



INFECTION PREVENTION AND CONTROL FOR SUSTAINABLE STRUCTURES IN PRIVATE HEALTH FACILITIES

UHF Convention 2023

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Together we can transform Kampala city



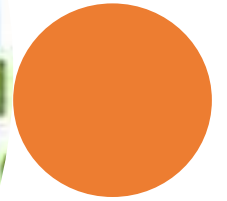
Presentation Outline

- Background of IPC
- WHO Core components
- The role of health facilities in outbreak amplification
- IPC response strategy for the SVD outbreak
- IPC Organisation at KCCA
- Kampala context
- Performance of IPC at HFs
- Recommendations

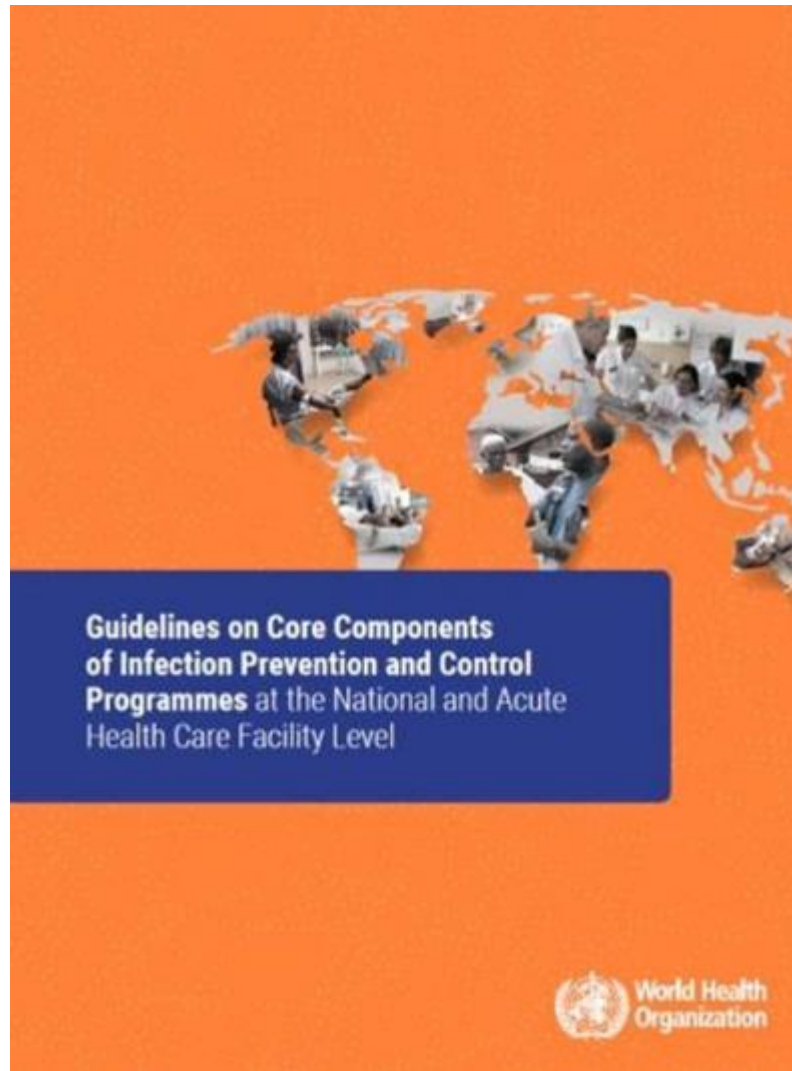
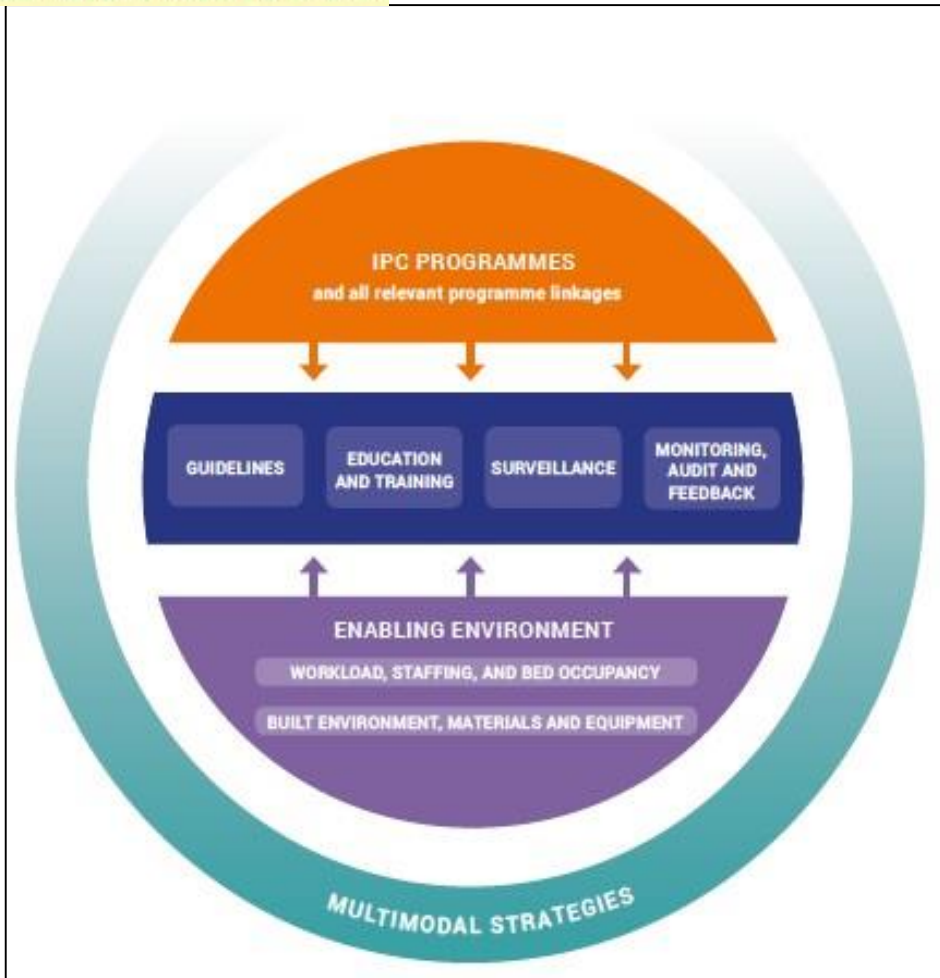


