



REPUBLIC OF NAMIBIA

MINISTRY OF HEALTH AND SOCIAL SERVICES

NATIONAL QUALITY MANAGEMENT STRATEGIC PLAN

2021/2022 – 2025/2026

REPUBLIC OF NAMIBIA



MINISTRY OF HEALTH AND SOCIAL SERVICES

National Quality Management Strategic Plan 2021–2026

Division: Quality Assurance

Private Bag 13198
Windhoek
Republic of Namibia

Telephone: +264 – 61 – 203 2558

Fax: +264 – 61 – 309 128

Contents

FOREWORD	4
ABBREVIATIONS	5
1 INTRODUCTION	6
1.1 Purpose of the National QM Strategic Plan	6
1.2 Scope of the National Quality Management Strategic Plan	7
2 GOAL AND STRATEGIC OBJECTIVES	8
2.1 Goal	8
2.2 Strategic objectives	8
2.2.1 Strategic objective 1: Improve quality management systems	8
2.2.2 Strategic objective 2: Ensure client-centred care and engagement of consumers	13
2.2.3 Strategic objective 3: Improve patient and health-care worker safety	16
2.2.4 Strategic objective 4: Improve clinical and social welfare service practices	18
3 CONCLUSION	21
3.1 COVID-19 and the QM strategy	21
4 COSTING	22

FOREWORD

The National Quality Management (QM) Strategic Plan was developed to guide the implementation of key priorities of the National QM Policy and contribute to meeting the expressed commitments to quality care outlined in the Namibia Vision 2030, the Ministry of Health and Social Services (MoHSS) Strategic Direction and the National Development Plan.

The purpose of the QM Strategic Plan is to provide a framework for implementing QM initiatives at all levels of health service delivery in line with the National QM Policy. Given the scarce resources, it is important to prioritize specific actions that will strengthen the health-care system. The QM Strategic Plan sets out the key strategies and activities for implementation that will ultimately lead to an improved and sustainable quality of health-care services. Special attention was given to processes that will make health care safer for both clients and health-care workers.

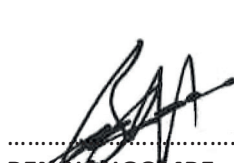
Quality of health care is locally defined as "health care that is timely, safe, respectful, responsive and improves health outcomes in Namibia". The QM Strategic Plan will, therefore, pursue the following dimensions of quality: safety, timeliness, effectiveness, affordability, people-centredness, friendliness and accessibility.


Although the QM Strategy is presented as a stand-alone document to provide details on the proposed activities, the key aspects will directly feed into broader health systems planning processes to ensure a coherent and integrated approach and avoid verticalization of the effort to improve health service quality.

The development of the National QM Strategic Plan was in tandem with the National QM Policy, through wider consultation with key stakeholders from the MoHSS, development partners, relevant training institutions, health consumers and the private sector.

I wish to acknowledge, with thanks, the support of the World Health Organization (WHO) and the US Centers for Disease Control (CDC) in Namibia for providing technical assistance and facilitation guidance in the formulation of the QM Strategic Plan. The MoHSS also expresses its profound appreciation to all health-care workers, the Quality Assurance (QA) Division, the Directorate of Special Programmes, the regional health management teams, and HEALTHQUAL at the University of California, San Francisco (UCSF), that contributed immensely during the finalization of this QM Strategy.

I therefore take this opportunity to request that all health sector stakeholders embrace this QM Strategic Plan and contribute to its implementation to improve the quality of health-care services.


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BEN NANGOMBE
EXECUTIVE DIRECTOR



ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
CSSD	Central Sterile Services Department
CDC	United States Centers for Disease Control and Prevention
COVID-19	coronavirus disease of 2019
CQI	continuous quality improvement
DHIS2	District Health Information Software 2
HCWs	health care workers
ICAT	Infection Control Assessment Tool
IPC	infection prevention and control
MoHSS	Ministry of Health and Social Services
OT	operating theatre
PM	performance measurement
PPE	personal protective equipment
QA	quality assurance
QI	quality improvement
QM	quality management
QMP	quality management programme
SOP	standard operating procedure
TIPC	Therapeutics Information and Pharmacovigilance Centre
UCSF	University of California, San Francisco
WHO	World Health Organization
WASH	water, sanitation and hygiene

1 INTRODUCTION

This strategic plan has been developed to provide direction for implementation of the wider quality management (QM) programme in Namibia. The strategic plan was developed through wider stakeholder consultation; it will guide implementation of key priorities of the National Quality Policy and contribute to meeting the expressed commitments to quality care outlined in the Namibia Vision 2030, the MoHSS strategic direction, and the National Development Plan.

