to learn from e.g. HIV/TB QA&QI initiatives, Maternal, Newborn and Child Health QA&QI initiatives, Results Based Financing experiences
- Existence of QA&QI policies and guidelines for some national programmes
- New constitutional provisions prioritizing health as a human right
- Institutional memory on QA&QI activities during the “good old days”
- Existence of a patient’s charter
- Existence of health center committees
- Availability of motivated community health workers.

2.1.4. Threats:

- Underfunding and inefficiencies in the utilization of health care resources
- Dependence on donors for funding of QA&QI activities

- Expectations for remuneration from staff whenever QA&QI is mentioned
- Lack of empowerment (education and knowledge of the patient's charter)
- Resistance to change among providers and managers
- Lack of data on the quality of care of the leading conditions of morbidity and mortality in Zimbabwe.

2.2 Key issues addressed in developing the QA&QI Policy

Assuring standards of care are met through high-level commitment and accountability for quality assurance and improvement processes:

Leadership, governance and oversight are central to ensuring commitment, accountability and transparency for quality assurance and improvement processes. High levels of commitment are needed to provide visionary leadership for the development and nurturing of a culture of quality of care in health.

Governance structures should provide a platform to consider the views of all stakeholders and form a basis for policy reviews based on these inputs. More importantly these bodies should be autonomous in their functions thereby guaranteeing impartiality. The governance structure should have bodies at all levels of the health system across institutional divides, inclusive of patient and user representatives. These structures should have the responsibility to ensure that health services delivered are of the highest quality to meet the needs of the communities they serve. To meet standards of care, there must be effective change at all levels of the system, including service delivery level where care is delivered.

Ensuring a patient-centred, participatory and equitable approach:

Acceptable health care which is patient-centred requires a holistic approach that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions. It is a process which builds on the relationship between a patient's autonomy and the technical/clinical safety of care through an informed and shared decision making process. This process guarantees the patients understanding of their health rights and the responsibilities as enshrined in the patient's charter.

Community participation is the key to empowering patients and users of health services to take ownership and control of their own health care. Participation of patients and their families in their own health care improves the effectiveness of care and enhances patient satisfaction. When patients are treated with respect, it increases their self-esteem, and confidence in the services they receive, improving future care-seeking. This can result in communities wanting to understand and know more about their health problems and to effectively solve them. Patients and communities who have more knowledge about their

health issues are able to initiate and participate in health promotion and preventive activities and also ensure adherence to treatment. This QA&QI policy aims to improve community participation and empowerment of users of health services to take control of their own health care.

Accessible health care services have no geographical, financial or psychological barriers. Geographical barriers to services can either be due to long distances or difficult terrain in reaching health services.

Financial access to services is the ability to pay user fees (direct costs) and other costs such as transport and food (indirect costs) whilst accessing services. There is a financial barrier to health care when a household reduces their basic expenditures over a certain period of time in order to cope with their medical bills. Unacceptable health expenditure occurs when the household spends an equal amount or above 40% of the household capacity to pay.

If these barriers are present, patients and users may not be able to access the health system in a timely fashion, leading to avoidable deaths and morbidity. The policy will aim to recommend how to improve access to health services by methods which are practical, effective and sustainable.

Improving patient safety and reducing errors in health care:

Significant levels of error can occur in the delivery of health care which can result in harm to patients. Patient safety can therefore be improved if errors in the delivery of care are carefully monitored and prevented. Patients and health workers are at risk of acquiring avoidable infections within institutions (nosocomial infections), if infection prevention and control procedures are weak. The disposal of medical waste is another important aspect, not only for patients' safety, but for health worker safety which needs to be addressed in an environmentally sound manner.

Patient safety can also be improved by strengthening the use of and adherence to treatment guidelines including the rational use of medicines. Beyond this, having guidelines to ensure correct procedures are carried out, such as surgical safety and infection prevention and control, are important. Designing systems and training health professionals to reduce hazards in health care will all contribute to reducing errors and where they do occur, potentially making these less serious.