Background

- IPC is critical in breaking the chain of transmission
- Proper IPC practices control the spread of HAIs
- HCFs are cross-roads where HCWs, Visitors & Patients converge & interact.
- This makes HCFs grounds for multiple disease-causing organisms
- Coupled with associated care risk factors
- Robust IPC structure
- Adoption of standard and transmission precautions



WHO Core Components



Eight core components

- *Eight at facility level*
- *Six at national level*
- 11 evidence-based recommendations
- Three good practice statements



Core Component 1
IPC Programme



Core Component 2
IPC Guidelines



Core Component 3
IPC Training/Education



Core Component 4
HAI Surveillance



Core Component 5
Multimodal Strategies



Core Component 6
Monitoring, audit &
feedback



Core Component 7
Workload, staffing
& bed occupancy



Core Component 8
Built environment,
materials &
equipment for IPC

WHO Core components at a glance

The *minimum requirements* are defined as:

IPC standards that should be in place at the national and facility level to provide minimum protection and safety to patients, HCWs and visitors, based on the WHO core components for IPC programmes.

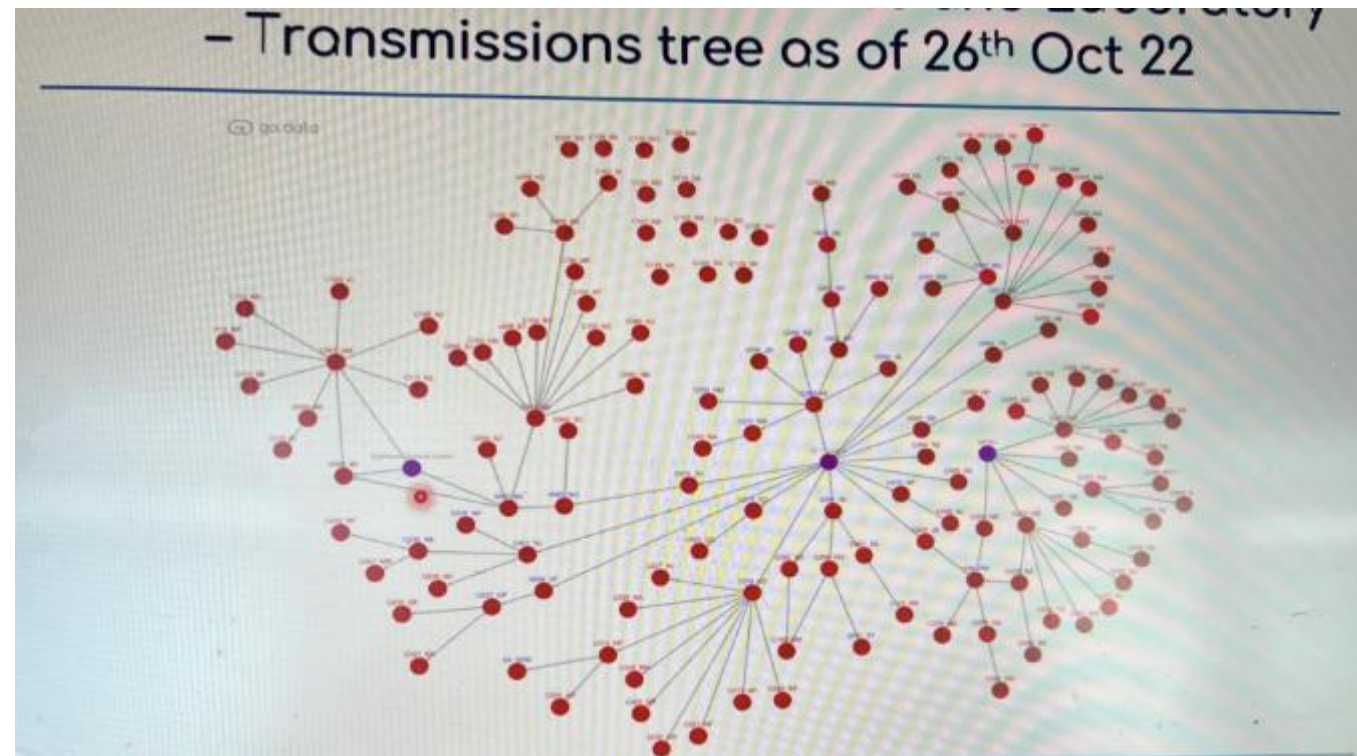
Thus, the minimum requirements represent the starting point for undertaking the journey to build strong and effective IPC programmes at the national and facility level (Fig. 2) and **SHOULD** be in place for all countries and healthcare facilities to support further progress towards full implementation of all core components.

This outbreak underscored the importance of IPC

- Initially, patients attended **two different private** facilities in Madudu sub-county, Mubende.

Major healthcare worker cluster in Mubende RRH

- **6 HCW** cases,
- **2 HCW deaths** after major **surgery** of a patient
- **120** contacts were listed.



3 purple spots = Health facilities involved in super spreader events.