The priorities in this strategy were selected from the MoHSS health priorities and the gaps that were identified in the QM situation analysis outlined in the QM policy. Implementation of the selected priorities will contribute to the provision of high-quality health services and the attainment of the MoHSS vision of being “the leading public provider of quality health and social welfare services according to internationally set standards”. While this strategy is presented as a stand-alone document to provide details on the proposed activities, it is anticipated that key aspects will directly feed into broader health systems planning processes to ensure a coherent and integrated approach and avoid verticalization of the effort to improve health service quality.

1.1 Purpose of the National QM Strategic Plan

To provide a framework for implementation of QM initiatives at all levels of health service delivery and in line with the National Quality Management Policy, this plan will cover the period 2021-2026.

The strategic plan clearly sets out the key strategies and activities for implementation that will ultimately lead to improved and sustainable quality of health-care services. Special attention is given to processes that will make health care safer for both clients and health-care workers.

The core principles of quality improvement will guide the activities that will be implemented. These principles include client-focused services, focusing on improving systems and processes in health-care delivery, performance measurement, teamwork-based quality improvements and learning from best practices.

The National QM Strategic Plan was developed in tandem with the National QM Policy, in consultation with key stakeholders from the MoHSS, development partners, relevant training institutions, health consumers and the private sector to ensure that the policy development process was highly consultative, participatory and transparent.

The MoHSS will coordinate implementation of this strategy with the assistance of key health-care stakeholders and partners.

1.2 Scope of the National Quality Management Strategic Plan

This strategic plan covers all levels of the health-care sector in Namibia, including public, faith-based and private sector facilities.

The strategic plan will pursue the following dimensions of quality as per the agreed local definition for quality health care in Namibia which emphasizes safety, timeliness, effectiveness, affordability, people-centredness, friendliness and accessibility.

Dimension of quality	What does it mean?
Safety	Avoiding harm to people for whom care is intended.
Timeliness	Reducing waiting times and sometimes harmful delays for both those who receive and those who give care.
Effectiveness	Providing evidence-based health-care services to those who need them.
Affordability	Making sure that health services are available at a reasonable cost.
People-centredness	Providing care that responds to individual preferences, needs and values.
Friendliness	Being kind when providing health-care services such as treatment, information, advice and counselling.
Accessibility	Making sure that health services are easily and readily accessible.

2 GOAL AND STRATEGIC OBJECTIVES

2.1 Goal

To ensure implementation of quality management initiatives at all levels of health care so as to improve the quality of health services in Namibia.

2.2 Strategic objectives

These strategic objectives are expanded from those outlined in the Quality Management (QM) policy as agreed on by the stakeholders.

Four strategic objectives will be implemented. They are:

1. improve quality management systems
2. ensure client-centred care and empowerment of consumers
3. improve patient and health-care worker safety
4. improve clinical practice.

2.2.1 Strategic objective 1: Improve quality management systems

Quality management refers to the processes used to improve the quality of health care in Namibia.

The key elements will include strengthening leadership for the QM programme, strengthening organizational infrastructure at all levels of health care, development of a QM plan, capacity building for QM, patient and community involvement, strengthening the performance measurement (PM) framework and achievement of outcomes.

The strategic objective aims to ensure the establishment of effective leadership, governance and accountability for quality of health-care services at all levels of service delivery.

Intermediate objective 1.1: Strengthen leadership for the QM programme

MoHSS leadership is responsible for setting clear goals, expectations and priorities and for assuring accountability for all staff involved with the national quality management programme (QMP). This includes hands-on participation in reviewing performance data and guiding the way forward based on the data.

Leadership support is characterized by efforts to secure adequate financial and human resources for the QMP, as well as verbal commitment in the form of convening meetings, speaking at quality conferences, and participating in regional QI activities. Leadership promotes buy-in and solicitation of feedback from community groups, professional networks, stakeholders and content experts for improvement.

Leaders help create an environment based on continuous QI, staff learning and skills building, without fear of punishment, and with recognition of success and active participation in the QMP.

Leaders should act as advocates of quality across directorates and departments for greater awareness and inclusion of quality across the health system/multiple health programmes.

Leaders foster an environment where quality and safety are fully integrated into the national care delivery system, regularly measured, reported and used for learning to set priorities and improve patient outcomes.