Addressing health worker performance and attitudes and efficiency in the provision of health care:

Poor performance is a result of health staff not being sufficient in numbers, or not providing care according to national standards as well as care not being responsive to the needs of the community and patients. This policy seeks to address some of the factors related to poor performance. This includes the implementation of locally appropriate, evidence driven pre- and in-service training curriculum. Further scope for strengthening of health worker performance and attitudes will be through improvement of clinical and inter-personal skills;

supportive supervision; peer to peer evaluation; self-evaluation; and clinical decision-support. Availability of appropriate technology such as e-learning platforms provide an opportunity for improvement in these areas. The policy seeks to link performance improvement interventions to facility-wide human resources management, developing accountability systems in order to hold health workers and managers responsible for their performance.

Chapter 3

Overview of the QA & QI Policy

3.1 Target Audience

The target audience for this QA&QI policy includes all health providers, planners, programme managers, implementers, teaching/academic institutions, partners in the private and public sectors, non-governmental organisations in the health sector, patients, families and communities.

3.2 Aim of the QA&QI policy

The Zimbabwe QA&QI policy will guide the process of ensuring quality of care as well as continuous quality improvement in both public and private health sectors. The policy will provide guidance for capacity building and leadership for QA&QI processes at all levels of the health system, through adoption of proven effective change management methodologies. Compliance with already ratified conventions will be closely monitored to ensure that quality health care is delivered according to constitutional provisions.

3.3 Vision, Mission, Values and Objectives of the policy

3.3.1. Vision

By 2020, Zimbabwe has a well performing health system which is accessible, efficient, equitable, acceptable, effective, and safe and exceeds the expectations of users and communities.

3.3.2. Mission

To focus on QA&QI processes in the provision of all types of health services and to prioritize the nurturing of a work ethic that fosters a culture of always aspiring to meet and exceed patient/client/community expectations at all levels across the health sector.

3.3.3. Guiding Principles and Values

- Adherence to professional and clinical standards in delivering patient-centred focused health care
- Application of evidence and best practices to improve health care practices and to inform adaptation and development of policies and practices
- Commitment to a focus on health systems and processes of care for achieving best practices
- Commitment to effective team-work involving all relevant staff cadres for supporting continuous quality improvement
- Regular tracking and analysis of quality measures (indicators) as part of routine service delivery using a national HMIS to assess quality of services and guide continuous improvement
- Transparency and accountability by providers to regulators and consumers of health services
- A culture of safety for patients, health workers and other users of health facilities
- Recognition and rewards for performance in QA&QI initiatives
- Equitable access to health care in which clients and communities actively participate

3.3.4. Goal of the QA&QI policy

To provide quality preventive, curative and rehabilitative health services of proven effectiveness, safety and acceptability, which are accessible to the Zimbabwean population in an efficient and equitable manner.

Chapter 4

Objectives, Strategic Priorities and Policy Statements

There are several objectives, strategic priorities and policy statements of the policy. The MOHCC recognizes that some of these objectives are extremely ambitious given the current operating environment in Zimbabwe. In particular, some of the objectives such as addressing issues of accessibility, equity, accountability and transparency for quality assurance and improvement, will require broader health sector reforms.

Objective 1: To provide leadership, governance and oversight of quality assurance and improvement processes in health care while incorporating the views and expertise of all stakeholders.

Strategic Priority 1: Strengthening leadership structures and mechanisms that will assure and improve accountability for quality assurance and improvement in the health sector.

Policy Statements:

In order to achieve strengthened leadership structures and mechanisms that will assure and improve accountability for quality assurance and improvement in the health sector the following will be established:

- There shall be a national quality assurance and improvement steering committee reflecting high political commitment, constituted of relevant stakeholders to provide leadership, oversight and accountability for QA & QI initiatives in health.
 - The committee will be responsible for leading the concerned activities of setting priorities, integrating QA/QI activities in the national policy and strategic plan cycles as well as the associated monitoring and evaluation activities.
- The MOHCC shall reinforce and improve standards of care through the existing regulatory bodies such as National Professional Associations.
- The MOHCC shall regularly review and revise the health policy and strategy to improve existing guidelines, mechanisms, protocols and procedures governing health service delivery

