

USAID MEDICINES, TECHNOLOGIES, AND PHARMACEUTICAL SERVICES (MTaPS) PROGRAM

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Training of new staff by the coordinator of the nosocomial infection control committee at Kaffrine Regional Hospital. Photo credit: Mame Diarietou Mbaye

Compliance with Infection Prevention and Control Practices in MTaPS-Supported Hospitals

Technical Brief | November 2023 | SENEGAL

This technical brief describes MTaPS activities and lessons learned for reinforcing IPC.

Context

Recent public health emergencies, such as the COVID-19 pandemic (caused by severe acute respiratory syndrome coronavirus 2) that has raged around the world since December 2019, have once again demonstrated the importance of an infection prevention and control (IPC) program as one of the pillars of the response. At a time when Senegal is dealing with the COVID-19 pandemic, it is essential for the Ministry of Health and Social Welfare (MOHSW) to reinforce IPC in health care facilities. Furthermore, in connection with its program to combat antimicrobial resistance (AMR), the US Agency for International Development (USAID) Medicines, Technologies, and Pharmaceutical Services

(MTaPS) Program is supporting the MOHSW in providing the minimum required capacity in IPC (initially integrated into AMR) in line with the World Health Organization's (WHO) International Health Regulations (IHR 2005) recommendations.

In Senegal, the Directorate of Hospital Quality, Safety, and Hygiene (DQSHH) is responsible for implementing the IPC strategy in the health care environment and for monitoring the infection control committees (ICCs), which are responsible for applying national IPC guidelines in all public and private health care facilities.

Problem Statement/Challenge

The first WHO Joint External Evaluation (JEE) in Senegal, carried out in December 2016, gave a score of 3 out of 5 for IPC implementation. The relatively low score for the developed capacity is due to the inadequate functioning of 90% of ICCs in health care facilities. This was confirmed by the national supervision mission carried out by the MOHSW in April 2018.

Despite many achievements in the field of IPC/AMR, a certain lethargy has been noted at the operational level, and the majority of ICCs in Senegal's hospitals were nonfunctional.

Technical Approach

Intervention

Minimum requirements for IPC are generally defined by standards and guidelines issued by health organizations, national or international health authorities, and health care professionals. They must be in place at the national level and in health care facilities to ensure a minimum level of protection and safety for patients, caregivers, and visitors, based on the core capacities of IPC programs. The existence of these minimum requirements is the starting point for setting up the core and supplementary components of IPC programs, applying a progressive approach based on assessments of the local situation.

For example, the WHO Benchmarks for IHR Capacities, which is a list of benchmarks and corresponding actions, aims to increase countries' performance in emergency preparedness, in particular by strengthening IPC activities.

To help countries assess the core IHR capabilities, WHO's Secretariat has developed a monitoring and evaluation framework, including the JEE tool, to assess and test core IHR capabilities.

In the December 2016 JEE, Senegal obtained a score of 3 out of 5 for IPC.

Through its activities in support of the national IPC program, MTaPS has now supported four out of five (80%) level 2 WHO benchmark actions for IPC, four

out of six (67%) level 3 actions, and three out of five (60%) level 4 actions.

During the first year of implementation (2019), MTaPS' support focused on three pilot hospital facilities at different levels of the health care pyramid. The MOHSW used the 2018 national supervision results as one of the selection criteria for the hospitals supported by MTaPS in the pilot phase of the ICC revitalization project. The selected hospitals were Saint Jean de Dieu Hospital in Thiès, which obtained the best results in the 2018 national IPC supervision; Mame Abdou Hospital in Tivaouane, which did not perform well; and Idrissa Pouye General Hospital, whose results indicated that the ICC was active but needed support to function better.

Another criterion for the selection of these three facilities, at the request of the USAID mission, was support of hospitals whose laboratories are also supported by the USAID Infectious Disease Detection and Surveillance (IDDS) project to ensure that activities to control health care-associated infections (HAIs) are complementary. IDDS is designed to reinforce Senegal's capacity to detect priority diseases and combat AMR.

After the one-year pilot phase, other health care facilities were selected to revitalize the ICC using a participatory approach and drawing on experience and lessons learned from the revitalization process in the pilot hospitals. Now in its fifth year of implementation (2023), MTaPS supports the revitalization of ICCs in 13 facilities¹ as part of the implementation of IPC activities.