Activities:

1. Leadership (directors, programme managers, chief medical officers, nurse managers, senior medical officers, matrons, primary health care supervisors, among others) at all levels of health care, that is, at national, regional and district levels, should create a quality culture that promotes improvement, learning, communication, teamwork, measurement, consistency, transparency and safety as standard practices. Leaders will ensure that the following are implemented:
 - a. Establishment of the new position of QM focal person at the regional and district levels;
 - b. Capacity building of leaders in QM through training;
 - c. Creation of performance accountability mechanisms by incorporating quality measures in performance agreements at all levels of health care.

Objectively verifiable indicators:

- ❖ Number/percentage of regions, districts with QM focal persons
- ❖ Percentage improvement in key selected quality indicators.

Intermediate objective 1.2: Strengthen quality management of organizational infrastructure at all levels of health care

The organizational infrastructure includes formal QI committees at national, regional and district levels that provide routine technical support and feedback to national QM programme leadership. These committees should ensure implementation of QI activities to improve population health and/or quality of care issues, systematic collection and communication of improvement evidence, knowledge management to demonstrate results, sharing of improvement work and successful strategies, and support for implementation science.

Simultaneous QI activities will take place at each level of health care to ensure integrated QI efforts system wide. Operationally, this will require close collaboration and support at each level with mechanisms for training, mentorship, supervision and accountability.

Activities:

1. Formation and standardization of QI committees with clear terms of reference at all levels of health care to coordinate QI activities.
2. Development of an annual quality management plan at every level of health-care provision.
3. Conduct of QI initiatives to improve quality of care.

4. Collection of evidence linked to improvement implementation in an organized manner to facilitate improvements in care and organizational learning.
5. Implementation of a communication and knowledge management strategy to demonstrate results, share improvement work and successes, and support implementation science.

Objectively verifiable indicators:

- ❖ Number/percentage of facilities, districts and regions with formalized QI committees
- ❖ Number/percentage of facilities, districts and regions with an annual quality management workplan
- ❖ Number/percentage of health care facilities conducting planned QI activities
- ❖ Number of facilities submitting QI abstracts for presentation at different forums
- ❖ Number/percentage of facilities, districts and regions with a communication and knowledge management strategy.

Intermediate objective 1.3: Capacity building for QM

Capacity building activities revolve around coaching, mentoring and training at the national, regional and local health-care provider levels, and focus on building knowledge and skills for implementation of a sustainable national QM programme; they include specific activities to reinforce quality dimensions. Capacity building activities also include systematic peer learning strategies facilitated through formal mechanisms including regional QM groups to accelerate implementation nationally and throughout the public health system.

Activities:

1. Provide QI technical assistance through training, coaching and mentoring on QI to all health care workers (HCWs).
2. Facilitate and support peer learning through formal mechanisms, including regional QM groups.

Objectively verifiable indicators:

- ❖ Number/percentage of staff trained in QM in each facility
- ❖ Number/percentage of regions with QM coaches.

Intermediate objective 1.4: Continuous quality improvement (CQI)

The purpose of CQI is to improve health care by identifying problems, implementing and monitoring corrective action and studying its effectiveness.

Different methods will be used to continuously assure and improve the quality of health care, including health-care quality standards and multidisciplinary learning collaboratives.

Activities:

1. Roll out quality health-care standards in selected facilities.
2. Support health-care facilities to address identified gaps using QI methodologies.

3. Organize regular district/regional/national QM meetings/seminars/conferences for peer learning.

Objectively verifiable indicators:

- ❖ Percentage of selected health facilities with more than 80% compliance with quality standards
- ❖ Percentage of facilities with ongoing QI interventions.

Intermediate objective 1.5: Patient and community involvement

Patients, families and community members should be actively engaged in planning and delivery of health-care services at all (national, regional and local) levels. To accomplish this process of engagement, these stakeholders should be routinely asked for their input through formal and informal needs assessment activities such as surveys, focus groups and in-depth interviews, and the information used to inform improvement interventions.

Patients, families and communities should be actively empowered through formal consumer involvement trainings and be formally represented on decision-making bodies of facilities, and at district and national levels.

Activities:

1. Ensure that patient representatives and community members/groups are effectively engaged in the QM programme at all levels of health care as follows:
 - reviewing national clinical performance data and discussing quality during formal meetings;
 - participating in formal patient advisory committees at the regional and district levels and in quality committee activities in health-care facilities;
 - receiving trainings in QM principles and methods;
 - engagement in making recommendations based on performance results.