- There shall be a body responsible for accreditation of health facilities following accepted standards and norms. This will be managed by the Health Professions Authority.
- Every healthcare institution and associated diagnostic, therapeutic and treatment centre shall have a QA & QI mechanism in alignment with national system for the monitoring and improving of health service delivery
- There shall be relevant clinical and operating standards and protocols established and applied at all levels within the health sector.
- Every health institution, public or private, shall have a standards check list for assessing the quality of care whose use and compliance shall be monitored and evaluated by QA&QI steering committees.
- The MOHCC shall facilitate an integrated supportive supervision approach at all levels (central, provincial and district) with an aim to improve quality of care using standardised supervision tools, procedures and protocols.
- Indicators that facilitate the monitoring of quality of care shall be incorporated within the health information management system. Clear procedures for data collection, utilisation and reporting will be developed and if feasible an electronic system will be introduced. Health workers will be trained on these new indicators.
- The MOHCC Top Management Team through the QA&QI directorate will support the strengthening of existing systems for quality control of medicines, laboratory, infection prevention and control as well as procurement and maintenance of equipment.

Objective 2: To improve the responsiveness of health professionals to meet patient expectations of care provided to deliver better health outcomes.

Strategic Priority 2: Increasing patients' participation and empowerment

Policy Statements:

- The patient and service charter shall be prominently and visibly displayed in all health institutions.
- There shall be Consumer Advisory Boards at all levels of the health system that shall be involved in monitoring, assessing and improving client satisfaction

Objective 3: To ensure geographical access to health care for populations who live in remote and hard to reach areas.

Strategic Priority 3 a: Addressing equity of health care

Policy Statements

- No patient shall be denied health care services from public institutions.
- The MOHCC shall ensure equitable distribution of human, financial and material resources in line with the Primary Health Care Approach and the National Health Strategy.
- There shall be mechanisms to monitor trends in equity in health and access to health interventions.

Strategic Priority 3b: Geographical access to health care

Policy Statements

- There shall be a health facility within the recommended 5 to 10 kms from the furthest point in the catchment area.

Objective 4: To ensure financial access and social protection for vulnerable populations in accessing health care

Strategic Priority 4: Reducing financial barriers to health care

Policy Statements

- There shall be adoption of formulae which incorporate catchment population health profiles and adjustments for remoteness and vulnerability when allocating health care resources.
- The MOHCC shall monitor and regulate the operations of medical aid societies to ensure adherence to core activities and avoidance of conflicts of interest with service providers.
- The MOHCC shall monitor pricing mechanisms in the health sector to ensure equity and avoidance of exorbitant health care costs.

Objective 5: To ensure that patients/clients are not harmed or injured in the process of receiving health care services.

Strategic Priority 5a: Improving patient safety and reducing errors in health care

Policy Statements

- The MOHCC shall develop patient/client safety guidelines to be applied at all health institutions.

- Guidelines to guide, support and improve patient safety through international standard compliance will be adapted and implemented in all health institutions
- Guidelines specific for infection prevention and control developed in line with IPC national policy will be implemented as an integral part of patient safety activities at all health institutions
- Guidelines specific for adherence to prescribing under the essential drug list of Zimbabwe will be implemented as an integral part of patient safety activities in all health facilities
- Guidelines specific for quality improvement curriculum development, revision, management and assessment of efficacy of training, including confirmation of minimum standard of professional qualification will be implemented as an integral part of patient safety activities in all health training institutions.

Strategic Priority 5b: Surgical safety

Policy Statements

- The MOHCC shall improve the operating environment to ensure that patients have access to safe and timely surgical procedures.
- Guidelines for safe surgical practices will be implemented as an integral part of patient safety activities in all health facilities
- Safe surgery shall be prioritised in the curriculum of pre- and in-service training for health workers who conduct surgical procedures.

Objective 6: To develop and maintain a motivated workforce that prioritises quality in work and a client centred approach to service provision.

Strategic Priority 6: Health Worker Performance, Engagement and Attitudes

Policy Statements

- Training institutions shall put in place quality management systems to ensure health workers reach a minimum standard of professional qualification.
- There will be a regular review and assessment of the national situation of health care institution workers, including health professionals (full and part time), allied health staff, health staff trainees and administrative staff to allow balanced national designation. This will be electronically based when possible through a national health workforce registry
- Training institutions shall revise curricula to ensure that Quality Assurance and Improvement is an integral part of pre-service training programmes.

