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# INFECTION PREVENTION: The Malawi Experience

*by*

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## **Environmental Compliance Training**

Lilongwe, March 14, 2013

# Outline of Presentation

- Introduction
- Rationale for infection prevention control initiative
- National level efforts
- Performance Quality Improvement Standards
- Recognition process
- Successes
- Challenges
- Conclusion

# Introduction

- MoH requested TA on Quality Assurance from Jhpiego in **2001**; financial support from USAID
- Implementing Performance and Quality Improvement (PQI) in Infection Prevention (IP) following the Standard Based Management and Recognition (SBM-R) approach started in **2002**.
- Process introduced in a phased up approach; as of 2011 **35 out of 53 hospitals** implementing PQI/IP
- **32 out of 56 health centers in 4 districts** also implementing the initiative
- IP initiative fully established in 16 hospitals

# What is SBM-R?

The Standards-Based Management and Recognition (SMB-R) is a practical management approach for improving the quality of health services through implementations, measurement and reporting of performance standards and comprised of four basic steps



# Underlying Issues

- Nosocomial (Hospital-acquired) Infections a major cause of preventable morbidity and mortality in developing countries worldwide including Malawi
- Prevalence of HIV/AIDS:
  - 15% (Adult) and 16.9% (Pregnant women)  
Source: UNAIDS; HIV and Syphilis Sero –Survey and National HIV Prevalence and AIDS Estimates Report
- New students reluctant to join medical and nursing profession due to fears of nosocomial infections
- Nosocomial infections increase the cost of healthcare:
  - Increase length of hospitalization
  - Require treatment with expensive, broad-spectrum agents
  - Increase use of other interventions (laboratory, surgery, etc)

# Purpose of IP

- Process aims at:
  - Reducing the risk of transmitting nosocomial infections to healthcare providers, support staff, patients and communities
  - Improving IP practices
  - Protecting healthcare workers at all levels (technical and support/domestic) from acquiring infection while discharging their duties
  - Improving the quality of health services

# IP Efforts – *National Level*

- National Quality Assurance Secretariat set in MoH with a full-time Desk Officer
- National Quality Assurance TWG, a health sector multi-sectoral group to coordinate QA implementation
- Quarterly meetings - chaired by MoH SWAP Director
- Comprehensive IP standards developed by Jhpiego in collaboration with MoH covering 14 areas
- Stakeholders meeting to gain consensus on the standards
- Development of External Verification guidelines
- Development of IP Policy
- Development of QA Policy
- Training of pool of National Trainers and External Assessors



# Infection Prevention and Control Standards

## 14 Departments covered in IP:

### □ Service Areas

- CSSD
- Operating Theater
- Isolation Systems
- Labor & Delivery Areas
- Casualty, Surgical And Medical Wards
- MCH/FP Clinics
- Dental Department
- Laboratory
- Post Mortem Care/Last Offices

### ■ Support Functions

- Administrative Functions
- Patient-client Education
- Food Preparation
- Laundry
- Waste Disposal



# Standards for Waste Disposal

- Keeping health facility surroundings clean
- Proper handling of waste to avoid injuries and contamination
- A system in place for interim waste storage
- Final disposal process is performed properly
  - Incinerated
  - Buried in a pit
  - Burned

# WASTE DISPOSAL BEFORE IP Zomba Mental Hospital



# INCINERATOR AND INTERIM STORAGE AREA



# Process of Recognition

- Once implementing sites have reached 80% in each area, they call for external verification
- External verification team visits health facility un announced and submits results to MoH
- MoH and implementing hospital arrange for recognition ceremony
- MoH organizes annual re-verification visit

# Success Stories

- Institutionalization of IPC practices in hospitals where managers take IPC as foundation for health services
- Improvements in waste management including construction of incinerators
- Sustained health outcomes in maternal health in recognized hospitals
- Community participation in identifying outstanding health workers through exit interviews
- Community participation in maintaining cleanliness of hospitals

## IP AT ITS BEST



# SAFE HANDLING OF INSTRUMENTS

*Dedza Hospital*



**Before**



**After**

# MAINTAINING CLEANLINESS OF HOSPITALS

## *Nkhata Bay Hospital*



**Before**



**After**



# Challenges

- Rapid turn over of champions in IPC (managers, supervisors)
- Waste not segregated at point of production
- Lack of incinerators/poorly constructed incinerators
- Inconsistent supply of IPC supplies

# Conclusion

- Improvements in quality of care through IP and control practices contribute to:
  - Improved health outcomes
  - Provider work satisfaction and increased motivation
  - Client satisfaction with health services
  - Positive image of health sector