



REPUBLIC
of
MOZAMBIQUE
MINISTRY of HEALTH



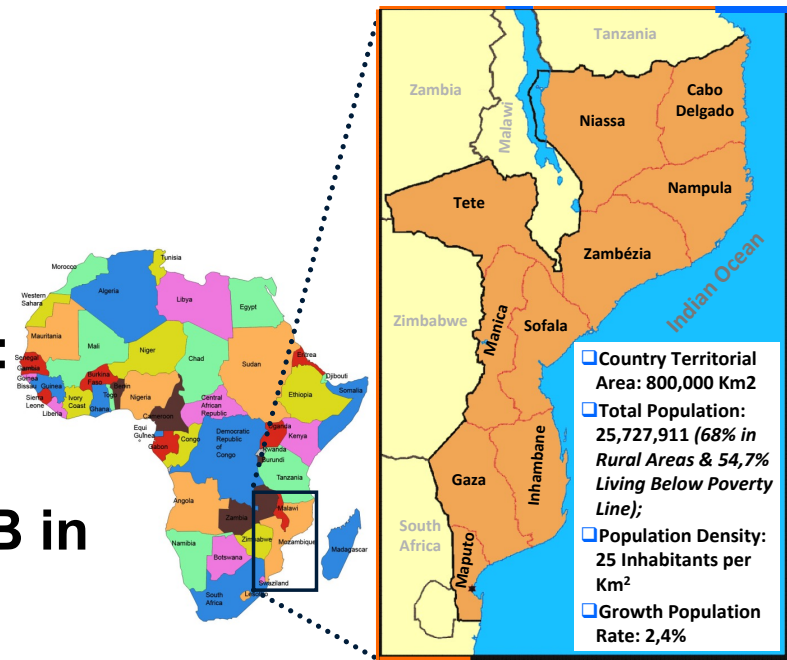
Humanizing and Transforming the Maternal & Neonatal Health Care in Mozambique: The Model Maternity Initiative



Maria da Luz Velho Vaz, MD, MPH
Maternal and Child Health Integrated Program, Mozambique

MOZAMBIQUE: Selected Health Indicators

- ☑ **Skilled Birth Attendance: 54.3%**
- ☑ **Ratio Inhabitants/Doctor: 20,951**
- ☑ **Ratio WRA & Children<5/MCH Nurse: 2,324**
- ☑ **MMR: 1,000 in 1990 to 408/100.000 LB in 2011**
- ☑ **NMR: 59 in 1990 to 30/1000 LB in 2011**



Sources: DHS 1997, 2003 and 2011; Census 2007.

Cynthia's First Experience as a Mother!



... the Maxixe HC Nurse explained that I have the right to have a companion with me during labor and delivery...



... I am very thankful for the support and guidance that nurses gave to me and my family during labor and delivery, and mostly because of their encouragement to involve my husband...



...It was a long day for my wife... we followed the nurses' instructions, we gave her tea and mild meals, I walked with her...

The Maxixe Maternity is one of the **125 Maternities** involved within the **Model Maternity Initiative Process (MMI)** as part of the **National MoH Strategic Plan for Quality and Humanization of Health Care.**

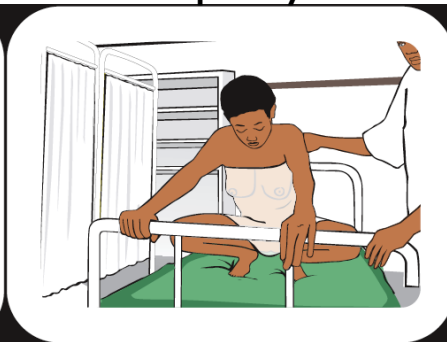
- ❑ **Centers on the individual;**
- ❑ **Emphasizes the fundamental rights of mothers, newborns and families;**
- ❑ **Promotes birthing practices that recognize women's preferences and needs;**
- ❑ **Focus on humanistic/respectful care and the scaling-up of evidence-based high-impact interventions.**

MMI promotes RMC together with other high impact intervention practices during Labor and Delivery

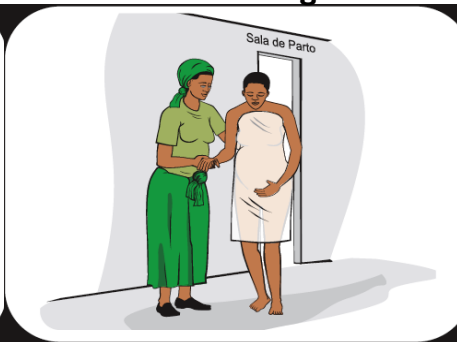
Respect for beliefs, tradition and culture...



