

A national IPC training strategy in Zimbabwe- rewards and challenges

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Introduction

- The Zimbabwe Ministry of Health and Child Welfare with the support of various partners has a programme made tremendous strides in the strengthening of health delivery and improving quality of care
- Ensuring that health workers have adequate knowledge and training in infection prevention and control (IPC) is an important component of quality care.

This presentation will discuss the strategy that has evolved over the first 3 years of the National IPC Training programme, its outputs and challenges

Zimbabwe statistics

- Total area: 390,757 sq km
- **Population:** 12 973 808 (Census 2012)
- 8 provinces+ 2 cities (Harare and Bulawayo) with provincial status
- Literacy rate 2012: 94% women and 96% men.



Health Status Zimbabwe

Infections including TB/HIV

- ARI's , Intestinal Infections, Pulmonary TB, HIV/AIDS amongst the top ten causes of morbidity and mortality ¹
- HIV prevalence rate fell from 24.6% in 2003 to 14.7% in 2012 but **1.2** million adults and children are infected with HIV ²
- WHO estimates an incidence rate of TB 552/100,000 ³
- Estimates of MDR-TB burden among notified Pulmonary TB cases: 520 new cases (1.9% TB cases) and 300 retreatment cases (8.3% TB cases) ³
- 351 reported cases on MDR-treatment ³
- TB is among top five leading causes of hospital admission and out-patient consultation. Patients with HIV occupy up to 70% of all hospital beds ⁴.

1. National health profile 2008
2. UNAIDS Global report 2013
3. WHO 2013
4. The National Health Strategy for Zimbabwe 2009-2013

Status of Infection Prevention and Control Programme before the National training programme began in 2012

- Posts for Infection Prevention and Control Focal Persons (ICFPs) in Central, Provincial and District Hospitals and City Health services in existence for over twenty years.
- Economic challenges has meant that an effective IPC programme has been difficult to maintain due to:
 - **Lack of funding,**
 - **Loss of experienced staff,**
 - **Multi-tasking**
 - **Lack of training of the ICFPs**
 - **Deterioration of health infrastructure.**

- In 2010 a team appointed by the Ministry of Health and Child Care (MoHCC) investigated status of infection control policies particularly in relation to TB infection control.
- Using a structured questionnaire reported in relation to IPC policies and programmes:
 - 96% (25/26) had an infection control focal person (ICFP)
 - 38% (10/25) of the ICFP were full-time
 - 58% (15/33) had an infection control committee
 - 50% (13/26) had an infection control manual
 - 91% (23/25) had a PEP policy in place
 - 12% (3/26) had an infection control plan
 - 79% (19/24) had no IPC training programme
 - **Only 1 of the ICFP had formal training in IPC**

Report of the infection prevention and control assessment conducted in 33 Health facilities in 2010; MOHCW/CDC.

Against this background the ZIPCOP project was established with the aim of working with the MoHCC to strengthen infection prevention and control practice in health facilities in Zimbabwe

What is ZIPCOP?

- Five-year project (2011-2016) **to support the Ministry of Health and Child Welfare (MOHCW) to Strengthen Infection Control and Prevention in Health Care Facilities in Zimbabwe**
- Cooperative Agreement with Centers for Disease Control (CDC-USA) under the President's Emergency Plan for AIDS Relief (PEPFAR) with Implementing Partners:
 - Biomedical Research and Training Institute (BRTI)
 - Infection Control Association of Zimbabwe (ICAZ)
 - Management Sciences for Health, USA (MSH)

Objectives of ZIPCOP

1. Development of a national IPC Policy and Strategic Plan- including the development of National IPC Guidelines and National M&E tools
2. **Strengthen training at both in-service and pre-service level**
3. Provide renovations that will reduce infection transmission for 10 Facilities

For 100 targeted Facilities:

4. **Provide technical advice and training in the development of facility specific infection control plans**
5. **Provide PPE and training in appropriate use**
6. **Strengthen the operation of the national post- exposure prophylaxis policy**