IPC programs must be designed according to infectious disease control standards. This requires that a number of conditions are in place in health care facilities to ensure the protection and safety of patients, caregivers, and visitors. IPC is a reliable approach to reducing or even eliminating infections in health care facilities. The design of an IPC program is predicated on a certain number of features (e.g., infrastructure, equipment, materials) and provisions (e.g., the application of standard precautions, minimum necessary conditions) for effective IPC in health care facilities. The presence of these minimum conditions is a prerequisite for setting up the essential components

¹ Level 3 Idrissa Pouye General Hospital (HOGIP), level 2 Saint Jean de Dieu Hospital (HSJD), level 1 Mame Abdou Aziz Sy Hospital (MAAS) plus level 3 Le Dantec Hospital, level 1 Mbour Hospital, level 3 Matlaboul Fawzeyni Hospital in Touba, and regional hospitals in Fatick and Kaffrine plus regional hospitals in Kaolack, Kédougou, and Sédhiou, level 3 hospitals in Fann and Abass Ndao, and the Moussa Ka des Maristes Health Center in Dakar. It should be noted that the Le Dantec Hospital was closed in July 2022 during implementation.

of IPC programs using a progressive approach based on assessments of the local situation.

A detailed methodology based on a continuous quality improvement (CQI) approach has been adopted by the MOHSW with support from MTaPS. It comprises the following steps.

I. The baseline situational analysis

The approach adopted since the pilot phase is to support the MOHSW, through the DQSHH, in carrying out a situational analysis of IPC implementation in health care facilities with the help of WHO’s Infection Prevention and Control Assessment Framework (IPCAF) tool,² which assesses the capabilities of the eight components of the IPC program at the health facility level: the IPC program at the facility level; training; guidelines; surveillance of HAIs; multimodal strategy; follow-up and feedback on IPC practice audits; workload, staffing, and bed occupancy; and the built environment, materials, and equipment for IPC at the facility level.

This analysis not only identifies the various gaps in the implementation of the IPC program core components in the respective facility but also enables the facility to develop an annual improvement action plan, which will make it possible to prioritize the activities to be implemented in connection with the revitalization process. The ICC is responsible for implementing and monitoring action plan activities with support from the DQSHH and MTaPS, but the responsibility resides with the facility’s administration, in collaboration with other MOHSW technical and financial partners.

In addition to evaluating the implementation of IPC activities in the facilities, MTaPS also supported the evaluation of the national IPC program using WHO’s Infection Prevention and Control Assessment Tool 2 (IPCAT2). This tool is designed to support the implementation of WHO’s recommended minimum requirements for IPC programs at the central level. The first IPCAT2 assessment was carried out with MTaPS in February 2020 while the ICC revitalization project was ongoing in the pilot hospitals. The baseline results for the IPCAT2 are shown in Table I.

Table I. IPCAT2 results, February 2020

Main component(s)	Result, February 2020
IPC programs	55%
IPC guidelines	47%
IPC education and training	33%
HAI monitoring	5%
Multimodal strategies	58%
Monitoring/evaluation/audit of IPC practices, reporting of results, and supervision of activities	28%

2. Strengthening capacity of health care personnel

Through its support, MTaPS has boosted the knowledge of trainers at the central level by revising the national IPC training modules and developing training modules on the WHO multimodal strategy and CQI approach. The WHO multimodal strategy comprises five components, which are recommended actions aimed at improving the infrastructure available in the facility and the knowledge and awareness of staff and users and also at establishing an institutional culture of safety for both staff and patients.

After the modules were revised and technically validated by the DQSHH, MTaPS supported the training of pilot hospitals in implementation of the multimodal strategy and CQI. MTaPS’ support aims to boost the capacity of ICC members and all hospital staff. In each facility, a pool of at least eight trainers is created in collaboration with MTaPS and the DQSHH. This pool of trainers trains other ICC members and the rest of the facility staff. Since 2020, MTaPS has supported the training of more than 900 health care workers from all specialties (e.g., physicians, midwives, nurses), as well as some 50 administrative and hospital cleaning staff.

