GARP- TANZANIA EXPERIENCE

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- INFECTION PREVENTION CONTROL (IPC) SENSITIZATION SEMINARS AT PUBLIC AND PRIVATE HEALTH FACILITIES IN DAR ES SALAAM

OUTLINE

- Background
- Objectives
- IPC situation at facilities
- Challenges
- Conclusion

BACKGROUND

- Infection is one of leading causes of morbidity and mortality in Tanzania.
- Antibiotics have been used so widely that the infectious organisms have adapted to them, making the drugs less effective
- Several studies conducted nation wide show a high prevalence of resistant microorganisms to commonly used antimicrobials.

SITUATION ANALYSIS AND RECOMMENDATIONS

Antibiotic Use and Resistance in Tanzania

The GARP-Tanzania Working Group

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CDDEP The Center for Disease Dynamics, Economics & Policy
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BACKGROUND

- Infection Prevention is a critical component in health services to deal with the infectious diseases.
- MoHSW in collaboration with partners (CDC, USAID, JSI, Jhpiego) is implementing IPC in the country
- Since 2004: program has developed policy guidelines, standards and building capacity of HCWs

BACKGROUND

The ministry of health has cited the following as challenges for IPC implementation in Tanzania:

- Surveillance and Drug resistance of HAIs
- Achieving standard precautions
- Antimicrobial stewardship
- Incorporation of IPC in health higher learning institutions curricula
- Weak Quality Improvement Team
- Inadequate capacity for scale up due to insufficient budget

OBJECTIVE

- To compare current IPC activities among different health care facilities.
- To explore challenges of implementation currently experienced and possible solutions.

METHODS

5 hospitals based on level of complexity from both the private and public sector were selected.

Sensitization seminars were conducted with the hospital Quality Improvement team(QIT) and presentations were given on: national IPC policy guidelines, challenges of implementation at the national level and an overview of situation analysis report on antibiotic resistance and use in Tanzania.

METHODS

The hosting facility presented on current status of IPC under the following themes:

composition of QIT

Frequency of meetings

Hepatitis B vaccination status of staff

Internal and external assessments of IPC

Training and surveillance

Support was provided to establish QIT in hospital without one.

METHODS

- Challenges of implementation of IPC activities at individual hospitals.

- Full participation encouraged.

RESULTS

QIT COMPOSITION

- Human nutritionists
- Medics
- Nurses
- Pharmacists; MNH
- Environmental health
- Laboratory person
- Microbiologist
- Procurement & Supply officers!
- I.D specialist

Name	Age	Members	Frequency of meeting
MNH (Public)		12	monthly
A (Private)	3 Years	13	Two monthly
B (Private)	3WEEKS	12+…	Twice week
A (Public)	5 Years	15	monthly
B (Public)	6months	20	Revamped

ASSESSMENT

	INTERNAL	EXTERNAL
MNH (Public)	✓	✓
A (Private)	✓Every month mandatory	✓ ISO Accreditation •JSI accreditation NEXT
A (Public)	✓Quarterly	✓Want certificate (80%)
B (Public)	En route	✓ 2010

TRAINING

Internal & external (NGOs)

Induction training interns & recruitment HCWs

- MNH: Trained staff. Refresher? QI team facilitate these trainings on quarterly basis to refresh. Conduct supportive supervision
- A (Public): CMEs weekly. WITs in the wards. Therefore on job training.
- A (Private): Training and education of all employees of the hospital on basic infection control measures
- B (Public): Internally no training. Externally: MNH on phlebotomy.

CHALLENGES

- The program has not yet set up surveillance to track the healthcare associated infections and drug resistance micro organisms. LABORATORY FACILITIES

- Implementation of Antibiotic Stewardship Program and rational prescription; Private A, Public A

- How to achieve the standard precautions amongst healthcare workers
- ATTITUDES

CHALLENGES

- Inadequate capacity of the regions and districts to scale up to the lower levels and private hospitals due to insufficient budget
- Resources for sustainability; cited by Public hospital B

- Incorporation of IPC in health higher learning institutions curricula
- On job training VS trainings at recruitment
- ✓ Induction courses crippled due to the human resource crisis

CHALLENGES

- Budget to vaccinate HCWs from HAIs like HBV
- Ongoing Employee health program (Vaccination): Private A

- Weak Quality Improvement Team
- Changes in staff weakening QIT: Public B

- Conflicting priorities among members: MNH
- Level of independence of the QIT: MNH

- Commitment from management: Public A VS Public B

OTHER CHALLENGES…

- Waste management
- ✓ color coding bins: Yellow not available
- ✓ Incinerator practice: wet, dry separation.