Strengthening the National IPC Training programme

Strategy for development of and effective training programmes 2012-2014

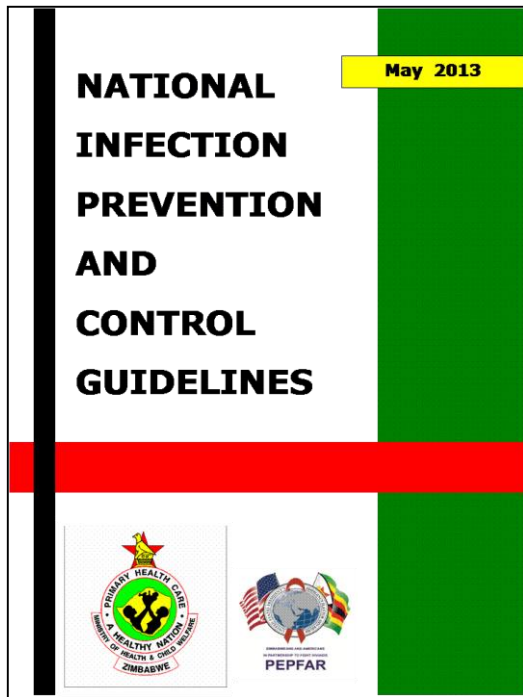
1. Produce National IPC Guidelines and from them SOPs
2. Establish a IPC Training working group to include different departments of MOHCC, City Health, NGOs, WHO and CDC for consultation and support
3. Consult with Pre-Service Trainers and curriculum committees for Nurses, Doctors and other health worker to strengthen the IPC component of Training
4. Develop a core team of National IPC Trainers
5. Train Health Workers and Health managers in IPC at Provincial and District Level
6. Enlist help from experienced IPC trainers
7. Collaborate with partners where programmes overlap e.g. TBIC

To ensure long term sustainability and increase the effectiveness of a National Training Programme

1. Develop a support supervision system for IPC programmes that is linked into existing MOHCC supervisory structures
2. Incorporate the requirement for IPC training into National Health Policies
3. Advocate for career structure for IPC cadres
4. For long term support – strengthen the management and outreach of the Infection Control Association of Zimbabwe (ICAZ)

The Process

National Infection Prevention and Control Guidelines



- Launched in June 2013 by the Permanent Secretary of Health MoHCC Dr Gwinji
 - 600 hard copies printed
 - On CDs + BRTI website
- Supported by WHO and CDC

Ongoing process of SOP production in Health Facilities Including:

- **Hand washing**
- **Cough etiquette**
- **Sharps disposal**
- **Environmental cleaning**
- **Equipment decontamination**
- **Use of PPE**
- **Waste management**

Developing a National IPC Policy

Ensuring long term sustainability of IPC programmes

Objective 1. To provide effective and practical Infection prevention, control and management of healthcare associated infections for the health sector in Zimbabwe	KRA 2: Strengthened Leadership, governance and management structures for IPC	Establish the inter-sectoral national IPC advisory committee
		Support the activities of national IPC advisory committee
		Train senior health managers at all levels of care on IPC and their roles in implementation of IPC activities
		Advocate for IPC issues to be on the agenda of the national, provincial and district health team meetings

Developing a National IPC Policy

Ensuring long term sustainability of IPC programmes

Objective 1. To provide effective and practical Infection prevention, control and management of healthcare associated infections for the health sector in Zimbabwe

**KRA 3:
3.1 Established posts for IPC focal persons with career development /advancement structures**

- **Advocate for IPC senior posts at Central, provincial and district hospitals or equivalent**
- Advocate for the creation of IPC career pathway

From Draft Zimbabwe National Infection Prevention Control Policy and Strategic Plan 2013-2015

Building a requirement for IPC Training into National IPC Policy

Objective 3.
To minimise the incidence of Health Care Associated Infections (HAIs) through optimization of infection prevention and control programmes

KRA 5:
Build capacity of health workers in IPC

- Conduct a an IPC training needs assessment at facility level
- Train all health personnel in IPC in In-service settings
- Provide IPC training in all pre-service programmes
- Keep records of staff trained in IPC and offer continuing education points for IPC training by staff
- Offer mentorship to staff trained in IPC to improve clinical practice and compliance to IPC standards
- Procure and make available appropriate PPE for health workers

TRAINING

Pre- Service Training Strategy

Involves evaluation and strengthening of current training programmes for health personnel in collaboration with teaching staff and curriculum committees :

- a) Nurses programmes including Registered General Nurses and postgraduate diplomas and Nursing Science degree programme :
- b) Medical Doctors at undergraduate (MBChB) and pre-registration (Junior and Senior Resident Medical Officers, postgraduate specialist training (MMed)
- c) Dentists
- d) Occupational Therapists and Physiotherapists
- e) Medical Laboratory Scientists
- f) Nursing Sciences

In-Service Training strategy

- **Training of Trainers workshops (TOT)** based on a 2-week module from the Unit for Infection Prevention and Control (UIPC) Stellenbosch University (SUN), to develop a team of trainers with representatives from each of the provinces
- **Three-day workshop in Basic IPC** in each of the ten Provinces (District and Mission Hospitals) - in third year of project converted from Hotel-based to Facility – based training
- **One-day workshop for Health Facility Managers** in each Province.
- **Support and supervision system at facility level** developed
- **Monitoring and Evaluation system for the programme**

Training Trainers in IPC Training programme

Part 1

- Five day course (with examination)
 - Basic IPC includes two visits to a local hospital for supervised practical sessions in risk assessment
- Follow-up assignments at the student trainees' facility:
 - Risk assessment tool + assessment 2 departments
 - Initiation of an infection control plan

Part 2

- Reinforces basic IPC training
- Equips trainees with basic skills in training adults in basic IPC.
- Report on practical assignment

Part 3

Trainees return to their facilities to train at least 5 other health workers.

