Swaziland Ministry of Health
National Quality Assurance Program
Presentation in ACLN conference in Uganda 26th - 30th March 2012

Presenter: Thulile Dlamini
Program Manager.
Team Members: Dr Jabu Mavundla,
Sibongile Mndzebele, Gugu Masinga &
Thulile Dlamini
Presentation Outline

- Introduction/Background
- Programs Key milestone
- Challenges
- Future Plans
- Lessons Learned
- Conclusion
Background

• Quality Assurance Program was established by the Ministry in October 2006 by COHSASA in collaboration with SAHCD & introduced to stakeholders in 2007.

• QA program has evolved in phases.

• Simultaneous with the evolution in the national quality assurance program, different aspects of the Swaziland Ministry of Health included quality assurance in their units. Notable programs include:
Background (cont’d)

- The National Clinical Laboratory Services, which initiated WHO’s Strengthening Laboratory Management towards Accreditation (SLMTA) program;

- The National TB Program, which initiated a health care improvement program in conjunction with University Research Corporation

- The National AIDS Program, which initiated the HIVQUAL program in conjunction with UNICEF and HEALTHQUAL International

- Male Circumcision Quality Assurance was established to ensure that Male Circumcision services are delivered according to the WHO standards.

- The Swaziland National Blood Transfusion Services
  - Have Quality Assurance in place that ensures high standards of blood and blood products quality. This includes functional machinery and address customer care.
Background ......

• Through the HIVQUAL project, a total of 30 facilities underwent Organizational Assessments and the concept of “coaching,” in which regional MOH staff and partners support facilities on quality improvement exercises.

• The project also introduced the concept of quality improvement to Regional Health Management Teams, Regional Monitoring and Evaluation Officers and nurses
Key milestones

• Finalization of the QA Strategic plan

• Capacity building of Regional QA teams

• Selection criteria was developed (M&E officer, EHO, Clinic Supervisors, Pharmacists, & facilities QA focal persons).

• 1st phase training conducted & 2nd phase due 2nd - 5th April 2012. QI Consultant facilitating.
Key Milestones........

• QI projects selection by each region & implementation of the projects in progress.

• 1st Coaching & Mentoring of the QI projects conducted 20th – 24th February 2012 by NQA team.

• QA – conducting baseline assessments in 2 health centres & 2 specialized hospitals.

• 100% public hospitals & health centres – baseline conducted.
Key Milestones....... 

• 21% clinics with quality improvement activities.

• Health Standards for hospitals and health centres finalized.

• QA Comprehensive tool developed- through harmonized existing tools and included standards & criterions.

• Established relationship with Corporate Partners to support Health Awards initiative.

• Conducted Health Awards for best performing health facilities, Regions & programs.
Key Milestone......

• MOH developed the Essential Health Care Package, Essential Medicines List & Standard treatment guidelines documents. These enhanced the work of health quality

• Established link with M&E however, it needs to be strengthened.

• Expansion of the QA technical Working Group.
Lessons Learnt

• Health quality should be inbuilt within existing systems. This enhances its institutionalization.

• Health Facilities have a positive attitude towards quality improvement concept even those where Quality has not been introduced.

• Team work is the best strategy towards achieving positive results & involvement of all relevant stakeholders.

• Sharing and learning experiences are very essential.

• The Public’s awareness on Quality issues is vital.
Future Plans

• Launching, Dissemination of QA standards & strategic plan documents.
• Orientation on the above documents.
• Training of the 1st RQA team & their Certification for continuous coaching and mentoring activities within regions.
• Strengthen and supporting regions to use the QI methodology in addressing existing gaps in all service areas and departments.
Future Plans....... 

• Expand capacity building on quality to health care workers in health facilities.

• Conduct a Comparative study on Impact of Quality in the 3 levels of health care service delivery.

• Hold a Quality management Annual general meeting for reporting and sharing for all stakeholders.
Conclusion

• The Ministry of Health is engendered to incorporate quality improvement in all service areas in order to improve performance and service delivery at all levels and measure the performance regularly for sustenance. This will promote quality of life of the entire Swazi nation and reduce morbidity and mortality rate.

• The MOH appreciates that Quality is a systems intervention thus quality is for all.
“Most of the important things in the world have been accomplished by people who have kept on trying when there seemed to be no hope at all”

Dale Carnegie
• THANK YOU!
• SIYABONGA!