- Timely reviews of the national health staff establishment will be undertaken to ensure an optimal health worker to patient ratio, in alignment with the national health strategy.
- The contracting of health staff will be done with the consideration of affordable terms of service that are nationally harmonized and attractive.
- The MOHCC shall create working conditions that are conducive for health workers to provide quality care.
- Quality of care managers shall be stationed at central, provincial and district level hospitals.
- The MOHCC shall ensure the institutionalisation of occupational safety in the health sector as well as ensuring that the rights of workers in the health sector are enshrined in the service charter.
- The system for performance management will be revised and implemented as an integral part of patient safety activities in all health training institutions and health care institutions
- The MOHCC shall revise the current performance management systems to ensure that they measure health worker competency and performance and link these to promotion and remuneration.

Chapter 5

Institutional Arrangements to Implement Policy

5.1 National Level

It is of paramount importance that a QA&QI Advisory Group (QA&QI-AG) with representation from senior management within the MOHCC as well as relevant stakeholders, oversee and guide the institutionalisation of QA&QI processes to support health care service delivery in the country. Ideally this advisory group will be chaired by the Minister of Health and Child Care or an appointed representative and will include key representatives from other ministries such as higher education and finance, UN agencies, bilateral partners, health insurance representatives, professional associations, regulatory bodies, civil society, private sector and non-governmental organisations.

The Terms of reference of the QA&QI Advisory Group shall include:

- Advocating and leading the adoption and enforcement of a culture of QA&QI in the health sector
- Mobilising resources and coordinating the input of major internal and external partners to support the adoption of QA&QI processes to improve quality of health care in the Zimbabwe
- Ensuring that standards of care, regulations and guidelines are upheld and where they are not, take corrective action.

The QA&QI-AG will be supported by the QA&QI Technical Working Group (QA&QI TWG) comprising all Principal Directors, the Director of Quality Assurance, other MOHCC directors, deputy directors and programme managers, representatives from regulatory authorities, technical partners and other stakeholders. The purpose of the technical working group is to advise and make recommendations to the QA&QI-AG on policies, strategies and guidelines to ensure QA&QI processes are institutionalised in the health sector. The terms of reference of this group will be to:

- Make recommendations to create and uphold a patient centred healthcare environment that respects the rights of patients

- Provide technical input into the development of standardised clinical and operating protocols, guidelines and systems
- Provide technical input on policies and strategies that will improve the quality of health service delivery
- Review best practices and models from other countries on QA&QI approaches and make recommendations to incorporate successful approaches in Zimbabwe
- Advise and make recommendations for implementation of QA&QI approaches and processes in Zimbabwe
- Establish and maintain contacts with local, regional and global organizations that have demonstrated success in the implementation of QA&QI approaches especially in resource limited settings.

5.2 Roles and Responsibilities of Stakeholders

5.2.1 Government:

The MOHCC will provide overall leadership and oversee planning, implementation, monitoring and evaluation of standards on QA&QI in the health sector. Other functions will include:

- Formulate enabling legislation for QA & QI initiatives in the health sector.
- Provide technical guidelines and protocols in support for QA & QI processes.
- Provision of high quality and maintenance of infrastructure and equipment at all levels of care.
- Create a conducive environment for continuous learning through training and effective mentoring.
- Identify and disseminate indicators and data collection tools on QA and QI.
- Promote operational research that informs policy implementation of QA and QI processes.

5.2.2 Private Sector

- Complement government efforts in the provision of accessible, affordable and quality health care in line with agreed national standards and guidelines
- Mobilise and allocate resources to QA&QI approaches in the provision of health services in the workplace

- Participate in national monitoring and evaluation of QA&QI processes
- Promote networking among private companies and developing mechanisms of peer review on QA&QI approaches
- Involve communities in QA&QI processes in the context of social responsibility programmes
- Assist government leverage on technical expertise such as setting of quality management systems.

5.2.3 Development partners:

- Provide technical and financial support for sustainable QA&QI initiatives
- Advocate for increased global and national commitment to QA&QI processes in the health sector
- Support operations research on QA&QI approaches.

5.2.4 Community Representatives, Civil Society, Non-governmental Organisations:

- Advocate for the rights of the population with respect to equitable access to quality health care services
- Act as watchdogs to improve accountability for providing quality health services in the country
- Forge partnerships that promote a culture demanding quality for services provided in communities
- Implement community based strategies that promote healthy behaviours as well as timely health seeking behaviour
- Complement government efforts in the provision of quality health care.