To better meet the continuing training needs of health care professionals, the MOHSW’s IT unit has set up an eLearning portal to provide ongoing capacity strengthening for health care staff to improve the quality of care. In this context, in November 2019, the

² World Health Organization (WHO). Infection prevention and control assessment framework at the facility level. Geneva: WHO; 2018. Available at: <https://apo.who.int/publications/i/item/WHO-HIS-SDS-2018.9>.

DQSHH, in collaboration with the IT unit and MTaPS, developed IPC eLearning modules aimed at relaunching the ICCs by building the capacity of health care professionals in the prevention and management of HAIs or infections caused by multidrug-resistant organisms. MTaPS supported the online training of 63 ICC members of the pilot phase in November 2021.

3. Development/adaptation of IPC guidelines

After the training courses were completed, MTaPS supported the development of IPC guidelines in the pilot facilities, based on the MOHSW training documents and WHO standard guidelines. The 2016 JEE showed that Senegal had no national guidelines for IPC implementation. MTaPS thus supported the three facilities selected from the pilot phase in drafting IPC guidelines, with the support of two consultants who were recruited by MTaPS to reinforce the human resources at the DQSHH level for the implementation of IPC activities in the selected facilities. These guidelines were then harmonized at the national level and shared with health care facilities in the various expansion phases of the revitalization project. A second expansion phase is using the same approach.

MTaPS supported workshops to develop, finalize, and validate IPC guidelines for priority components such as hand hygiene, biomedical waste management, biocleaning, treatment of reusable equipment, and handling of accidental exposure to blood and other biological fluids for both the pilot facilities and at the national level. ICC members, as well as additional experts in the concerned facilities, played an active role in drafting, finalizing, and validating the IPC guidelines. Saint Jean de Dieu Hospital has finalized 12 procedures and protocols on the basis of the components, while Idrissa Pouye General Hospital has finalized 13 procedures. As a prelude to the expansion of the revitalization project to other hospitals, the DQSHH organized a workshop to harmonize guidelines and develop a framework to enable all other facilities to adapt the guidelines developed during the pilot phase to their respective facilities.

4. Monitoring and evaluation of the implementation of IPC guidelines

To respond to the sustained demand for continuous improvement in the quality of care, process performance, organizational capacity, and user satisfaction in hospitals and to maintain the gains in

relation to IPC, MTaPS has frequently supported the MOHSW through the DQSHH in organizing supervision missions to re-energize actors involved in maintaining and reinforcing the gains made in terms of good IPC practices as part of the ICC revitalization project. In the first year of implementation in the pilot hospitals, MTaPS supported supervision at the national level for all hospitals in Senegal, including the three pilot hospitals.

In March 2021, MTaPS supported the revision of the national supervision grid to integrate multimodal strategy and water, sanitation, and hygiene (WASH) components. The revised grid also included an adjusted scoring system based on the WHO IPC scorecard for COVID-19 and the WHO IPCAF tool.

To ensure consistency and sustainability in the implementation of IPC activities, MTaPS has supported the training of supervisors from the medical regions so that the monitoring of IPC activities in hospitals and districts can be included in the routine activities of the medical regions, now known as regional health directorates.

The results of the latest IPC supervision in level 2 and level 3 facilities are shown in Figure 1, with MTaPS-supported facilities highlighted in yellow.

Beyond the hospitals, the MOHSW has taken the initiative to apply this approach, which is based on CQI techniques, in health centers and medical regions.

MTaPS supported an IPC situational analysis exercise for Imam Moussa KA Health Center in Dakar to study the feasibility of this initiative at the primary and community health care levels.

At the end of this exercise, Imam Moussa Ka Health Center scored 195 out of 800 points. With this total, its performance in the IPC situational analysis is rated as “inadequate.” This is to be expected in the start-up phase.

Participation of stakeholders

The selection of facilities in the project was based on the results of the IPC assessment conducted by the DQSHH in the context of the preparation for and response to COVID-19 and the complementary support provided by other USAID projects’ implementing partners, such as the IDDS project. This project aims to reinforce Senegal’s capacity to detect priority diseases and combat AMR. The IDDS project supports seven priority laboratories selected by the Laboratories