SUDV IPC Response Strategy



1. **IPC Taskforce Coordination**

2. IPC in **ETU and Isolation Units**

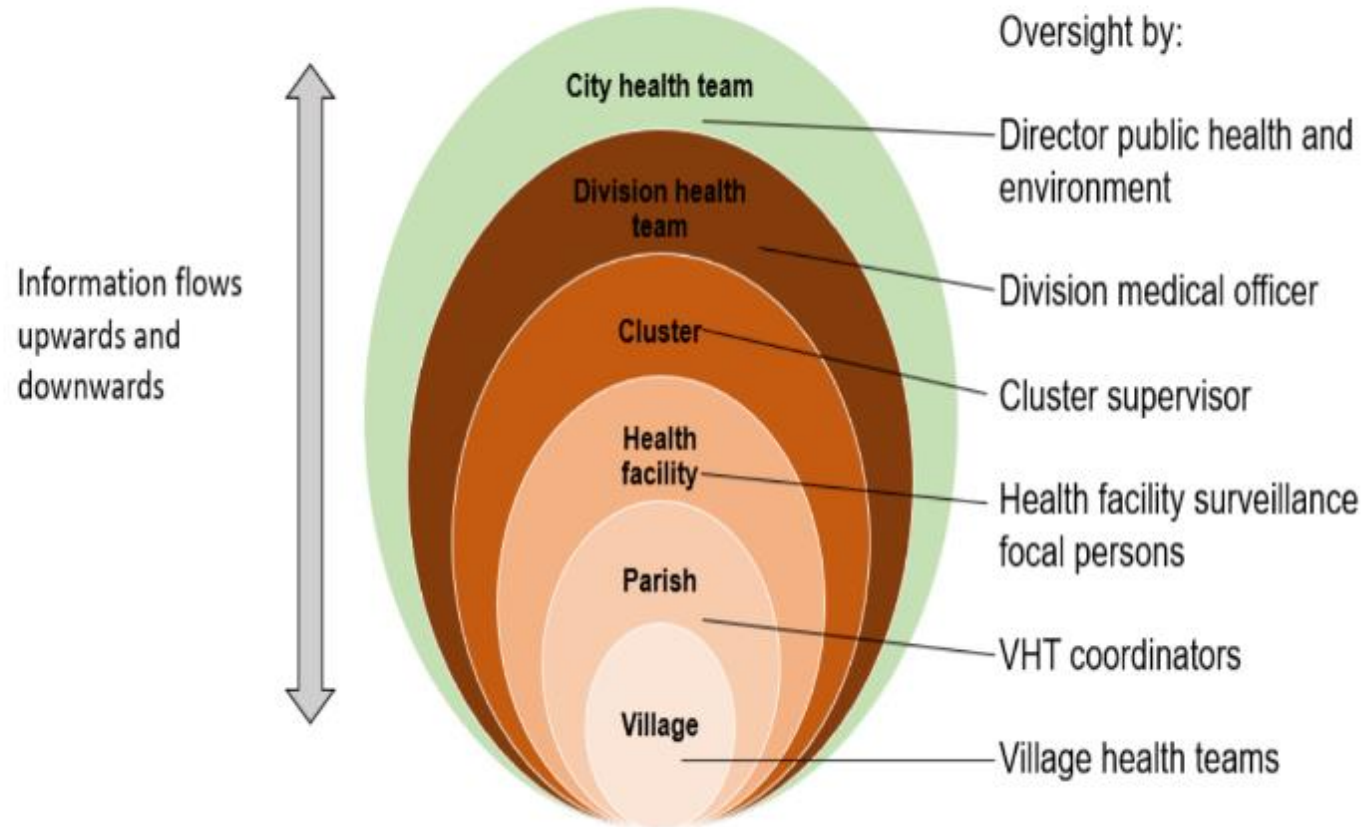
3. Ring **IPC**

4. IPC in **non-ETU/Isolation Unit Health facilities**

5. IPC in the community

6. Cross-pillar IPC support

IPC Organization at KCCA



- KCCA IPC programme is placed under the department of public health and Environment under clusters
- Cluster model is part of the broader Public health strategy that KCCA intends to deploy in the city in order to realize efficient health services delivery
- Information flows to National level- IPC Desk office and back

Some Key achievements During SUDV Response

- Technical assistance to the IPC sub-pillar-strategies, SOPs, IEC materials, and training materials.
- Development of National IPC monitoring dashboard.
- Provision of assorted IPC supplies, over 2500 IEC materials, and SOPs

1045

HCWs trained

858

Mentors facilitated to cascade

1,887

Facilities reached in less than 4 weeks

Over **46** RINGS activated

50

IPC responders deployed activated

346

burial teams trained



Left: Support for setting up screening areas;
Right: IPC training



Training of EMS teams on IPC



Context- Kampala

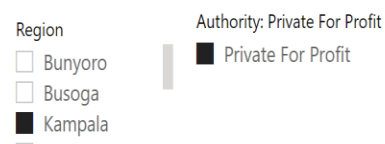
- **Kampala being the Capital City- High risk categorization**
- **Main Linkage to other districts**
- **High population**
- **Main entry and exit for international travel- EIA**

Health facility support

- **Overall 2,195 health facilities**
- **Assessment gaps guided IPC implementation**
- **Over 1000 private health facilities**