5.2.5 Professional Associations:

- Self-regulation of individual and institutional standards of practice
- Contribute to clinical guidelines development
- Provision of professional recognition of good performance

5.3 Monitoring and Evaluation of the policy

In addition to overall monitoring of the QA&QI policy implementation, there shall be monitoring and evaluation at all levels of service delivery to ensure that QA and QI processes are adopted effectively. Both quantitative and qualitative indicators will be used to assess levels of quality in the health care as well as the impact of QA&QI efforts. The existing National Health Management Information System shall be reviewed in order to capture data that generates indicators for QA&QI.

5.4 Implementation and Review of the policy

In order to ensure that the policy is implemented effectively, a costed strategic plan will be developed through a consultative process. Details of the QA&QI system will need to be developed for each level of care together with operational manuals which include institutional arrangements and terms of reference for different stakeholders.

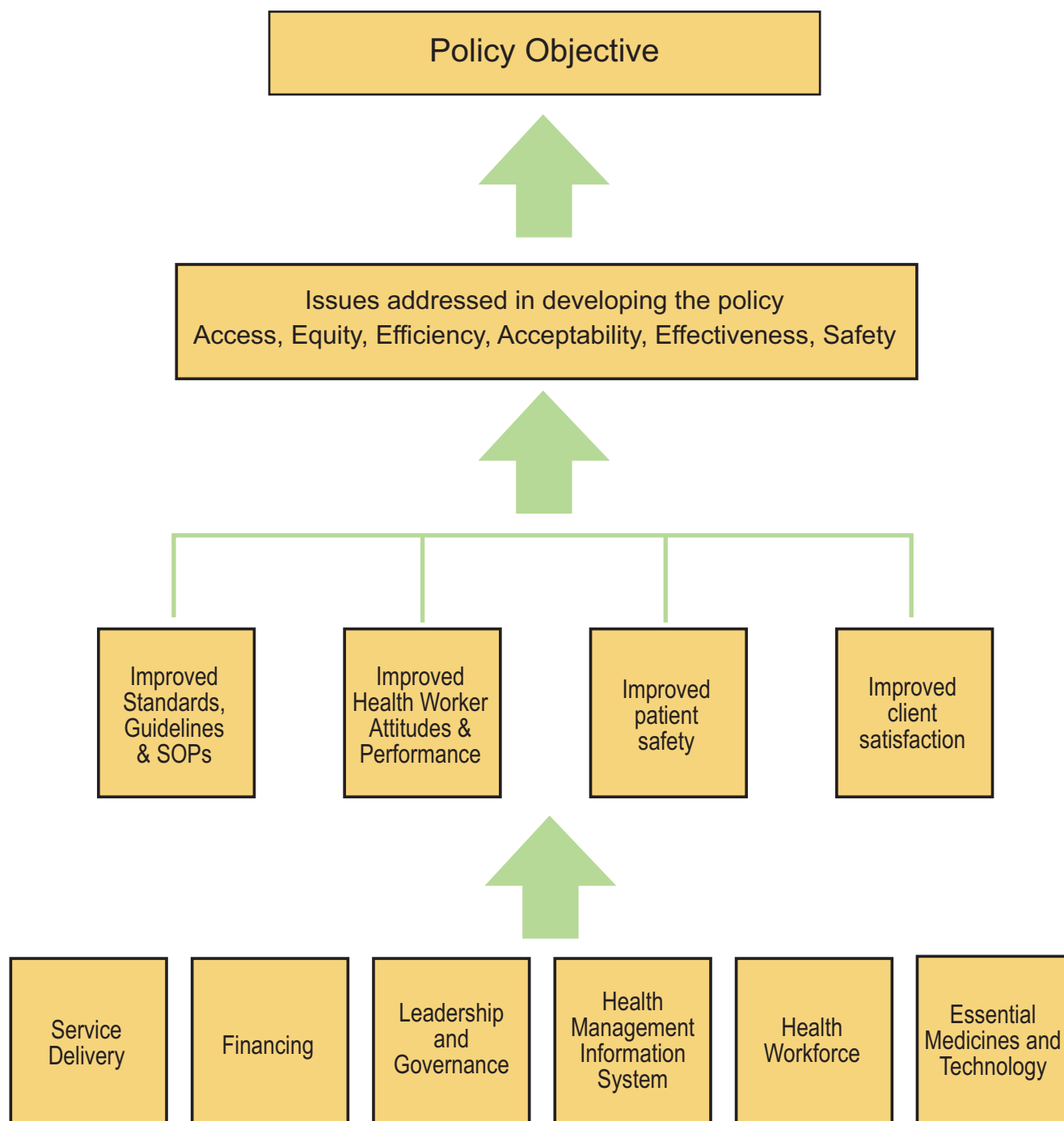
It is recommended that implementation of this policy be reviewed at least biannually over the next five years to ensure it remains relevant to the current context. This policy will be reviewed periodically in order to clarify guidelines, identify barriers to implementation, improve resource mobilisation and support advocating for policy reforms.

