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Infection Prevention & Control Practices for Reduction of Perinatal Infections in Malawi

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Presentation Outline

- **Introduction Infection Prevention Standards**
- **Introduction Reproductive Health Standards**
- **Implementing sites**
- **Institutionalization of standards**
- **Recognition process**
- **Outcomes**
- **Conclusion**

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Introduction Infection Prevention Standards

- Ministry of Health Malawi started implementing Performance and Quality Improvement (PQI) in Infection Prevention and Control (IPC) practices using Jhpiego's Standards Based Management and Recognition (SBMR) approach in 2002.
- Jhpiego's support: 2001-2007; handed over to MoH: 2007
- The process was introduced in a phased approach, to date 40 hospitals across the country are implementing IPC practices
- To date 18 hospitals have been recognized and centers of excellence in infection prevention

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Purpose of IP

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



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Safe Handling Instruments in Theatre



Before



After

Infection Prevention and Control Standards

14 Clinical Departments

- CSSD
- Operating Theater
- Isolation Systems
- Labor & Delivery Areas
- Casualty, Surgical & 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

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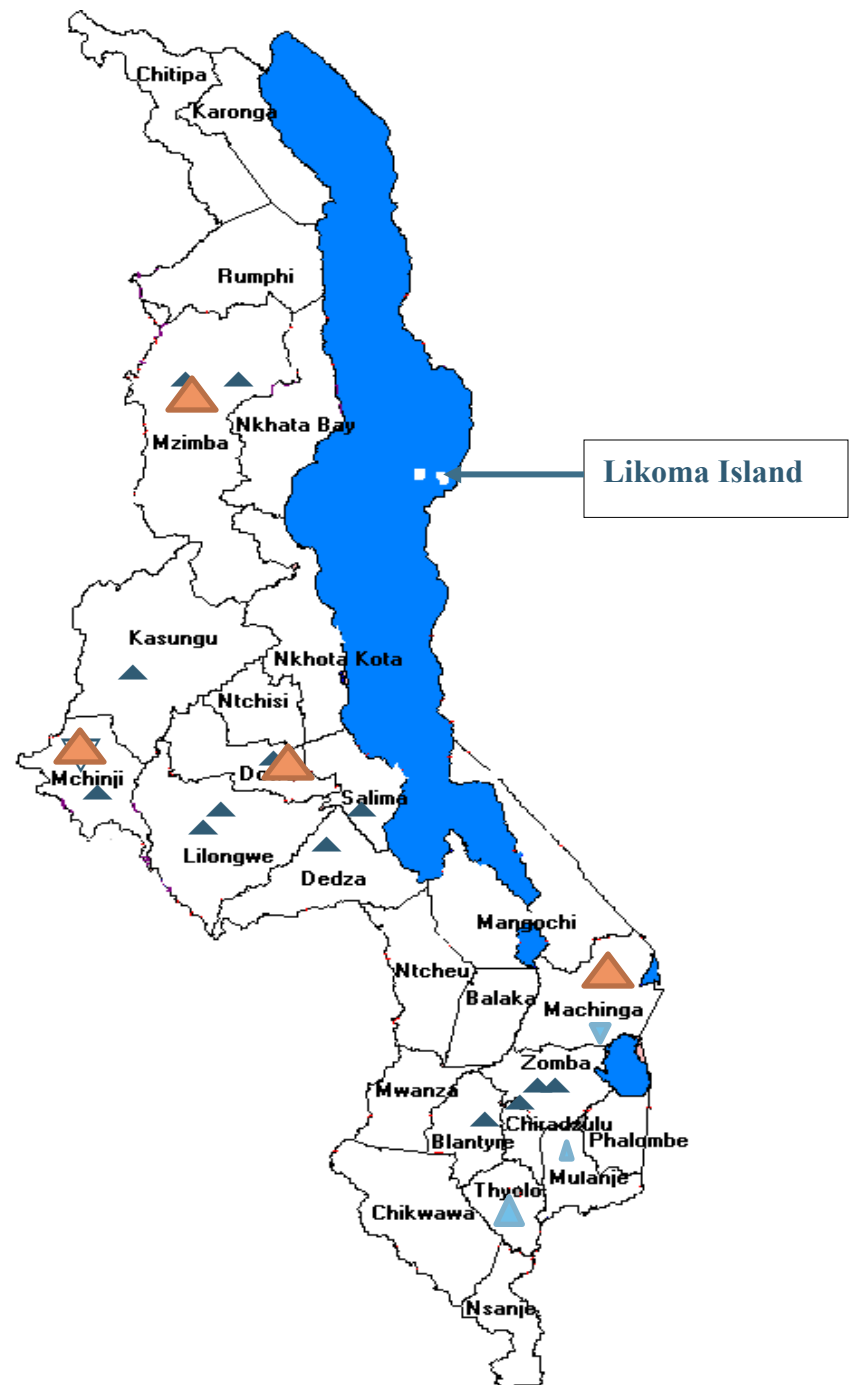
Introduction Reproductive Health Standards