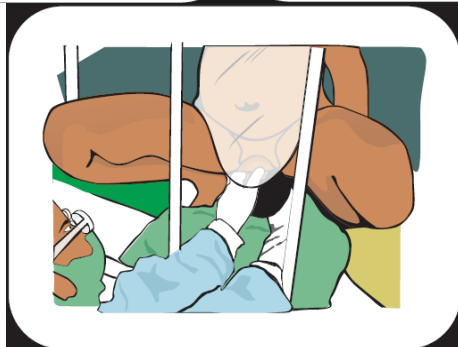
The right for information and privacy...



The right to have liberty of movement during labor...



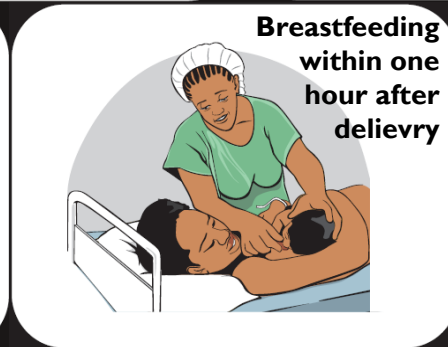
The right to choose and have a companion...



The right to choose the position for childbirth...



Immediate Skin-to-Skin contact

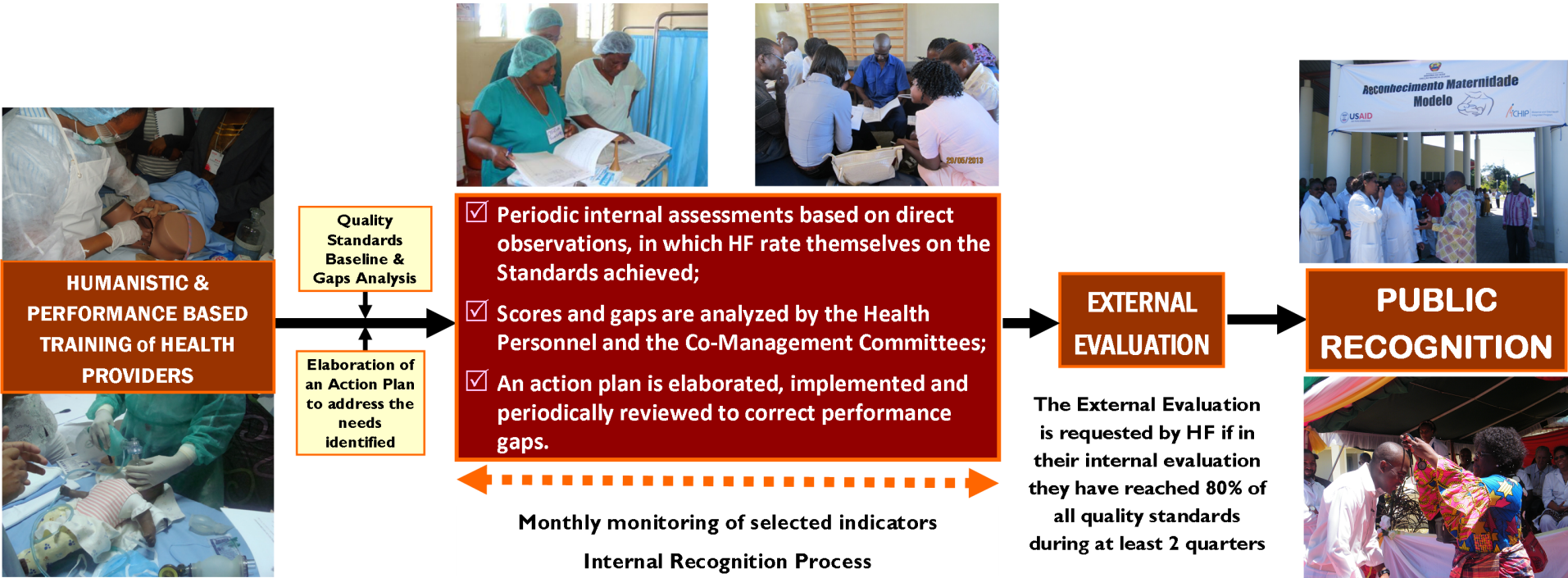


Breastfeeding within one hour after delivery

Keeping mother and baby together

MMI Quality & Humanization Improvement Process:

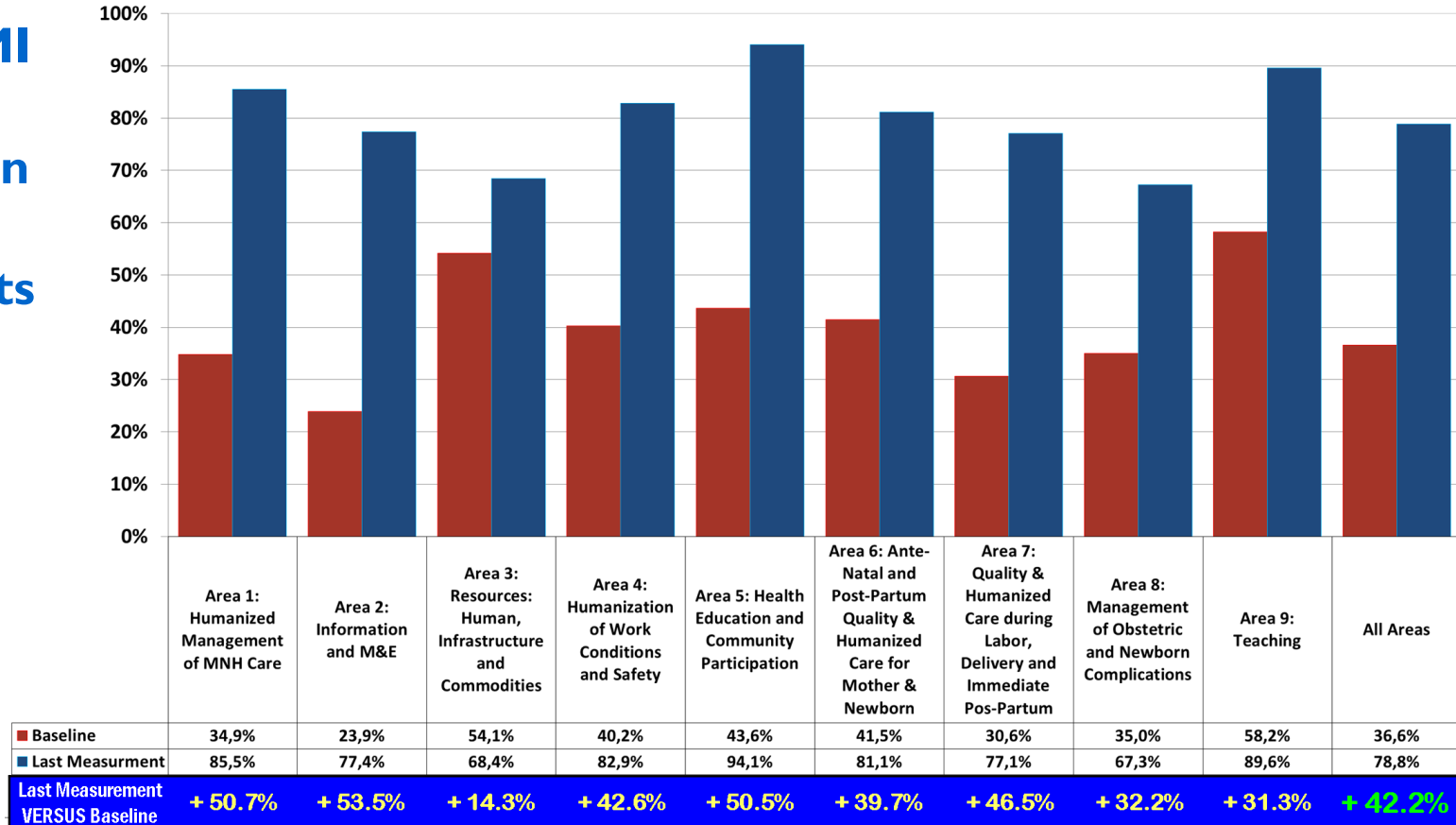
MMI uses the **Standards-based Management and Recognition (SBM-R) Approach**