Objectively verifiable indicators:

- ❖ Number/percentage of facilities with advisory committees where patients are members
- ❖ Number/percentage of facilities with quality improvement committees where patients are members
- ❖ Number of consumers trained in QM.

Intermediate objective 1.6: Strengthen the performance measurement framework at all levels of health care

Performance measurement (PM) data should be systematically analysed to identify areas of patient care that can be improved through national decision-making, policy or priority setting.

The national QM programme should develop and implement a clinical data collection system from which local performance measurement data on prioritized measures will be collected, aggregated at subnational

and national levels, and analysed for local and national improvement. Data collection should follow standardized methods and a timeline as prescribed in the QM plan.

Activities:

1. Ensure appropriate clinical performance data are collected and analysed to assess the quality of health care and services nationwide.
2. Develop a framework for measurement that will help organize a logical approach to measuring and analysing data for decision-making.
3. Select quality performance indicators to be reported by all health-care facilities including community-based health care facilities.
4. Set up a national quality management database (that is linked to the hospital information system) that captures data on all selected performance indicators from clinical providers nationwide, and includes outcome measures.
5. Develop standardized data collection and reporting tools and collaborate with the District Health Information Software 2 (DHIS2) to ensure that the quality performance indicators are captured.
6. Analyse data at the facility and district, regional and national levels to identify gaps, opportunities, priorities for programmatic decision-making.
7. Generate PM data reports and provide regular and timely feedback of aggregated data to all levels.
8. Use data from available information systems like DHIS2 for decision-making at all health-care levels.

Objectively verifiable indicators:

- ❖ Number of facilities analysing and using PM data
- ❖ Number/percentage of health-care facilities submitting performance data in a timely manner
- ❖ Percentage of facilities with complete data
- ❖ Percentage improvement in selected indicators.

Intermediate objective 1.7: Strengthen supportive supervision within all facilities and at all levels

Supervisory visits will be conducted to health-care facilities to provide an opportunity for performance feedback and monitoring, shared learning and problem solving between supervisors and supervisees. Supportive supervision helps staff to improve their own work performance continuously and should be carried out in a respectful manner that focuses on using supervisory visits as an opportunity to improve the knowledge and skills of health staff.

Activities:

1. Review existing supervision and monitoring tools related to quality assurance (QA) and adapt them into a unified monitoring tool.
2. Disseminate supervision and monitoring tools and guidelines to all regions and facilities and provide relevant training to supervisors and health workers.
3. Develop the human resource capacity and systems for supervision/monitoring.

4. Update supervision and monitoring tools and guidelines every 3-5 years.

Objectively verifiable indicators:

- ❖ Number of supervisory visits conducted annually
- ❖ Availability of a unified monitoring tool.

Intermediate objective 1.8: Achievement of outcomes

The QMP should demonstrate evidence of measurable improvement in clinical outcome measures based on organizational goals and priorities across all service areas. Results of these measures are tracked, routinely captured in performance data reports and disseminated internally and externally.

It is necessary to establish a recognition mechanism as an intrinsic motivator for outcomes-based improvement. Annual recognition of the facilities with the highest performance in selected indicators should be done through leadership at the facility, district, regional or at national level.

Objectively verifiable indicators:

- ❖ Percentage of performance data reports annually
- ❖ Percentage of facilities reaching 80% of the standards
- ❖ Percentage improvement in key selected quality indicators.

2.2.2 Strategic objective 2: Ensure client-centred care and engagement of consumers

The active participation of clients in their care can improve care effectiveness and satisfaction with the care provided. Clients who are treated with dignity are well informed and able to participate in treatment decisions, and are more likely to comply with their treatment plans.

Empowering individuals with information and skills tools to care for themselves is especially important for individuals with chronic illness or disability. Enabling users to assess their health practice, preventive health care, and self-care will improve their health and reduce unnecessary health-care services and costs.

Community participation is essential given that not only individuals need to be encouraged to participate in health care but also whole communities. The importance of community action has already been clearly demonstrated in the fight against AIDS and other chronic illnesses. Community leaders play a major role as a link between health-care facilities and communities and advocate for health-care promotion and services.

Intermediate objective 2.1: Establish a client feedback system in all facilities providing health care

Client satisfaction is one of the primary aims of any QM programme. When clients are not satisfied with a service provided, they will complain and potentially forego care in future. It is therefore vital to devise means of finding out clients' complaints and suggestions about the services provided.