APPENDIX 1: Technical Working Group Members and Stakeholder Participants List

Name	Designation	Organisation
1. D. G Dhlakama	Principal Director PPME	MOHCC
2. Dr J. Z Chiware	Director, QA	MOHCC
3. Prof Rose Kambarami	Country Director	MCHIP
4. Francis Tain	Deputy Director	MCHIP
5. Dr Hillary Chiguvare	Technical Director	MCHIP
6. Dr Aboubacar Kampo	Chief Young Child Survival	UNICEF
7. Dr Assaye Kassie	Health Manager	UNICEF
8. Dr. S Midzi	Health Systems	WHO
9. Dr P Kariyo	Patient Safety	WHO
10. Dr Joyce Hightower	Patient Safety Officer	WHO
11. 61. Dr Simukai Zizhou	Provincial Medical Director	Mash East
12. Dr Simukai Zizhou	Provincial Medical Director	Mash East
13. Petros N. Ndanga	Quality Manager	MCAZ
14. Reggie Mutsindiri	Senior Inspector	HPA
15. Dr Felicity Z. Gumbo	Lecturer, Paediatric & Child Sciences	UZ, College of Health
16. Dr Fabian J Mashingaidze	Medical Superintendent	Gweru Provincial Hospital
17. Reuben Musairandega	Strategic Information & Evaluation	EGPAF
18. Lovemore Marufu	Deputy Director	Health Services Board
19. Dr Dickson Chifamba	Board Chair	CWGH
20. Itai Rusike	Executive Director	CWGH
21. Dr Anna Miller	Public Health advisor	MOHCC
22. Dr Isaac Phiri	Deputy Director Epidemiology	MOHCC
23. Dr F Madzimbamuto	Anaesthetist	UZ, College of Health Sciences
24. Gwati Gwati	Planning and Donor Coordination officer	MOHCC
25. Steven Banda	Deputy Director, PPME	MOHCC
26. Mrs R Hove	Director Pharmacy Services	MOHCC
27. Forward Mudzimu	Deputy Director Logistics and Research, Pharmacy Services	MOHCC
28. Mrs Margaret Tawodzera	A/ Food Safety Manager	MOHCC
29. Dr Shelton N Zichawo	Treasurer	College of Primary Care Physicians
30. Dr Jo Keatinge	Technical Advisor	USAID
31. Dr Douglas Gwatidzo	Secretary General	Zimbabwe Medical Association
32. Sylvia Kudakwashe	HR Officer	MOHCC
33. Dr Joseph Murungu	Deputy ART Coordinator	MOHCC
34. Dr Bernard Madzima	Director, Family Health	MOHCC
35. Mrs A. F. W. Dembetembe	Chief Internal Auditor	MOHCC
36. Enock Dongo	Member	Zimbabwe Nurses Association
37. Sabina Morrison	Director	Mildmay / ZACH
38. Mrs Sibongile Zimuto	Director	ZINQAP
39. Ms Lynette Munamati	Technical Manager	ZINQAP
40. Dr Tafara Moga	Care and Treatment Officer	EGPAF
41. Paulos Chifamba	QA Manager	Chitungwiza Central Hospital
42. George Samson	Environmental Health Officer	ZRP (PGHQ)
43. Thokozile Ngwenya	Senior Nursing Officer	Ingutsheni Hospital