- To improve quality of RH services through comprehensive, integrated services provided according to national standards of care.
- Successful use of SBMR generated interest of MoH officials / general public as a workable approach to improve quality of services
- In 2004 MoH requested technical / financial support to broaden SBMR program for PQI in Reproductive Health (RH)
- Following the development of RH standards in 2006, the initiative has been scaled up in a phased approach
 - 26 district hospitals,
 - 4 central hospitals and
 - 32 health centers
- 4 hospitals have been recognized as centers of excellence in RH

Reproductive Health Standards

AREAS	TOTAL OF CRITERIA BY AREA	CRITERIA ACHIEVED	
		NUMBER	%
PRACTICE SETTINGS			
ANTENATAL CARE	23		
LABOR AND DELIVERY (NORMAL)	21		
LABOR AND DELIVERY (ABNORMAL)	20		
POST CARE	20		
FAMILY PLANNING (STARTING)	25		
FAMILY PLANNING (FOLLOW UP)	21		
POST ABORTION CARE	26		
CERVICAL CANCER	17		
STI	19		
SUPPORT SERVICES (LAB, BLOOD AND PHARMACY)	36		
IEC	8		
MANAGEMENT	14		
GENERAL TOTAL	250		

SBMR Coverage for Malawi IP/RH Program



Factors contributing to institutionalization

- MoH spearheading all quality improvement processes; National Quality Assurance Technical Working Group led by Director Sector Wide Approach (SWAp), Quality Assurance Desk Officer in MoH
- Hospital Management Teams prioritizing IP supplies in their budget
- Dedication, team work, supervision/mentorship, use of QA champions at various levels
- Internal recognition system at hospital level
- Quarterly internal assessments linked with internal recognition
- Quarterly national stakeholder's meeting following the modular training
- Verification visits (un announced) conducted by trained external assessors
- Public MoH recognition ceremony for hospitals meeting the national standards
- Quality Improvement is a milestone reported by MoH during semiannual and annual Health Sector SWAp review meetings

Process of Recognition

- Once implementing sites have reached 80% in each area, call for external verification
- External verification team visits sites un announced
- External verification team verifies and submits results to MoH
- MoH organizes recognition ceremony



- All recognized sites are re-verified annually

Core Indicators Monitored

1	Number of clients with obstetric complications
2	% of obstetric complications treated in health facility
3	% abortion complications treated in health facility
4	Incidence of eclampsia in health facility
5	Incidence of PPH in health facility
6	Incidence of puerperal sepsis in health facility
7	Incidence of neonatal sepsis in health facility
8	Direct obstetric death rate