Client complaints provide a basis for developing an effective customer care programme. The set of activities put in place to enable health-care providers find out and address clients' complaints constitutes a complaints system. Complaints should be referred to the facility management as necessary; data from the complaints system should be used to improve care and feedback should be given.

Activities:

1. Establish a client information and feedback system.
2. Designate staff with good interpersonal skills to listen to the clients, give appropriate information and ensure that complaints are addressed.
3. Provide a clearly labelled suggestion box that is easily noticeable and assign a person to empty the box, analyse its contents and report findings to management; ensure appropriate feedback is given to clients and health-care workers.
4. Develop standard client exit questionnaires and ensure that they are routinely used in the health-care facilities.
5. Institute methods to ensure that clients can provide 'not-in-person' feedback by way of a phone number to an office or to a complaints focal person. This will allow patients to offer feedback after taking the time to reflect on their experience; it offers a greater degree of anonymity to clients who may be fearful of stigma or discrimination if health-care staff or other patients were to see them complaining about the services received.
6. Complaints data should be captured in routine information management systems and analysed.
7. Complaints and positive feedback about health-care staff should be reviewed during a professional appraisal process. Issues relating to various departments should be raised with management and directly addressed, with support from facility/district quality management teams as appropriate.
8. Customer care should be incorporated in pre-service and in-service training.

Objectively verifiable indicators:

- ❖ Percentage of facilities with a client information and feedback desk and/or the suggestion box
- ❖ Percentage of facilities that conduct client exit interviews
- ❖ Percentage of complaints that are addressed and resolved formally
- ❖ Percentage of HCWs trained in customer care.

Intermediate objective 2.2: Raise patient/client awareness about their rights and responsibilities

The Patient Charter of Namibia was developed with the purpose of promoting the public's awareness of their rights and responsibilities as they relate to health care in Namibia. *The Patient Charter of Namibia* should be translated into common local languages and efforts should be made to communicate it to the public using existing media platforms.

Activities:

1. Distribute and disseminate *The Patient Charter of Namibia*.
2. Display *The Patient Charter of Namibia* at all service delivery areas in all health facilities or a summary/patient friendly version thereof given the length of the Charter.
3. Include *The Patient Charter of Namibia* in the weekly health education activities both at the outpatient and inpatient departments.
4. Health management should institute and strengthen corrective measures to address the violation of patients' rights.
5. Integrate *The Patient Charter of Namibia* into the training curriculum for health professionals.

Objectively verifiable indicator:

- ❖ Proportion of health facilities which have *The Patient Charter of Namibia* displayed at the service delivery area.

Intermediate objective 2.3: Ensure that facilities have systems for informed consent

Informed consent ensures that the patient is adequately informed about his/her condition and can participate in discussion and choice of appropriate interventions. Informed consent is an ethical and legal requirement and should be done in understandable language.

Activities:

1. The national level should develop standard informed consent forms for different procedures including clients undergoing surgical procedures for use at all health facilities.
2. Develop a standard operating procedure on informed consent and train HCWs thereon.

Objectively verifiable indicator:

- ❖ Percentage of clients undergoing major surgical procedures that used standardized informed consent forms.

2.2.3 Strategic objective 3: Improve patient and health-care worker safety

Patient safety refers to processes or structures which when applied reduce the probability of adverse events resulting from exposure to the health-care system across a range of diseases and procedures.

All health-care professionals and institutions have obligations to provide safe and quality health care and to avoid unintentional harm to patients. There should be no needless deaths or suffering, no excessive delays in attending to customers, no helplessness and no waste during the provision of health services.

Aim of the strategic objective: To ensure that patient safety is a fundamental principle of the health-care delivery system in improving health outcomes. A system for monitoring and documenting unsafe events will be introduced and interventions to continuously reduce the incidence of such events will be initiated.

Intermediate objective 3.1: Strengthening of infection prevention and control (IPC) standards

The aim of this objective is to minimize health care-associated infection. The implementation of simple measures such as improved hygiene conditions, health-care waste management and safe use of injections, invasive devices and blood transfusions will minimize health care-associated infections.

In addition, sustainable water, sanitation and hygiene (WASH) services in health-care facilities are critical for providing safe, quality health care. Hand hygiene has a very high impact on morbidity and mortality and is the most effective infection control measure. It should be promoted as the entry point for subsequently enforcing other essential preventive measures. All health facilities should adhere to all guidelines contributing to IPC.