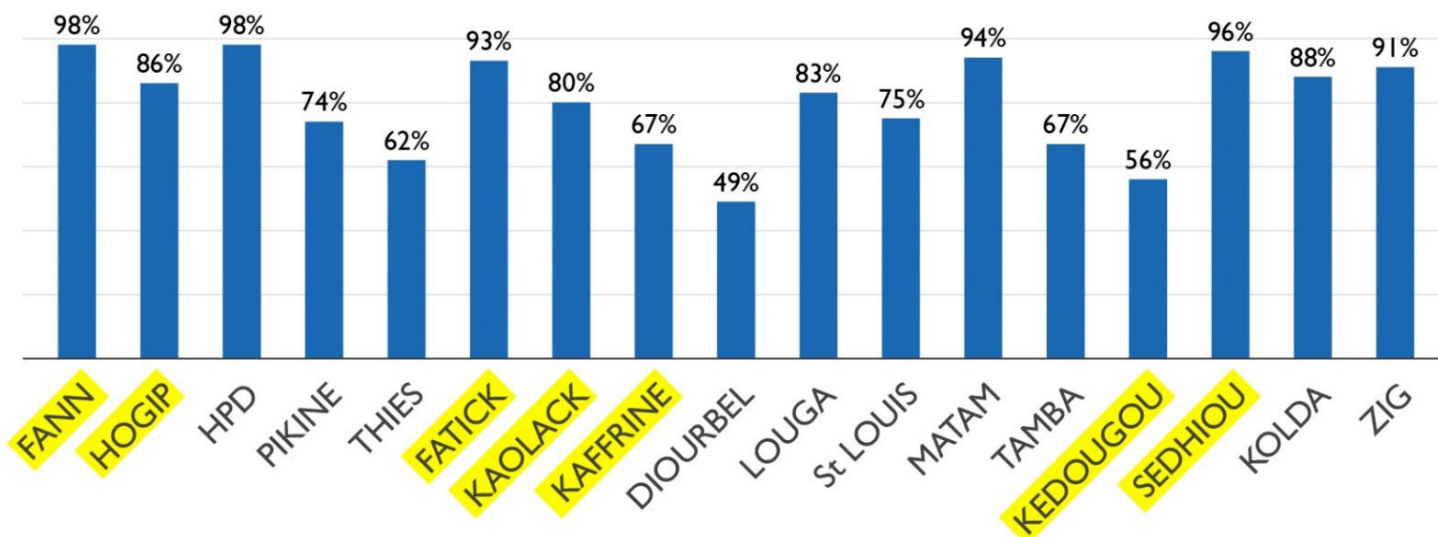


Figure 1. Results of IPC supervision by IPC committee, August 2022. It is important to note that only selected facilities were supervised, so not all the facilities supported by MTaPS appear in this chart.

Department, including the laboratory at Mame Abdou Aziz Sy Hospital (MAAS), a level I hospital in Tivaouane, and at Kaffrine Regional Hospital; both hospitals are supported by MTaPS.

Results and Achievements

To ensure proper monitoring of the implementation of ICC revitalization activities, MTaPS has supported the MOHSW and the selected hospitals in carrying out annual assessments of their IPC performance using the same IPCAF tool as was used in the baseline situational analysis. The performance results of the three facilities in the pilot phase are shown in Table 2.

MAAS' IPCAF score increased from 152.50 in 2019 to 430.00 in 2021 and to 452.50 in 2022. As a result, the hospital improved from an inadequate to an

intermediate IPC level between 2019 and 2022. In other words, the main components of the IPC program were not implemented at all, and it was as part of the approach to revitalize hospital IPC committees that we decided to give greater responsibility to the working groups (the basis of ICC functionality) for closer monitoring of IPC practices at operational levels and the points of delivery of care services. This is supported by regular self-assessments by the facilities themselves and supervision from the national level, which have enabled MAAS to implement most aspects of the main components of IPC in an appropriate and progressive manner (IPCAF score, 452.50/800 in 2022). However, further improvements are needed. The hospital needs to continue to improve the scope and quality of implementation and focus on developing long-term plans to sustain and further promote the activities of an existing IPC program.