- ICUs & Isolation of potentially contagious (and vulnerable) patients: MNH & Private hospital A

LESSONS…

- *Set a fixed agenda in meetings on IPC*

- *Dealing with attitude:*
- *To use IPC as an attribute/indicator for performance appraisal.*
- *A performance objective could be (particularly for the "at risk") to implement IPC activities.*
- *Regular inspection/spot checks of the waste bins and making the shift answerable. Since dealing with individuals may be easier than the mass*

- *To train everyone! Section by section. Department by department. Cadre by cadre.*

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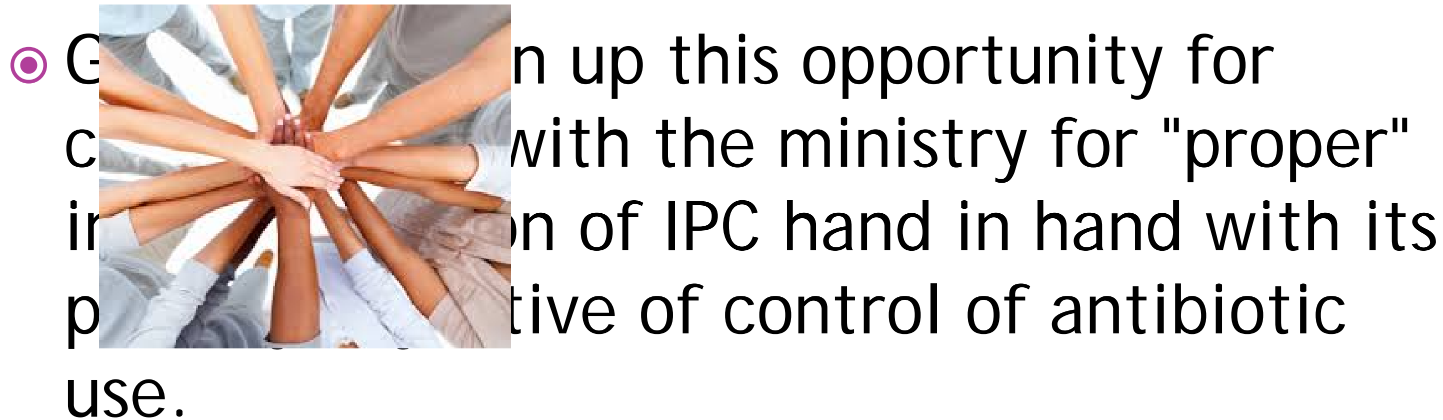

- G n up this opportunity for c with the ministry for "proper" in on of IPC hand in hand with its p tive of control of antibiotic use.

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- Level of implementation was differing among the facilities although most challenges faced were similar.

- Antimicrobial stewardship not formalized.

- Waste management that did not abide to national set standards. I.e. facilities did not receive the support necessary to adhere to guidelines.

- Training of staff at induction and regular refresher courses was conducted in only one facility.

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- The private facilities pointed out that only the public facilities receive ministry and NGO support in training to staff.

- Management commitment to IPC was positively associated with better implementation of IPC.

RECOMMENDATIONS

- Implementing antimicrobial stewardship asap
- Incorporating IPC in curriculum in Universities
- inclusion of private hospitals in IPC trainings and proper waste management and protective gadgets wearing by the staff
- Hospital management should be sensitized on importance of IPC
- More strict guidelines to QIT including mandatory external assessments

APPRECIATION

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- Quality improvement teams of participating host facilities
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- GARP Tanzania working group

WIZARA YA AFYA

THANK YOU…