Activities:

1. Develop a dedicated implementation strategy for IPC with a multi-modal approach.
2. Strengthen the availability of WASH at all health-care facilities.
3. Ensure that the IPC, operating theatre (OT), Central Sterile Services Department (CSSD) guidelines and Infection Control Assessment Tool (ICAT) are available and used in all the facilities.
4. Conduct refresher trainings for all staff on the above documents.
5. Ensure that all hospitals and health centres have active IPC committees.
6. Revise the IPC reporting template and disseminate it to all the facilities.
7. Ensure that quarterly reports regarding IPC activities are submitted by all facilities at the district, regional and national levels.
8. Provide isolation facilities at hospitals and health centres and ensure that personal protective equipment (PPE) is available, together with the protocols for its use.

Objectively verifiable indicators:

- ❖ Total number of IPC committee meetings in both public and private facilities held per year (standard IPC meetings should be held monthly)
- ❖ Percentage of surgical site infections reported in both public and private health-care facilities
- ❖ Number of people (patients and health workers) who acquired health care-associated infections
- ❖ Percentage of facilities with basic water services to measure compliance with WASH.

Intermediate objective 3.2: Establish standardized adverse event reporting systems in public and private health facilities

An adverse event is a harmful and undesired effect resulting from medication or other medical intervention.

Identifying and reducing errors and focusing on system changes can substantially reduce injuries and adverse events. Therefore, it is important to foster a culture of reporting in facilities. The safest health-care facilities are those that regularly report and learn from their mistakes. Facilities should therefore not be penalized for reporting or for an initially high number of reports. High reporting of incidents may perhaps even be initially encouraged for it shows facilities are eager to learn and put in place corrective actions.

This activity is partially being conducted through the Therapeutics Information and Pharmacovigilance Centre (TIPC), which monitors adverse effects related to medications and vaccines.

Activities:

1. Develop policy and guidelines on adverse events including near misses.
2. Disseminate guidelines on adverse events to all regions.
3. Develop a facility adverse events register.
4. Conduct continuous training/orientation for all staff on the prevention and management of adverse events.
5. Implement adverse event monitoring as part of routine service provision.

Objectively verifiable indicators:

- ❖ Number/percentage of public health facilities with adverse incident monitoring guidelines/registers
- ❖ Number/percentage of facilities that use guidelines correctly
- ❖ Number/percentage of facilities reporting an adverse incident.

Intermediate objective 3.3: Improve health-care waste management

Improved waste management helps to reduce exposure to infectious materials and protects from dangerous or harmful materials. It entails disposing of health-care waste in a way that does not adversely affect the environment around the health facility.

The national waste management policy and integrated health-care waste management plan should be implemented in order to improve health-care waste management. Health-care workers should be trained on how to sort medical waste according to type and nature.

Activities:

1. Ensure that all facilities have access to recommended functional waste disposal facilities such as incinerators.
2. Ensure that waste disposal commodities such as colour coded plastic waste bags and sharps containers are available at all times.
3. Train all staff in waste management.

Objectively verifiable indicators:

- ❖ Percentage of facilities with no stock-out of colour coded plastic waste bags
- ❖ Percentage facilities with no stock-out of sharps containers
- ❖ Percentage of facilities with access to functional incinerators.

Intermediate objective 3.4: Strengthen safe clinical and surgical procedures

Strengthen the implementation of the surgical and safe childbirth checklist. The knowledge of checklist application/steps is important in ensuring provision of quality surgical and childbirth services.

Activities:

1. Strengthen the use of the WHO surgical and safe childbirth checklists.
2. Monitor incidents related to poor adherence to the checklist as part of routine supervision and monitoring activities.

Objectively verifiable indicators:

- ❖ Number/percentage of hospitals with WHO surgical safety checklist available
- ❖ Number/percentage of hospitals using the WHO surgical safety checklist
- ❖ Number/percentage of hospitals with safe childbirth checklist available
- ❖ Number/percentage of hospitals using safe childbirth checklist.

2.2.4 Strategic objective 4: Improve clinical and social welfare service practices

Good clinical and social welfare services involve a set of activities that lead to the correct diagnosis and successful treatment of conditions presented by a patient.

In order to achieve good clinical and social welfare practices, it is essential to have adequate and timely provision of basic equipment, supplies and other logistics.

The aim of this strategic objective is to increase the number and proportion of health facilities providing clinical and social welfare services according to agreed national treatment guidelines.