Table 2. IPCAF results for pilot hospitals

Hospital	2019		2021		2022		2023	
	Score/800	IPC level	Score/800	IPC level	Score/800	IPC level	Score/800	IPC level
MAAS	152.50	Inadequate	430.00	Intermediate	452.50	Intermediate	Evaluation planned for December 2023	Not rated
HSJD	512.00	Intermediate	565.00	Intermediate	645.00	Advanced	671	Advanced
HOGIP	315.00	Basic	542.00	Intermediate	552.50	Intermediate	647.5	Advanced

In the case of Saint Jean de Dieu Hospital (HSJD), the results of the baseline assessment using the IPCAF tool show an intermediate level of capacity, with a score of 512/800. After two years of implementation of its action plan with the support of MTaPS, HSJD has progressed to the advanced level with a result of 600, maintained this level in 2022 with a result of 645/800, and continued in 2023 with a result of 671/800. This is the result of the functionality of the working groups that ensure close monitoring, facilitating regular self-assessments by the IPC committee, feedback through an IPC team made up of people trained in and passionate about IPC, the existence and application of IPC guidelines adapted to the facility, and the implementation of a surveillance system for HAIs, in addition to operational working groups. For example, the hospital organizes International Hand Hygiene Day each year, which is an opportunity to promote compliance with hand hygiene techniques. These improvements in HSJD's IPCAF results indicate that the core components of IPC are fully implemented in line with WHO's recommendations and are tailored to the needs of the facility. The hospital's recommendation is to stay the course and establish an institutional culture of its approach to implementing IPC. To this end, the hospital maintains its annual observance of International Hand Hygiene Day.

Finally, the level 3 hospital Idrissa Pouye General Hospital (HOGIP) also performed well in implementing IPC between 2019 and 2022. The HOGIP baseline

analysis yielded a first score of 315/800. This placed the hospital at a basic level of IPC implementation. The weak points identified in this initial assessment were the implementation of the WHO multimodal strategy, training of medical and paramedical staff, HAIs, and auditing and reporting of the results.

The proper implementation of its action plan—with the support of hospital management, the DQSHH, and MTaPS—has enabled the facility to implement the components using a continuous improvement approach. Between 2020 and 2021, MTaPS supported the training of eight ICC trainers, who were then responsible for training paramedical and medical staff as well as administrative and cleaning staff. The ICC also used the WHO multimodal strategy approach to set up five multidisciplinary subcommittees or operational working groups (hand hygiene, waste management, biocleaning, reusable equipment treatment, and antibiotics) based on priority components for the country. The working groups are led by coordinators, who—after training—have developed operational action plans using the WHO multimodal strategy. These operational plans are evaluated at HOGIP during quarterly ICC meetings. The score rose to 542 in 2021 and to 552.5 in 2022. The February 2023 assessment with the IPCAF tool produced a score of 647.5/800 for IPC implementation capacity. This demonstrates that the basic components of IPC are now fully implemented in line with WHO recommendations and adapted to the needs of the facility. This is also the result of setting up an IPC team

Table 3. IPCAF results for hospitals in different expansion phases

Hospital	Baseline level		Current level	
	Score/800	Level rating	Score/800	Level rating
Mbour	167.50	Inadequate (2021)	455.00	Intermediate (2023)
Fatick	315.00	Basic (2021)	491.00	Intermediate (2023)
Kaffrine	380.00	Basic (2021)	499.00	Intermediate (2023)
Hopital Matlaboul Fawzeyni	310.00	Basic (2021)	450.00	Intermediate (2022)
Fann	307.50	Basic (2022)	450.00	Intermediate (2023)
Abass Ndao	232.50	Basic (2022)	500.00	Intermediate (2023)
Sédhiou	262.50	Basic (2022)	380.00	Basic (2023)
Kédougou	217.50	Basic (2022)	324.00	Basic (2023)
Kaolack	187.50	Basic (2022)	332.50	Basic (2023)
Le Dantec	322.50	Basic (2021)	775.00	Advanced (2022)

comprising IPC experts, implementing a functional IPC program (functional, supervised working groups), developing and strictly applying IPC guidelines adapted to the facility, and setting up a partial IPC surveillance model through a referral microbiological laboratory. The regular capacity-strengthening sessions organized at HOGIP with MTaPS' support have raised staff awareness of good IPC practices. During the first phase of the response to COVID-19, HOGIP trainers, who were trained by MTaPS and the DQSHH in the pilot phase, were able to organize the training of approximately 200 hospital employees in IPC hygiene measures related to COVID-19.