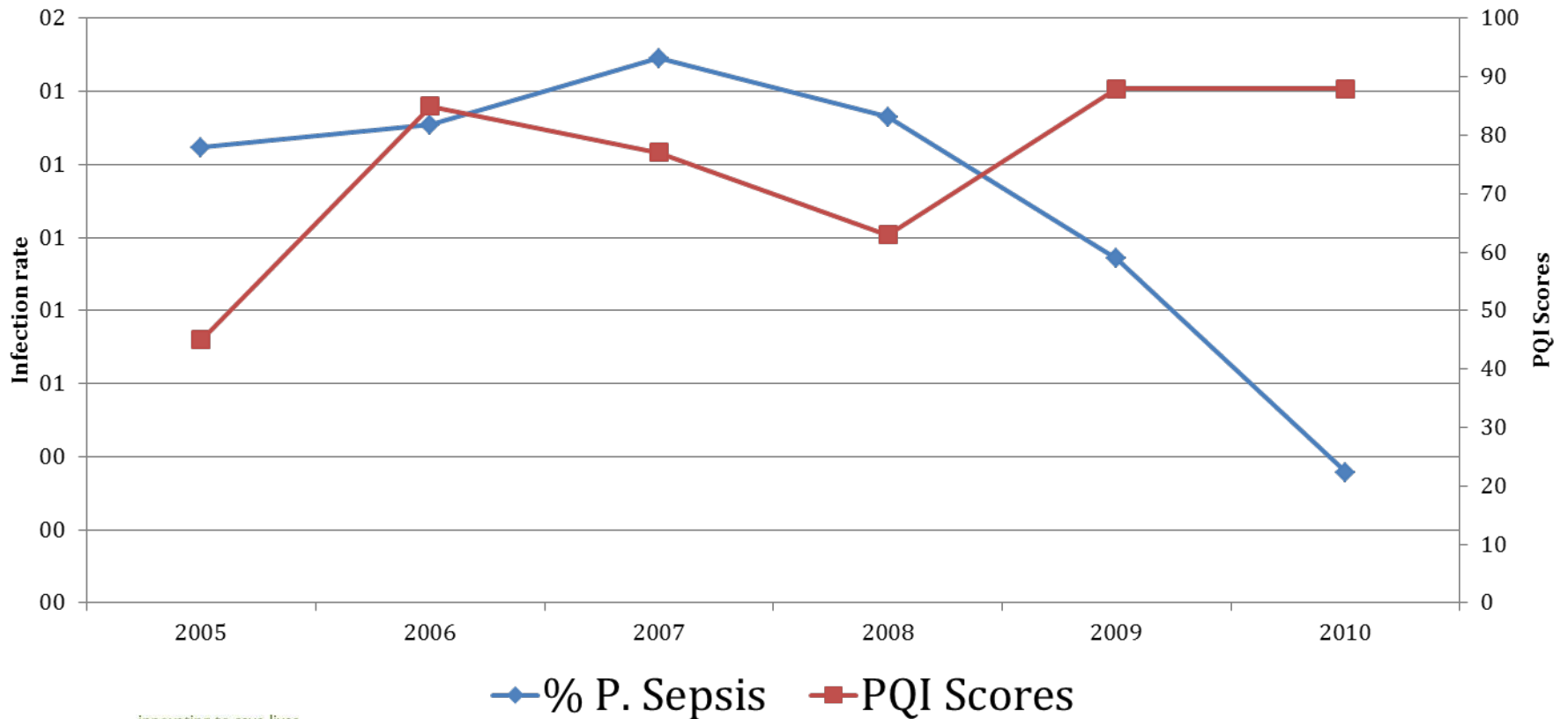
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