Intermediate objective 4.1: Improve knowledge and skills of clinical and social welfare staff through the provision of standard treatment guidelines/protocols and job aids

This intermediate objective covers a number of clinical conditions and social ills that fall within the scope of clinical and social welfare services.

Activities:

1. Develop/review and disseminate clinical and social welfare guidelines/protocols/job aids.
2. Relevant departments and key partners to ensure that HCWs are trained in the use of clinical and social welfare guidelines.
3. Improve documentation of patient information by:
 - a. reviewing and updating the current patient record forms
 - b. developing guidelines/standards on documentation of patient records
 - c. developing standard operating procedure (SOP) on medical record completion
 - d. performing document audits
 - e. identifying and sharing best practices.

Objectively verifiable indicators:

- ❖ Availability of policy, guidelines/protocols/job aids
- ❖ Number of staff trained in the use of clinical guidelines.

Intermediate objective 4.2: Improve patient referral practices between facilities

A good referral system should ensure that the appropriate human resources, multidisciplinary approach, skills and equipment are available at district, intermediate and national levels to treat complicated cases that cannot be handled at lower levels. Referrals should be timely and ensure that there is a clear communication of the referral path to patients to increase their compliance/adherence.

Activities:

1. Educate health workers and the public on the referral system to promote care-seeking behaviour.
2. Equip facilities with referral forms and relevant tools.
3. Monitor and supervise referral practices and the support mechanism.

Objectively verifiable indicators:

- ❖ Percentage of facilities with national referral policy and guidelines
- ❖ Percentage of facilities referring according to agreed national guidelines.

Intermediate objective 4.3: Establish/strengthen clinical and death audit systems in all regional and district hospitals

This is a QI process that seeks to improve patient care and outcomes through a systematic review of care against standards. To be effective, the audit must be conducted regularly as an integral part of patient management and should involve all members of the health team.

The audit must be confidential and blame-free in order to encourage open reporting and be seen as an improvement effort. Management should also commit to correcting problems that emerge from the audit.

Activities:

1. Develop/review and disseminate clinical and death audit guidelines.
2. Establish/strengthen and operationalize a confidential audit committee in hospitals and at the regional and national levels.
3. Create proper feedback mechanisms on audit findings and show how identified issues were addressed.
4. Implement interventions to address gaps in clinical competencies that have been identified.

Objectively verifiable indicators:

- ❖ Availability of audit guidelines and reports
- ❖ Percentage of hospitals with confidential audit committees
- ❖ Number of audits conducted.

3 CONCLUSION

An operational plan will be developed for each year outlining the activities, responsible persons and resource requirements as follows: a steering group will be established to oversee implementation; a monitoring and evaluation plan will be developed and integrated with the quality policy monitoring and evaluation framework; activities will be integrated with related health sector strategies; and the strategy will be evaluated and reviewed before it is revised.

3.1 COVID-19 and the QM strategy

While this strategy has been developed through a comprehensive process over the course of several years, the start of its implementation period coincides with the COVID-19 public health emergency. Clearly, given the significant implications of COVID-19 for the health sector in Namibia, adaptation will be required for any health sector strategy. However, it is important to recognize that quality of care is a key aspect of preparedness and response to COVID-19, and that there is need for a continued focus on longer-term health systems strengthening even in the midst of public health crises.

Against this background, there is justification for continuing to publish and implement the national QM strategy while also adapting its implementation to take account of the COVID-19 context. This will be done through the development of a 12-18-month operational plan that will prioritize and adapt implementation activities to support COVID-19 case management and the maintenance of essential health services.