The results of the reassessments carried out during this pilot phase not only enabled us to evaluate the performance of the selected hospitals but also confirmed the relevance of the reactivation approach described above. The same approach adopted by the MOHSW, following the success of the pilot phase, has produced very positive results for the five facilities added in the first scale-up phase. The results are described in Table 3.

The interpretation of the results from these new hospitals is in line with the interpretation for the pilot phase.

After just six months of implementation, hospitals such as Le Dantec and Mbour have shown significant progress, moving successively from basic to advanced and from inadequate to intermediate levels, respectively.

Le Dantec Hospital was classified at a basic IPC level with an IPCAF score of 322.50 in March 2021 and progressed to an advanced IPC level in October 2021 with an IPCAF score of 692.50. This is an increase of 370.00 points after six months of implementing its IPC action plan following the baseline analysis with the IPCAF tool. The score, which rose to 775/800, is the result of the implementation of a functional IPC program with IPC health professionals, organized into working groups responsible for on-site monitoring of IPC practices on behalf of the ICC. This ensures strict application of revised IPC guidelines, with the implementation of a partial IPC surveillance model through a high-level microbiological laboratory. All of this has been underpinned by close, regular monitoring by MTaPS and the DQSHH to ensure that the basic components of IPC are fully implemented in line with WHO recommendations and adapted to the needs of the facility. However, Le Dantec Hospital was closed for

refurbishment in July 2022, and MTaPS was unable to continue implementing IPC activities at this facility.

Similarly, at Mbour Hospital, which was classified as having an inadequate IPC level with an IPCAF score of 167.50 in March 2021, the implementation of the IPC program helped it to move to the intermediate IPC level in October 2021, with an IPCAF score of 455.00. The interpretation of this result by WHO is that most aspects of the essential components of IPC have been appropriately implemented. The hospital needs to continue to improve the scope and quality of implementation and focus on developing long-term plans to sustain and further promote the activities of an existing IPC program.

These significant developments at Le Dantec and Mbour hospitals confirmed that IPC was already being implemented but with a lack of planning. The development of action plans—following the situational analyses carried out in these two facilities—enabled the respective ICCs to understand the timeline for implementation of IPC activities following the WHO multimodal approach.

The hospitals in Touba, Kaffrine, and Fatick also saw their IPCAF results improved. These hospitals, where certain aspects of the basic components of IPC (such as program, education, and training; the built environment; and workload) were already in place but not fully implemented according to the results of their baseline situational analysis, were able to improve the implementation of their IPC action plans. After six months of IPC activities with MTaPS' support, the re-evaluated IPCAF results for these hospitals were 450/800 for Touba Hospital, 535/800 for Kaffrine Hospital, and 513/800 for Fatick Hospital. These results indicate that most aspects of the core components of IPC are being implemented appropriately, especially with the application of the WHO multimodal strategy and guidelines in addition to the reinforcement of components that were already being implemented. For example, aspects such as the IPC program, education and training, and the built environment all achieved results of over 50% in the baseline IPCAF assessment.

Touba, Kaffrine, and Fatick hospitals still have to work to improve the scope and quality of this implementation by increasing the frequency of meetings of their ICCs and by following up on IPC activities such as implementing HAI surveillance and strengthening the WASH program.

In 2022, MTaPS supported five additional hospitals: the regional hospitals of Sédhiou, Kaolack, and Kédougou and the level 3 Fann University Hospital and Abass Ndao Hospital in Dakar.

The baseline and performance results of these hospitals are shown in Table 3, and like the hospitals selected in 2021, these hospitals have also shown progress in implementing IPC activities by means of an action plan that was developed and is monitored with support from MTaPS.

Over the past three years, hospitals supported by MTaPS have progressively improved their IPC scores (Figure 2).

MTaPS now supports 13 hospitals, distributed in the health care pyramid as follows:

- Four national hospitals at level 3 of the health care pyramid
- Six level 2 hospitals, comprising five regional facilities and one private, not-for-profit facility
- Two departmental hospitals corresponding to level 1 in the health care pyramid
- A health center, which is at the community level

As shown in Figure 2, 100% of the facilities supported by MTaPS have improved their performance in the

essential components of IPC according to the results of IPCAF assessments carried out after one year of action plan implementation.

The closure of the level 3 Le Dantec Hospital in July 2022 explains the 93% performance result for facilities supported by MTaPS.