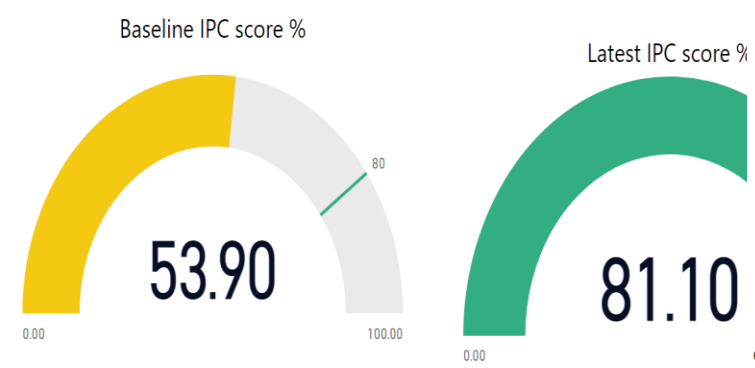


Summary- Performance- General Picture

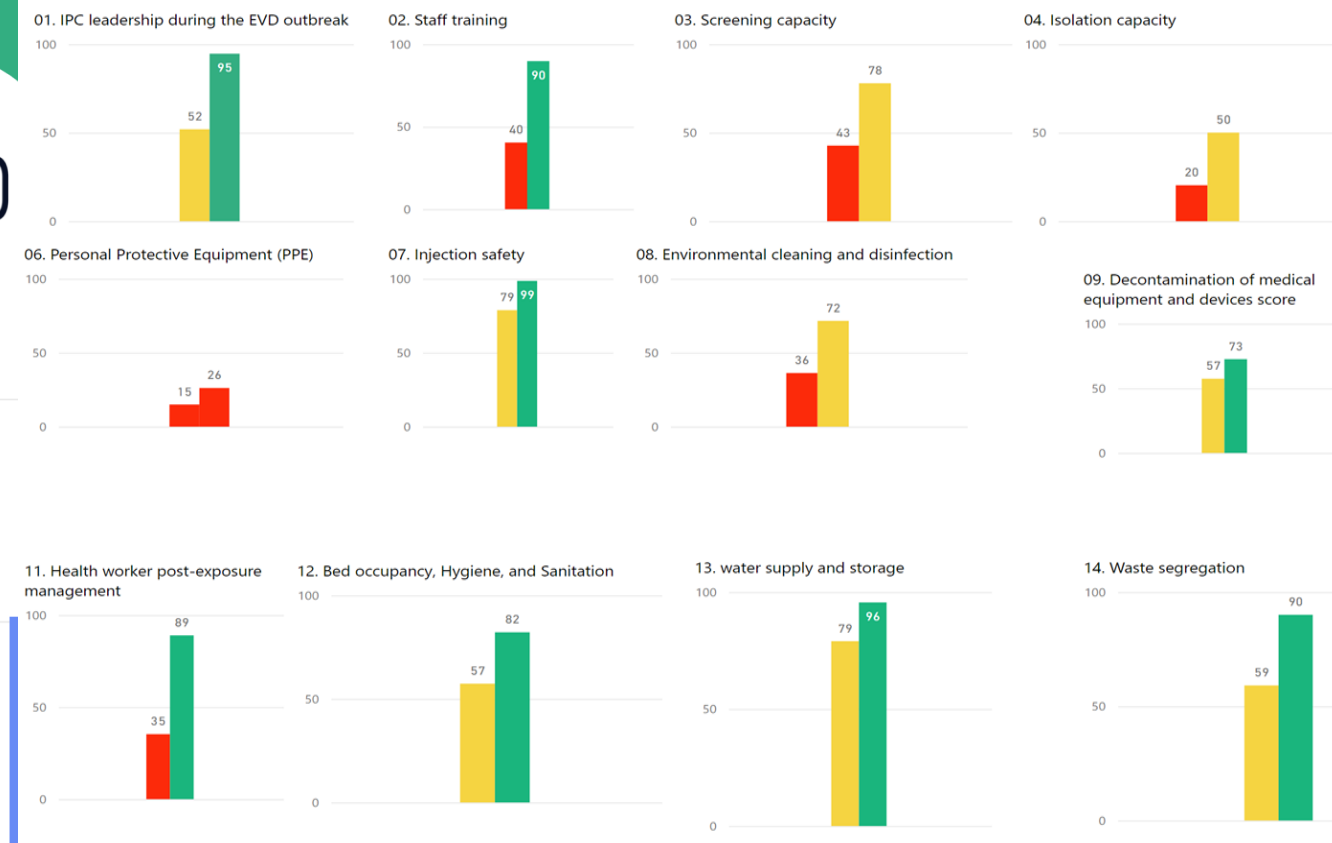


First vs Latest Scores

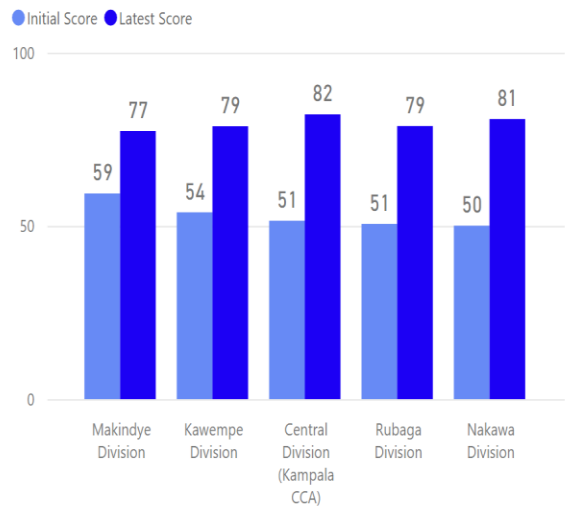
2195
 Health Facility with at least two assessments