MMI Main Results (I):

Trends of MMI Clinical & Humanization Standards Measurements in 125 Maternities 2009 – April 2015

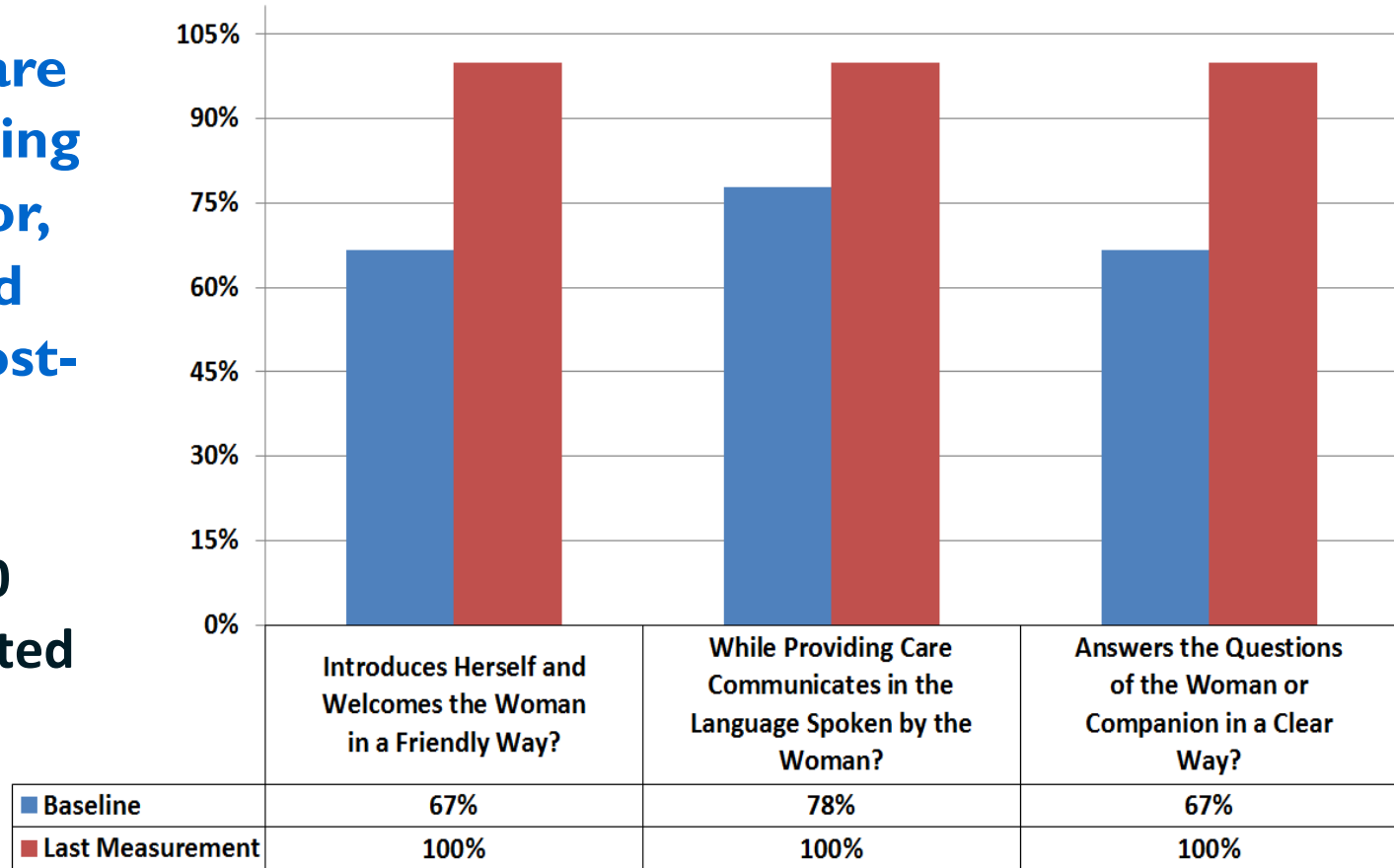
Source:
Internal assessments based on direct observations



MMI Main Results (2):

Respectful Care Behaviors during Normal Labor, Delivery and Immediate Post-Partum:

Data from 10 randomly selected Maternities



Example of USERS' SATISFACTION and EXPERIENCE Standards:

The Health Facility regularly evaluates users, community and health workers' satisfaction, and if there are evident improvements based on the given suggestions	Observe and check with the Head of the Maternity if:
	◆ There are any mechanisms to evaluate USERS's SATISFACTION?
	✓ Is there a SUGGESTION BOX placed in the hallway or in another accessible location?
	✓ Is there a functional USER's Cabinet?
	✓ The COMPLAINTS Book is in visible and accessible location?
	◆ The COMPLAINTS BOOK and the SUGGESTION BOX have been active in the last 6 months?
	◆ If there was a complaint:
	✓ There is a record of the measures taken by the HF to answer to COMPLAINTS/ SEGGESTIONS made by patients, users and health workers?
	✓ Is there recording the results of the evaluations carried out?
✓ Evaluation results of the satisfaction of users and workers are displayed in a visible location?	
◆ Check if there is a graph, placed on the wall, showing the level of USERS SATISFFACTION for the last 3 months?	

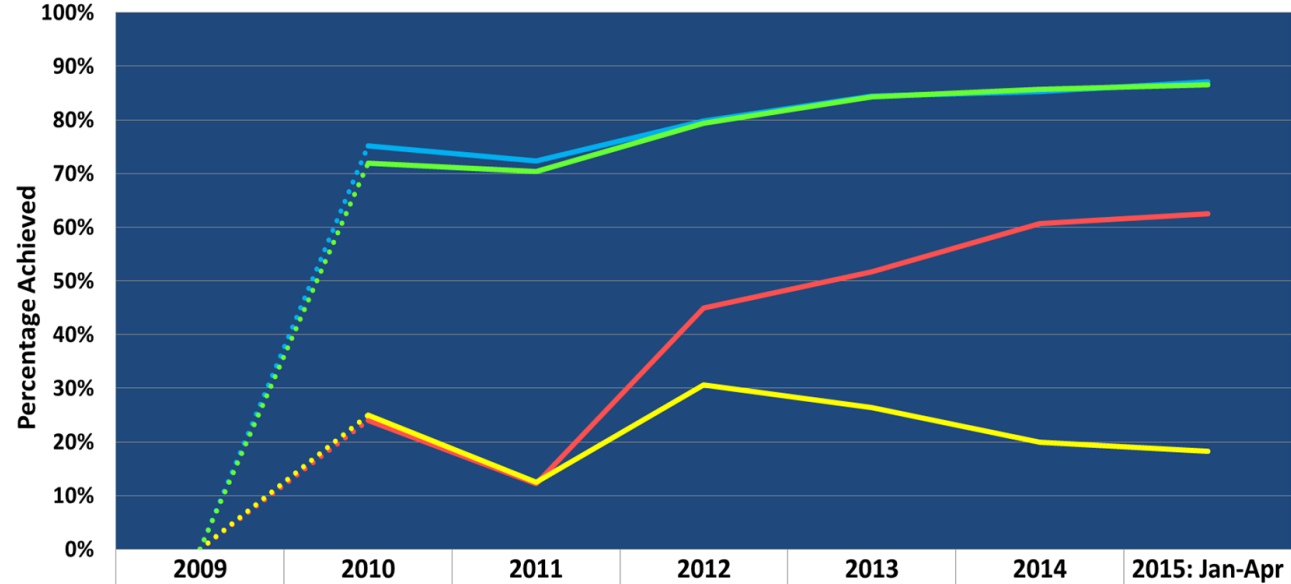


MMI Main Results (3):