Trainers certificate awarded by MoHCC

Trainers are evaluated and awarded a mark which contributes to final grade of student trainer.

Training Trainers in IPC

Post-training support

- Support supervision programme developed at facility level:
 - Continue skills development
 - Improves IPC practice
 - Strengthens Facility- based programme development
- 1/2 day workshops to strengthen specific areas included:
 - Report back on IPC activities within facilities and challenges faced
 - Training in use of National workplace register developed and piloted in 2013 to collect better data on exposure to blood borne infections followed by
 - Training in mentorship to improve IPC skills within provincial health facilities
 - Development of operational research skills
- National IPC Trainers assist in Provincial IPC workshops to improve training skills

IPC trainers included in support supervision visits

Monitoring of progress during Support Supervision programme

– includes Data Quality Assessment

There is no system of surveillance of HAIs in Zimbabwe

So how can we assess the impact ?

Initial Tool (26 pages)
 Assessed IPC Programmes
 Presence of IPC Committees, IPC Plans
 SOPs. Surveillance activities Training

Modified Checkerboard Tool (4 pages)
 Simpler to use – less time to administer
 Includes more practical aspect of IPC particularly in TBIC . Grades the status
 Gives a score

Support and Supervision Visit: Facility Operational IPC assessment tool						
Operation of IPC		Status				Comment
IPC focal person	available	Green	Yellow	Red	Blue	
	trained	Green	Yellow	Red	Blue	
IPC Plan (Institutional)	available	Green	Yellow	Red	Blue	
		Green	Yellow	Red	Blue	
IPC committee	multidisciplinary	Green	Yellow	Red	Blue	
	Minutes available	Green	Yellow	Red	Blue	
IPC guidelines	Available	Green	Yellow	Red	Blue	
IPC Risk assessment	Done annually	Green	Yellow	Red	Blue	
Standard Operating Procedures (SOP)	hand washing	Green	Yellow	Red	Blue	
	Cough etiquette	Green	Yellow	Red	Blue	
	sharps disposal	Green	Yellow	Red	Blue	
	environmental cleaning	Green	Yellow	Red	Blue	
	equipment decontamination	Green	Yellow	Red	Blue	
	use of PPE	Green	Yellow	Red	Blue	
IPC in-service training	plan	Green	Yellow	Red	Blue	
	training register	Green	Yellow	Red	Blue	

Derived from CDC – Dashboard TBIC Tool G.Lipke

Summary of Outputs/Outcomes of the IPC Training Programme : End of Year 3

- 57 out of 72 trained IPC practitioners have successfully completed TOT training in IPC. From all 10 provinces
- Over 1000 health workers nationally have received training in IPC
- Regular support-supervision visits conducted (target 4 visits/year for each site)
- 58 Tutors from general nursing and midwifery training schools have received training updates in IPC in order to integrate IPC into the block training pre-service programme for nurses
- Basic IPC, TBIC and appropriate use of PPE lectures given to Undergraduate doctors, dentists and physio- & occupational therapists

Summary of Outputs/Outcomes of the IPC Training Programme : End of Year 3

- The 53/60 Health Facilities include Central, Provincial District and a Polyclinic have in place at each facility :
 - Functional IPC committees
 - Facility –based IPC Plans that include TB-IC training programmes
 - A Training Programme that will target all health workers at the facility
- All 60 targeted facilities have a National workplace register (PEP) for monitoring needle-stick injury + other types of exposure to blood and body fluids – with statistics collected monthly and submitted quarterly
- One facility has IFIC funding to strengthen implementation of 6 basic procedures and set up a training team about to implement training

Challenges in implementing recommended IPC practices

Support supervision is a major component of the training programme – scheduling sufficient visits is a challenge because we are a small team

ZIPCOP has started including members of the team of National trainers in the support supervision visits to build a network of support within each Province.

Changing management (particularly financial managers) perception of IPC and the importance of integration of the support supervision process into their system.

Switching from hotel-based to Facility based. Risk –assessment done at their own facility increases recognition of the need and requirements of IPC

Lack of career structure – postgraduate programmes - Policy

THANK YOU