NAMIBIA NATIONAL QUALITY MANAGEMENT STRATEGY - COSTING

Strategic Objective	Strategic Action Area	Activity	Timelines					
			2022	2023	2024	2025	2026	Total (USD)
Strategic Objective 1: Improve Quality Management (QM) Systems								
1.1: Strengthen Leadership for QM Program								
		1. Establishment of new positions of the QM focal persons at the national, regional and district levels	1,599,208	2,319,070	2,399,496	2,665,042	2,799,908	11,782,724
		2. Capacity building of leaders in QM through training	1,550,050	2,136,400	2,328,676	2,538,257	2,766,700	11,320,083
		3. Creation of accountability mechanisms for performance through incorporating quality measures in performance agreements at all levels of health care.	1,470,500	2,136,400	2,328,676	2,538,257	2,766,700	11,240,533
			79,550	-	-	-	-	79,550
1.2: Strengthen quality management organizational infrastructure at all levels of healthcare								
		1. Formation and standardization of quality improvement (QI) committees with clear terms of reference at all levels of healthcare to coordinate QI activities.	26,390	26,390	26,040	26,040	26,040	130,900
		2. Developing of Annual QM Plan at every level of healthcare provision	-	350	-	-	-	350
		3. Conducting QI initiatives to improve quality of care	-	-	-	-	-	-
		4. Collection of evidence linked to improvement implementation in an organised manner to facilitate improvements in care and organizational learning	26,040	26,040	26,040	26,040	26,040	130,200
		5. Implement a communication and knowledge management strategy to demonstrate results, share improvement work and successes, and support implementation science	-	-	-	-	-	-
1.3: Capacity Building for QM								
		1. Provide QI technical assistance through training, coaching and mentoring on QI to all healthcare workers	350	-	-	-	-	350
		2. Facilitate and support peer learning through formal mechanisms, including Regional QM groups	-	62,350	24,780	80,745	-	167,875
1.4 Continuous Quality Improvement (CQI)								
		1. Roll out quality healthcare standards in selected facilities	-	62,350	-	80,745	-	143,095
		2. Support healthcare facilities to address identified gaps using QI methodologies	-	-	24,780	-	-	24,780
		3. Organize regular district/regional/national QM meetings/ seminars/conferences for peer learning	22,068	20,000	20,000	20,000	-	82,068
1.5: Patient and community involvement								
		1. Reviewing of national clinical performance data and discussing quality during formal meetings	22,068	20,000	20,000	20,000	-	82,068
		2. Participating in formal patient advisory committees at the region and districts and in quality committee activities at healthcare facilities	-	-	-	-	-	-
		3. Receiving trainings in QM principles and methods	-	73,930	-	-	-	73,930
1.6: Strengthen Performance Measurement framework at all levels of healthcare								
		1. Develop a framework for measurement that will help organize a logical approach to measuring and analysing data for decision making.	-	-	-	-	-	-
		2. Select quality performance indicators to be reported by all healthcare facilities including community-based healthcare.	-	-	-	-	-	-
		3. Set up a national quality management database (that is linked to HIS) that captures data on all selected performance indicators from clinical providers nationwide, and includes outcome measures	-	-	-	-	-	-
		4. Develop standardized data collection and reporting tools and collaborate with the DHIS2 to ensure the quality performance indicators are captured.	-	-	-	-	-	-
		5. Analyze data at the facility, district, regional and national levels to identify gaps, opportunities, priorities and programmatic decision making.	-	-	-	-	-	-
		6. Generate PMI data reports and provide regular and timely feedback of aggregated data to all levels	-	-	-	-	-	-
		7. Use of data from available information systems like HIS2 for decision making at all healthcare levels	-	-	-	-	-	-
1.7: Strengthen supportive supervision within all facilities and at all levels								
		1. Review existing supervision and monitoring tools related to quality assurance and adapt into a unified monitoring tool	700	-	-	-	7,168	7,868
		2. Disseminate supervision and monitoring tools and guidelines to all regions and facilities and provide relevant training to supervisors and health workers	700	-	-	-	-	700
		3. Develop the human resource capacity and systems for supervision/monitoring	-	-	-	-	-	-
		4. Update supervision and monitoring tools and guidelines every 3-5 years	-	-	-	-	7,168	7,168
1.8: Achievement of outcomes								
		Use of routine data	-	-	-	-	-	-

Objective 4: Improve Clinical and Social Welfare Services Practices

4.1: Improve Knowledge and Skills of Clinical and Social Welfare Staff through Provision of Standard Treatment Guidelines/Protocols and Job Aids

1. Develop/review and disseminated and review clinical and social welfare guidelines/protocols/job aids
2. Relevant departments and key partners to ensure HCWs are trained on the use of clinical and social welfare guidelines.
3. Improve documentation of patient information by:

- b. Developing guidelines/standards on documentation of patient records

- d. Perform document audit

- ### Patient Referral Practices between Facilities

2. Equip facilities with referral forms and relevant tools

- ### Strengthen Clinical and Death Audit Systems in all Regional and District Hospitals

2. Establish/strengthen and operationalise a confidential audit committee at hospitals, regional and national levels
3. Create proper feedback mechanisms on audit findings and how identified issues were addressed.

1,822,856	2,319,070	2,399,496	2,665,042	2,799,908	12,006,372
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