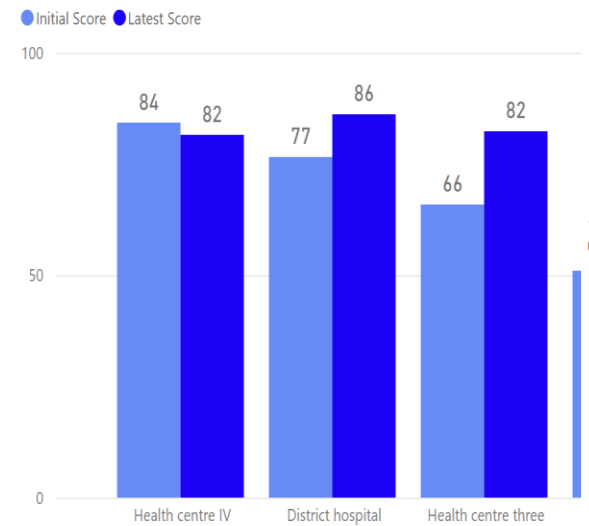
Kampala EVD IPC Score Progress First vs Latest Scores By Component



Initial Score and Latest Score by Subcounty



Initial Score and Latest Score by Facility_Level



- 2,195 facilities assessed at baseline and follow on
- Average score at baseline 53.90%
- Improvements after several visits and support
- Average follow on – 81.10%

- 16 IPC Components assessed using MoH score card
- Improvements in Hand hygiene, staff training, and waste management

Legend

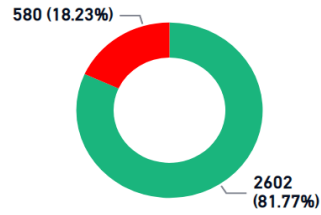
No ■
Yes ■

In-depth Current specific Areas For Improvement by Metric

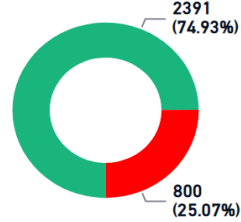
Region, District: Kampala



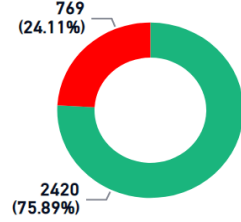
HF by IPC committee or focal point



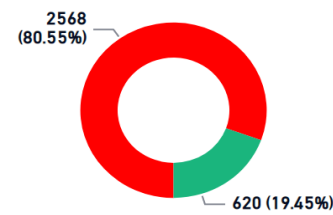
HF by IPC training last 6 months



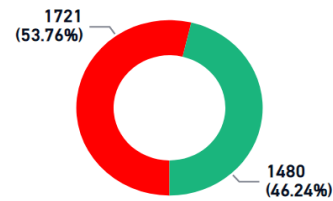
HF by Screening at entry



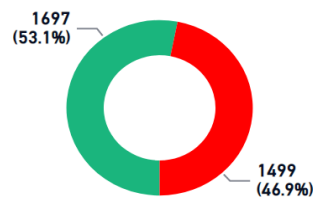
HF by Required PPE available



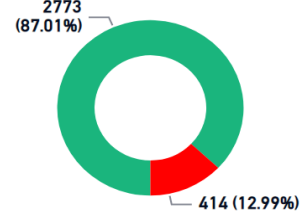
HF by Temperature correctly measu...