44. Mrs Agnes Makoni	Programme Analyst	UNFPA
45. Ms Alice T Mazarura	Programme Manager	Save The Children
46. Ms Sikangezile Moyo	Matron II	Mpilo Central Hospital
47. Ms Elizabeth Mhanya	QA Focal Person (Matron)	Avenues Clinic
48. Mrs Paulina Zindi	Deputy Director	Govt Analyst Laboratory
49. Ms Rachael Gondo	Monitoring and Evaluation	CWGH
50. Mr T Mutisi	Human Resources Officer	Health Service Board
51. Edward Mutyambizi	Chief Accountant	MOHCC
52. Mrs Lilian Muchena	Programme Manager, NCD	MOHCC
53. Tandiwe Ngundu	Human Resources Officer	MOHCC
54. Ms Juliana Choto	Staff Officer, Administration	Zimbabwe Defence Forces
55. Mrs Philis Manungo	Nursing Officer /QA focal	Harare City
56. Mr Alois Mandizvidza	Chief Nursing Officer	Zimbabwe Prisons Services
57. Mr Tichabona Chikafu	QA Focal Person	Parirenyatwa Group of Hospitals
58. Ms Sibongile Mlingwa	Matron II	United Bulawayo Hospitals
59. Mrs Peggy C Zvavamwe	Chief Executive Officer	Harare Central Hospital
60. Mr Portifa Mwendera	Council Member	Pharmaceutical Society of Zimbabwe
61. Mr Sabastian Zuze	Director Quality Assurance	Standard Association of Zimbabwe
62. Mr Prosper Shumba	Quality Assurance Officer	National Institute of Health Research
63. Mr Collins Mitala	Laboratory Service Manager	National Blood Service
64. Mr Musiyambiri	Director Government	MOHCC Analyst Laboratory
65. Dr Susan Mutambu	Director National Institute of	MOHCC Health Research
66. Mildred Machiri	Head Of Standards	Ministry Of Industry and Commerce
67. Ngoni Chigwana	Executive Chairperson	Zimbabwe Diabetics Association
68. Dr J Dhliwayo	Deputy Director	CDC
69. Clara Chivonivoni	Principal Nursing Officer	UBH
70. Dr Obadiah Moyo	Chief Executive Officer	Chitungwiza Central Hospital
71. Ms Beatrice Gwata	Pharmacist	Pharmacist Council of Zimbabwe
72. Ms Sukai Chiro	Monitoring and Evaluation	National AIDS Council Officer
73. Gladys N Dube	Liaison Officer	Zimbabwe Infection Control Project
74. Agnes Chigora	Registrar	Medical Laboratory Council
75. Ms Anne Musiiwa	Deputy Director, NPAC	MOHCC
76. Mr Andrew Tangwena	M and E Officer, Malaria Program	MOHCC
77. Mr Samuel Tsoka	Deputy Director Health Promotion	MOHCC
78. Ms Fatima Chiguvare	Deputy Director, Traditional Medicine	MOHCC
79. Lee Nkala	Programme Manager, NCD	MOHCC
80. Mrs D Sithole	Deputy Director Mental Health	MOHCW
81. Mr Mugove Chipfurutse	National Organising Secretary	Zimbabwe Nurses Association
82. Gift Masojaa	PEDCO	MOHCW
83. Enock Chitekedza	Group Operations Executive	Premier Service Medical Aid Society
84. Mr Jonh Rutsito	Principal Nursing Officer	ZRP (PGHQ)
85. Dr Edward Makondo	Deputy Director, Nursing	MOHCW
86. Mr Edward Chagonda	Faculty Board	College of Primary Care
		Physicians of Zimbabwe
87. Mr Robison Ndakachinyei	Chief Nursing Officer	ZRP (PGHQ)
88. Arjanne Rietsema	Country Director	CORDAID
89. Mrs Bernadatte Sobuthane	Health Consultant	World Bank

APPENDIX 2: A conceptual framework for the QA&QI policy



Appendix 2 illustrates a conceptual framework that shows the relationship between the strategic priorities, main thematic areas and the policy objectives. The six building blocks of health systems strengthening provide the base for improved performance in the 4 thematic areas for QA and QI.