MMI - Trends of Selected Humanization Indicators in 125 Maternities

2009-April 2015

Source: National Health Information System

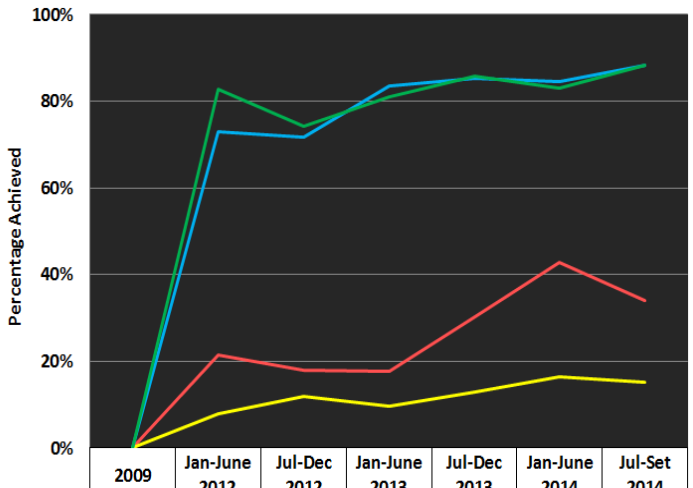


	2009	2010	2011	2012	2013	2014	2015: Jan-Apr
— % of Women with a Family Companion during Labor/Delivery	It was not a Practice	24,0%	12,2%	45,0%	51,7%	60,8%	62,5%
— % of Deliveries in Vertical and Semi-Vertical Positions	It was not a Practice	25,0%	12,5%	30,7%	26,4%	20,0%	18,2%
— % of New-Born Babies with Immediate Skin-to-Skin Contact with the Mother	It was not a Practice	75,2%	72,3%	79,8%	84,5%	85,3%	87,0%
— % of New-Born Babies Breastfed Within the First Hour after Delivery	It was not a Practice	71,9%	70,4%	79,4%	84,3%	85,7%	86,5%

Selected Humanization Practices: URBAN versus RURAL Area

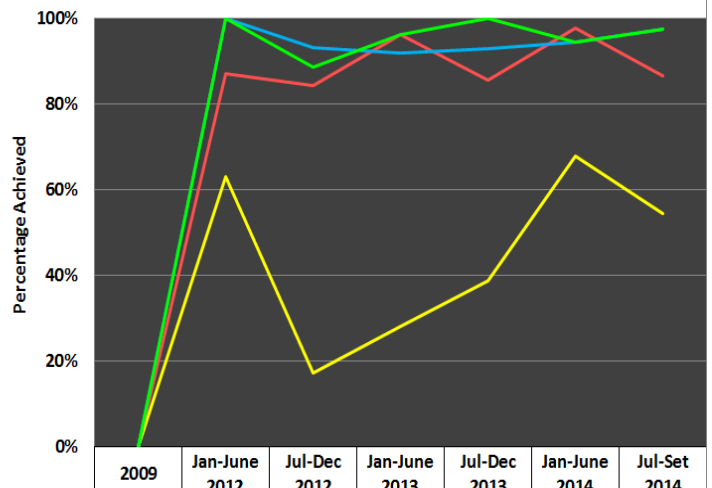
(Source: NHIS - Nampula Province)

Nampula Central Hospital – Urban Area



	2009	Jan-June 2012	Jul-Dec 2012	Jan-June 2013	Jul-Dec 2013	Jan-June 2014	Jul-Set 2014
% of Deliveries with family companion	0%	22%	18%	18%	30%	43%	34%
% of Deliveries in Vertical or semi-vertical positions	0%	8%	12%	10%	13%	17%	15%
% of newborns with immediate skin-to-skin contact with the mother	0%	73%	72%	84%	85%	85%	88%
% of newborns breastfed within the first hour	0%	83%	74%	81%	86%	83%	88%