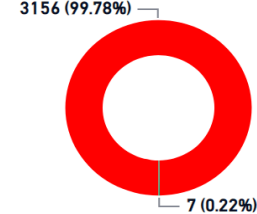
HF by Unidirectional isolation area



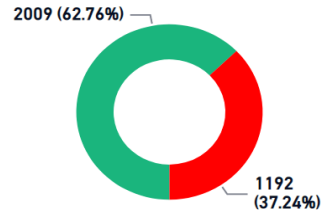
HF by Hand hygiene as guidelines



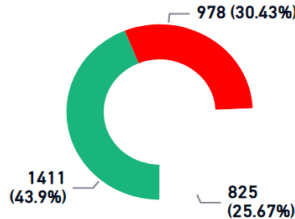
HF by Material for cleaning



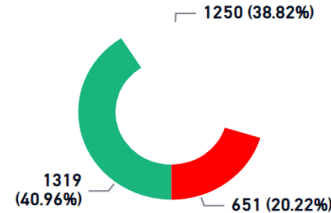
HF by 4-buckets technique



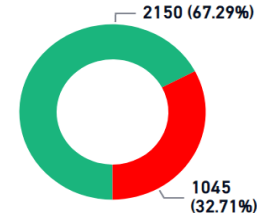
HF by Sterilization equipment in use



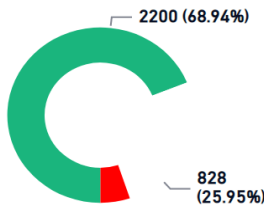
HF by Screening inpatient



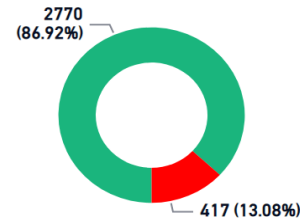
HF by Staff post exposure plan



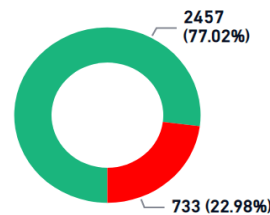
HF by Bed spacing 1 m



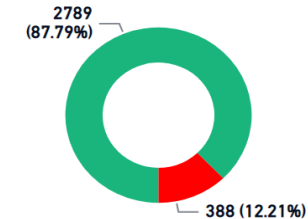
HF by Continuous water supply



HF by Covered Waste bin



HF by Waste burned or safely trans...



Legend

No ■
Yes ■

Common challenges highlighted

- Inadequate PPE
- Inadequate cleaning materials
- Post exposure protocols

Areas adequately supported during the outbreak

- Formulation of IPC committees- 81.7% facilities with an IPC person
- Proper Waste management- 87.7%
- Hand hygiene- 87% facilities with improved HH practices,



Lessons Learned

Overall Organization

- Maintain collaboration with other pillars like surveillance ,Logistics ,RCCE, Community ,WASH as their in put was key for the success of IPC Implementation

Regarding IPC trainings

- To apply several methods of capacity building in theory and skills development.
- To conduct regular CMEs so that HCWs understand key variations between standard operating procedures and transmissions based precautions.

use of tools for assessment

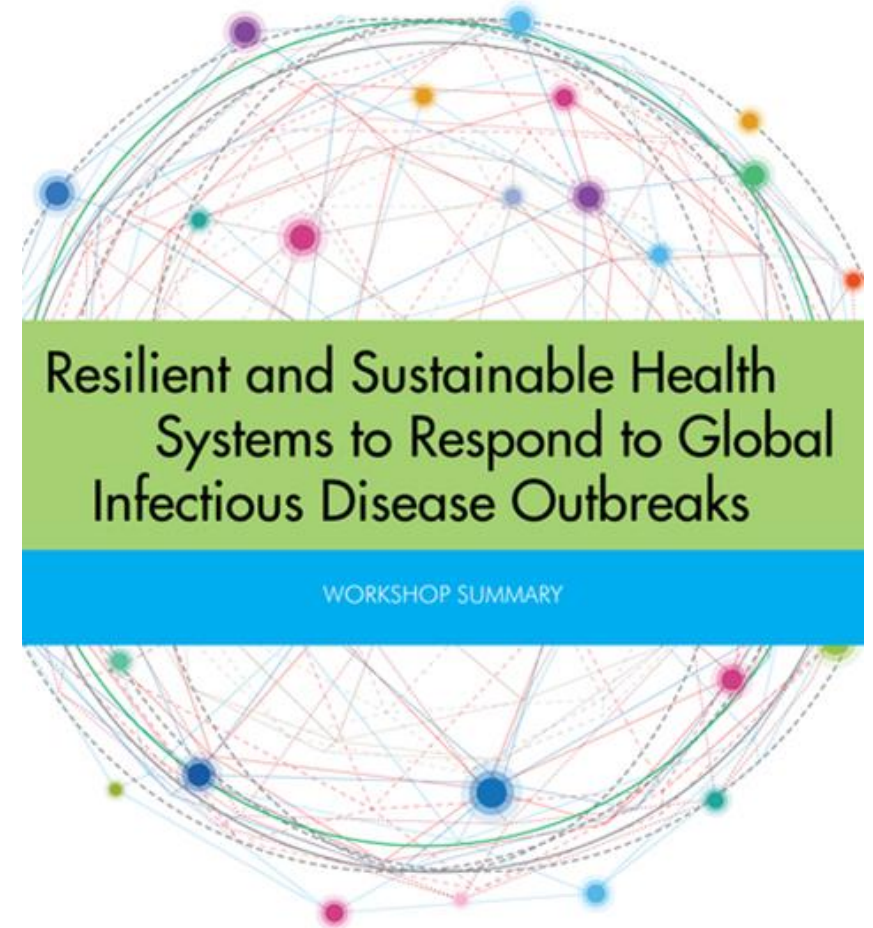
- To use one tool for assessment to understand the uptake of IPC instead of using several tools thus missing out gaps .
- Tools lacked the key transmission-based precautions for the pandemic, so a new tool had to be developed.
- The WHO score card was adopted since it had thematic areas that assessed the HCWs at least upto the community.