Lessons Learned

Strengthening the capacity of the ICCs with tools and a methodical approach has enabled them to independently implement improvements in preventing the transmission of infectious diseases in their facilities. With the support of MTaPS:

- Health care workers have benefited from capacity strengthening in the implementation of the WHO multimodal strategy.
- ICCs have been able to develop, implement, and monitor their action plan for improving IPC based on the five elements of the WHO multimodal approach.
- ICCs can carry out their own self-assessments using the IPCAF tool.
- Hospitals share their activity reports with the DQSHH; these are sent quarterly by the hospital's director.

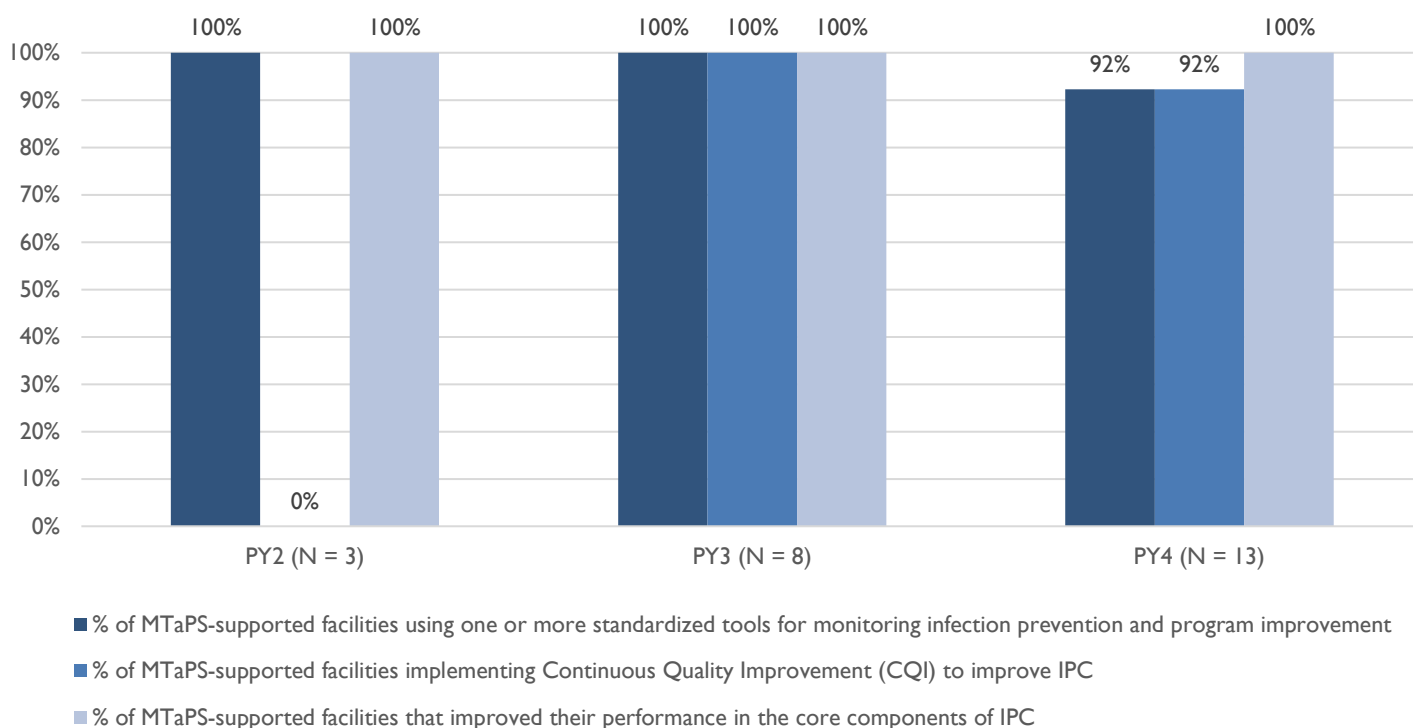


Figure 2. Performance of MTaPS-supported health care facilities in IPC activities over three project years