Monapo Rural Hospital – Rural Area

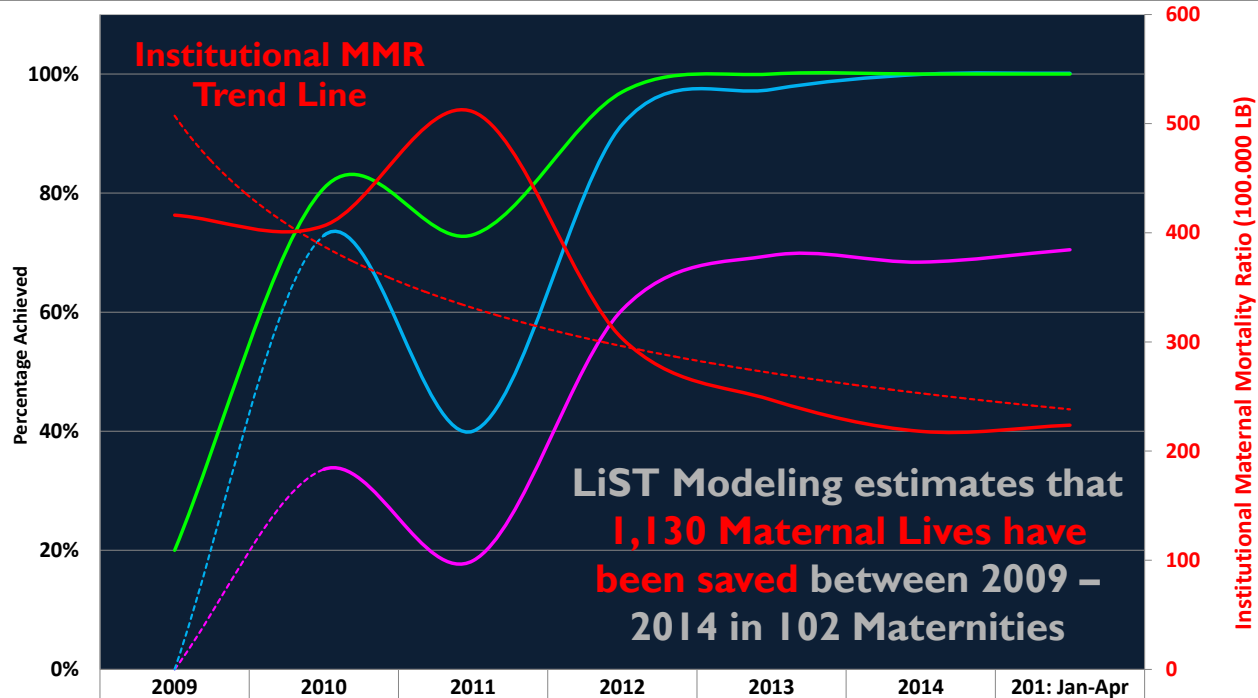


	2009	Jan-June 2012	Jul-Dec 2012	Jan-June 2013	Jul-Dec 2013	Jan-June 2014	Jul-Set 2014
% of Deliveries with family companion	0%	87%	84%	96%	86%	98%	87%
% of Deliveries in Vertical or semi-vertical positions	0%	63%	17%	28%	39%	68%	54%
% of newborns with immediate skin-to-skin contact with the mother	0%	100%	93%	92%	93%	94%	97%
% of newborns breastfed within the first hour	0%	100%	89%	96%	100%	94%	97%

MMI Main Results (4):

MMI Trends in Selected High-Impact Interventions in 125 Maternities: 2009 – April 2015

Source: National Health Information System



	2009	2010	2011	2012	2013	2014	201: Jan-Apr
% of Deliveries with a Partograph Completed Filled Out	0,0%	33,6%	18,3%	60,4%	69,5%	68,4%	70,5%
% of Deliveries with the AMTSL	0,0%	72,9%	40,0%	91,6%	97,4%	99,9%	100,1%
% of Pre-Eclampsia and Eclampsia Women Treated with Magnesium Sulfate (Values adjusted)	20,0%	80,8%	73,0%	97,0%	100,0%	100,0%	100,0%
Institutional Maternal Mortality Ratio (Per 100.000 LB)	416	406	511	303	247	218	224

MMI: Main Lessons Learned:

Improving Quality & Respectful Care is a long, but worthy, journey ...

Ensure the Community involvement and active participation on the M&E Process, discussion & implementation of interventions... through the establishment of HF-Community Committees;

Identify CHAMPIONS at all Government, policy making, management, health services and community levels to promote behavior and attitudes changing...

Implement recognition schemes and improvements in working conditions to increase health worker motivation

Work together with Preservice Training Institutions and maximize the In-service Trainings (low dosis-high frequency) to train all Health Staff in the Facility

Invest in re-engineering of spaces and in small-scale infrastructure improvements to allow privacy and more friendly spaces...

Strengthen Health Systems Capacities: Health Information System and M&E, Supervision/Mentoring Process, Logistics Management, Referral ...

... to find sustainable ways to overcome challenges, all partners should walk this journey together!



Message to Take Home:

**THERE IS NO QUALITY
MATERNAL & NEWBORN CARE
WITHOUT RESPECTFUL AND
HUMANIZED CARE
and
WITHOUT CONSIDERING the
CLIENT, FAMILY and HEALTH
WORKER PERSPECTIVE**





Thank you very much!!!

For more information, please visit

www.mchip.net

RMC Toolkit - <http://www.k4health.org/toolkits/rmc>.