At community level

- HCWs got exposed and infected while providing services in the community due to nonadherence to SOPs like mask use.
- TO involve local leaders during pandemic to educate the community the importance of HH,Mask use etc

Recommendations

- Institutionalization of IPC at all levels
- Budget allocation and prioritization of IPC at all levels
- Revision of the IPC guidelines to up-to-date evidence-based guidance for HCW practice
- Routine monitoring of IPC through integration into national monitoring indicators
- Adoption of the multi-modal approach to improve and sustain IPC
- Establishment of a surveillance program at health facility level
- Increase supervision of facilities to ensure guidelines are being implemented, timely identification of gaps



Additional Recommendations



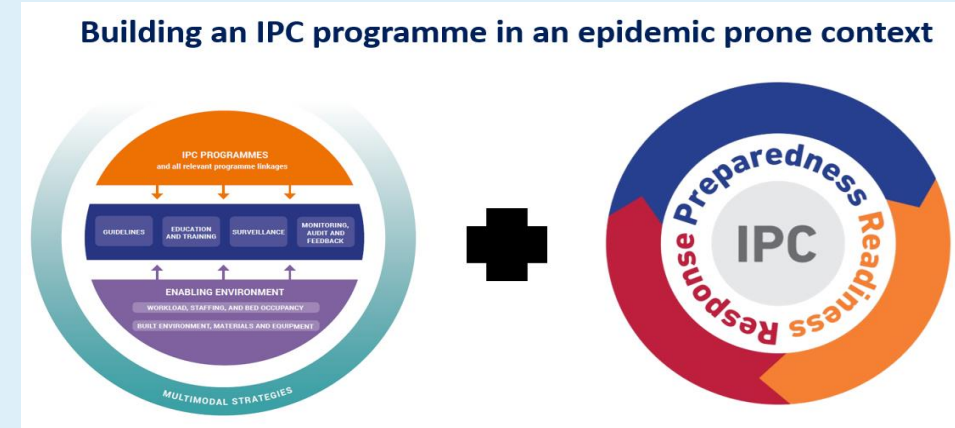
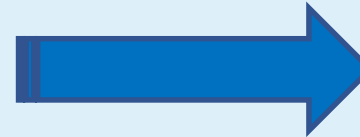
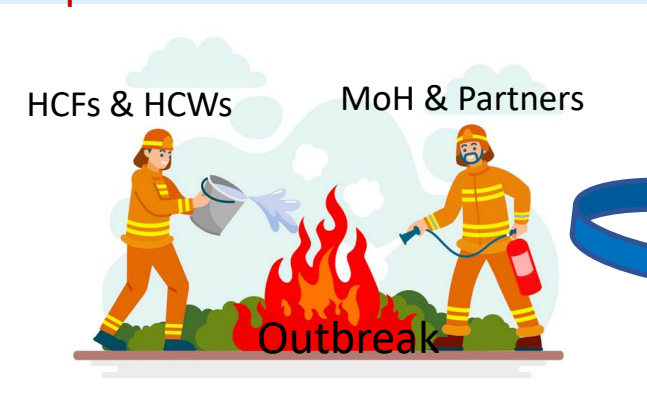
Whats been happening

During outbreaks Very active IPC Implementation

After outbreak Relaxed

What we are doing to ensure sustainability of the programme

MoH and WHO with the support of partners National and facility level



- Enormous support from all players
- Adequate IPC supplies prepositioned
- IPC rapid training
- Monitoring (Different IPC assessment tools)

- **No National programme with policies and budget to ensure the sustainability of implementation**
- **No or inadequate IPC supplies**
- **No infrastructure**
- **Not able to aggregate IPC data**
- **High turnover of trained staff**
- **HCWs lower guard**

- The establishment of an effective IPC programme with the WHO core components at National level and facility level minimum requirement
- Ensure readiness and preparedness to respond in the event of future outbreak
- Develop policies to ensure sustainability
- Standardise IPC assessment tools reporting to a central database



Disclaimer images from the internet for demonstration purposes

Slide: Compliments of Anita Enane, WHO