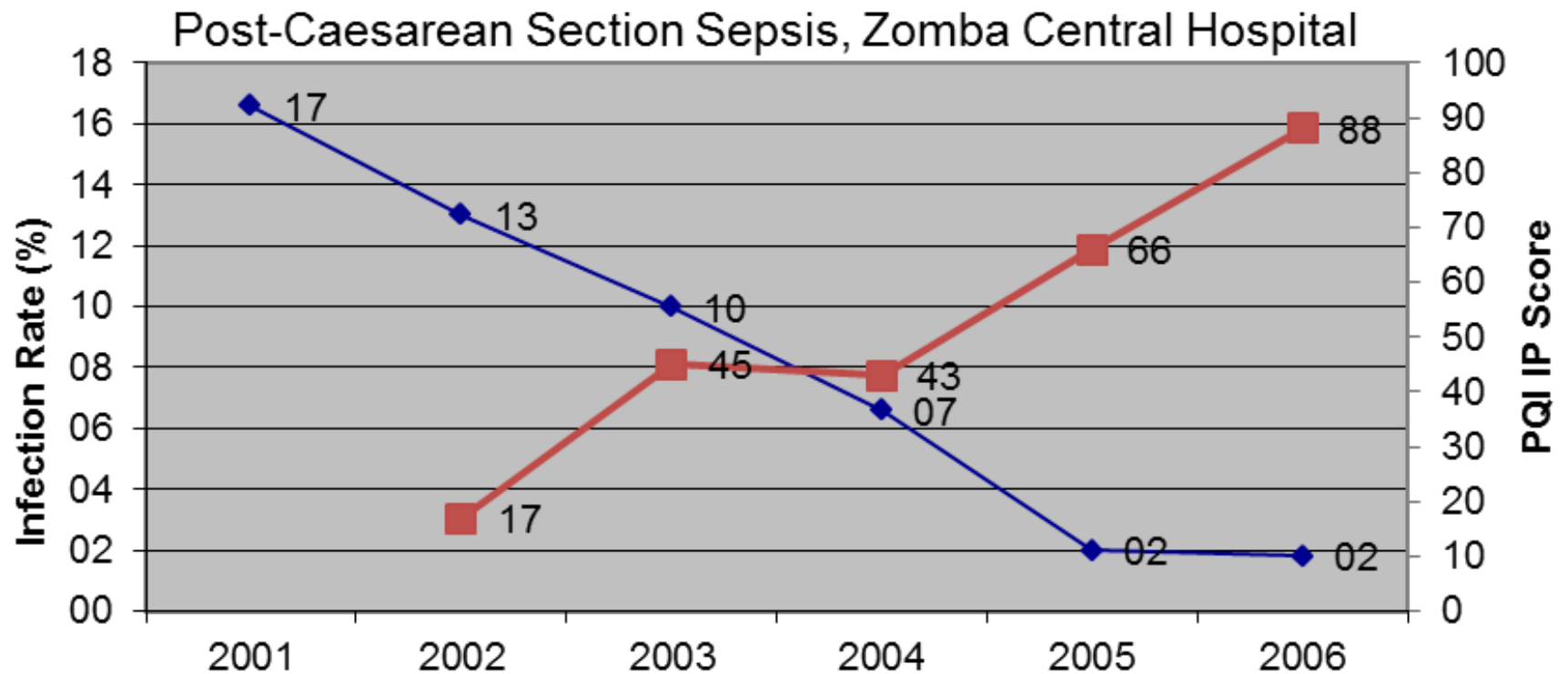
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Puerperal Sepsis Reduced