- During the COVID-19 pandemic, the skills acquired by the eight health care facilities supported by MTaPS enabled them to independently set up their treatment centers in compliance with standards, which improved the management of COVID-19 and reduced the number of infected health care workers compared to those in other facilities.
- Institutional culture has proven crucial to the sustainability of infectious disease prevention activities. With institutional support provided by the management of each hospital and supervised at the central level, the selected hospitals are implementing a multimodal strategic approach to support the relaunch of their intensive care units. This approach is based on five components implemented in an integrated way as a guide to action and provide a clear framework: system change, education/training, monitoring/evaluation, reminders/communication, and a change culture. Experience has shown that institutional culture is a particularly important aspect of a multimodal approach to sustainability. In facilities such as HOGIP, the involvement of the hospital's management (director and head of the administrative and financial department) and key stakeholders (board of the hospital's medical commission) and their ongoing commitment to the implementation of the hospital's IPC activities constitute a perfect example of how an institutional safety culture should be established within a facility. HOGIP's ICC now acts as an advisory body to the hospital's management. Another example of the establishment of institutional culture is the advanced promotion of hand hygiene at Saint Jean de Dieu Hospital, as demonstrated above by the involvement of management and all hospital staff in the annual observance of International Hand Hygiene Day.
- The process of improving IPC practices to help control the risk of infection in health care facilities requires not only IPC supervisors and experts but also staff who are dedicated to IPC practices and conscientious about the implementation thereof. In PY5 Q1 (October–December 2022), Abass Ndao, a level 3 hospital, was able to deliver IPC training to 275 hospital staff, including health care workers, administrators, and hygiene technicians. This is the result of the dedication of the ICC, which is made up of passionate and committed individuals who have motivated all hospital staff to do their best to contribute to the implementation of IPC programs at the facility level.

- By supporting the integration of IPC courses in the ministry of health's eLearning platform and training a group of trainers in the use of this platform, MTaPS has created the opportunity to train a larger number of providers in IPC. As a result, trained trainers can scale up and deliver training to other health care workers in a timely manner and with few resources. This improves ongoing training for health care professionals (self-learning, self-assessment for providers, and regular updating of IPC knowledge).

In addition, within certain facilities supported by MTaPS, the annual self-assessment of IPC capacity (with or without external support) is a good practice that has been institutionalized in the context of the multimodal approach. When planning their annual budgets, Saint Jean de Dieu in Thiès (level 2), Idrissa Pouye General Hospital in Dakar (level 3), Abass Ndao Hospital (level 3), and Fann CHU (University Hospital) (level 3) all carried out self-assessments of their IPC capabilities. The aim of the assessment process is to evaluate hospital performance and use the gaps identified in the assessment to plan IPC measures in their respective facilities with the hospital management teams.

The Road to Sustainability

The MOHSW has adopted the ICC revitalization approach, which was used in the pilot and expansion phases following the successes achieved. At the end of the pilot phase, a workshop to compile the lessons learned from the three hospitals was held to highlight and validate the successes of the ICC revitalization.

A strategic plan for the implementation of an effective IPC program in Senegal has been drafted and technically validated by the MOHSW General Secretariat, with financial and technical support from MTaPS and other implementing partners such as WHO, the Fleming Fund project, and the World Bank's REDISSE program. In addition to hospital facilities, MTaPS has supported the training of primary care supervisors in Senegal's 14 regional health directorates in the use of the new supervision grid updated with the multimodal strategy approach and the integration of the WASH component. MTaPS and the DQSHH have used the CQI approach to update the supervision checklist to make it more user friendly and to include a scoring system aligned with the WHO IPCAF scoring system. This activity is part of the routine supervision activities organized by the regional health directorates in Senegal's 14 regions.

Conclusions

One of MTaPS' objectives is to improve the performance of ICCs in selected hospitals. The baseline assessment carried in these hospitals using the WHO IPCAF tool confirmed that several ICCs were not functioning optimally. With the support of MTaPS and the MOHSW, each hospital assessed was able to develop an improvement action plan, including the essential actions to be undertaken to strengthen the capacity, functionality, and performance of its ICC using CQI techniques.

In each hospital, the ICC coordinator and the administration management must work as a team to develop a shared understanding of the challenges facing the hospital and to agree on mutual support and commitment to address these challenges through the implementation of an agreed action plan.

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About USAID MTaPS:

The USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program (2018–2025) enables low- and middle-income countries to strengthen their pharmaceutical systems, which is pivotal to better health outcomes and higher-performing health systems. The program is implemented by a consortium of global and local partners, led by Management Sciences for Health (MSH), a global health nonprofit.



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