Puerperal Sepsis, Machinga Hospital



Post-Cesarean Endometritis Reduced



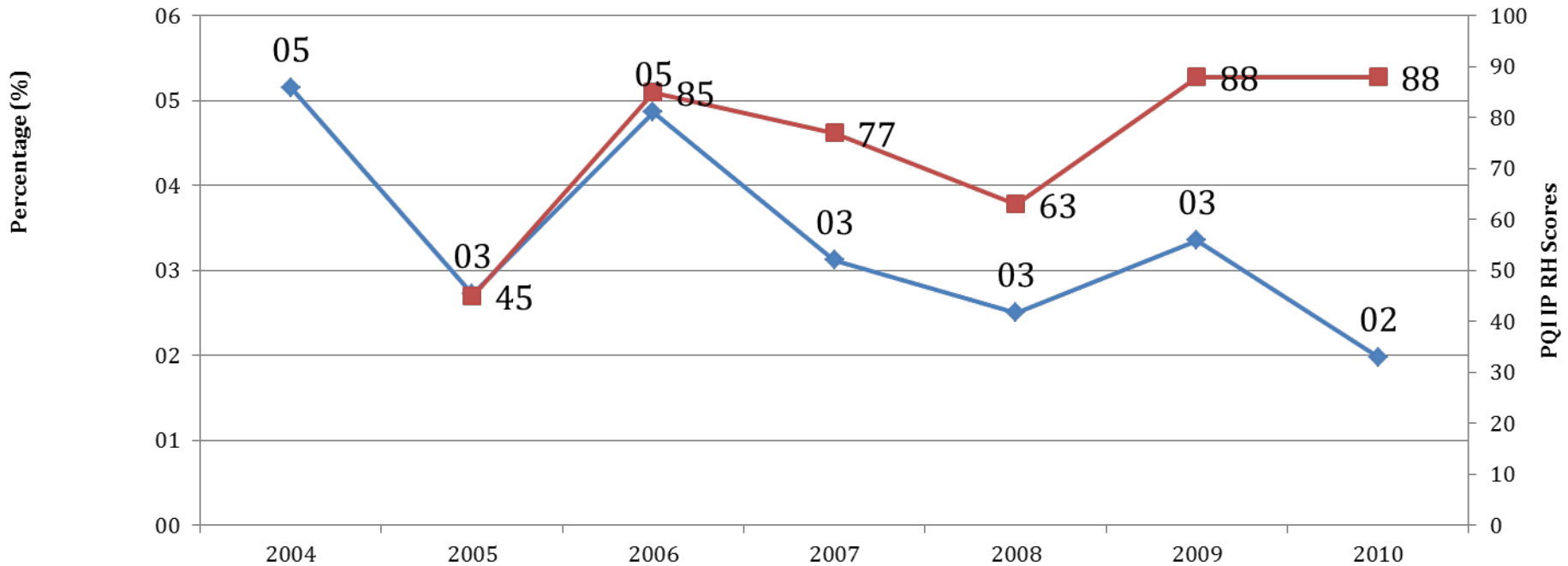
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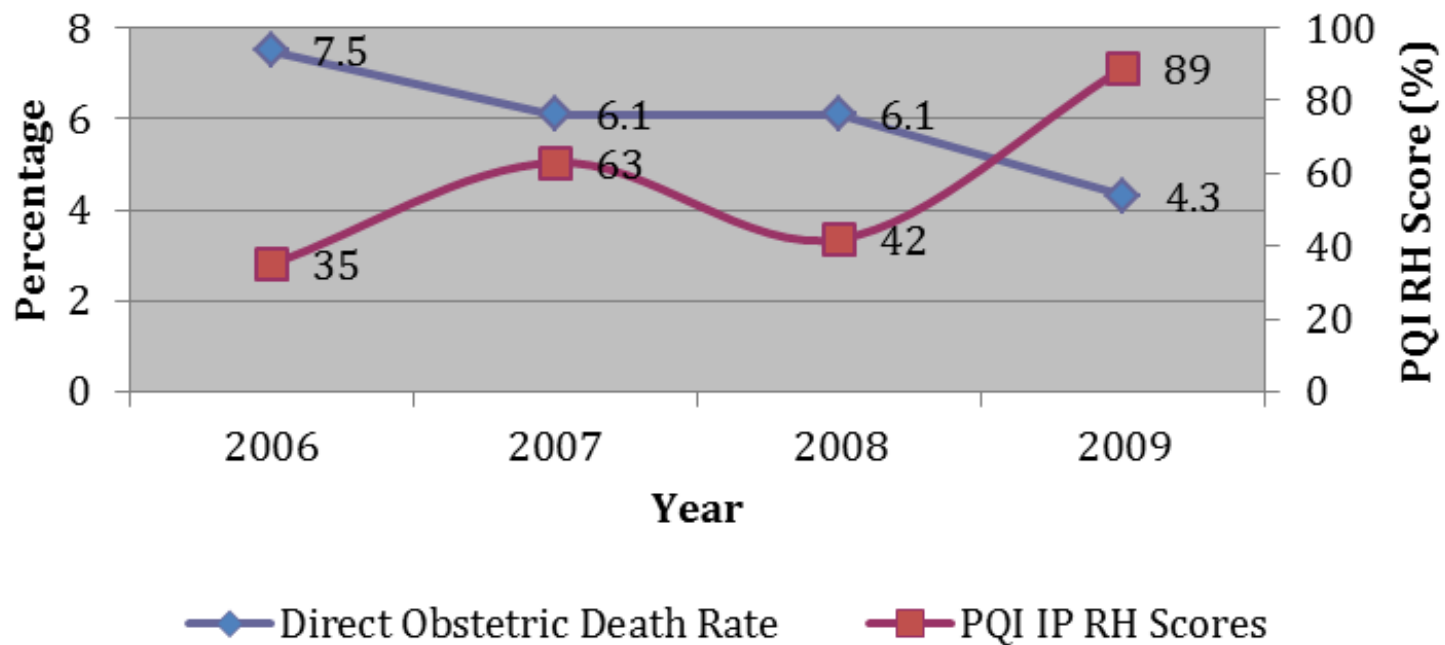
Neonatal Deaths Reduced

Neonatal Deaths, Machinga District Hospital



Maternal Mortality Reduced

Direct Obstetric Death Rate, Mchinji District Hospital



Maternity Ward at Mzuzu Central Hospital



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Challenges

- Shortage of staff especially at health center level
- Rapid turnover of management staff and Quality Improvement Support Teams; this negatively affects continuity
- Inconsistencies in availability of supplies
- Inadequate supportive supervision at facility level
- Multi tasks of providers resulting in limited coaching/mentoring to supervisees
- Minimal use of data for decision making at facility level
- Role of Performance-Based Financing Initiatives

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Conclusion

- Quality of care through SBM-R
 - Improves health outcomes
 - Provider work satisfaction and increased motivation
 - Client satisfaction with health services
 - Positive image of health sector



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Thank You