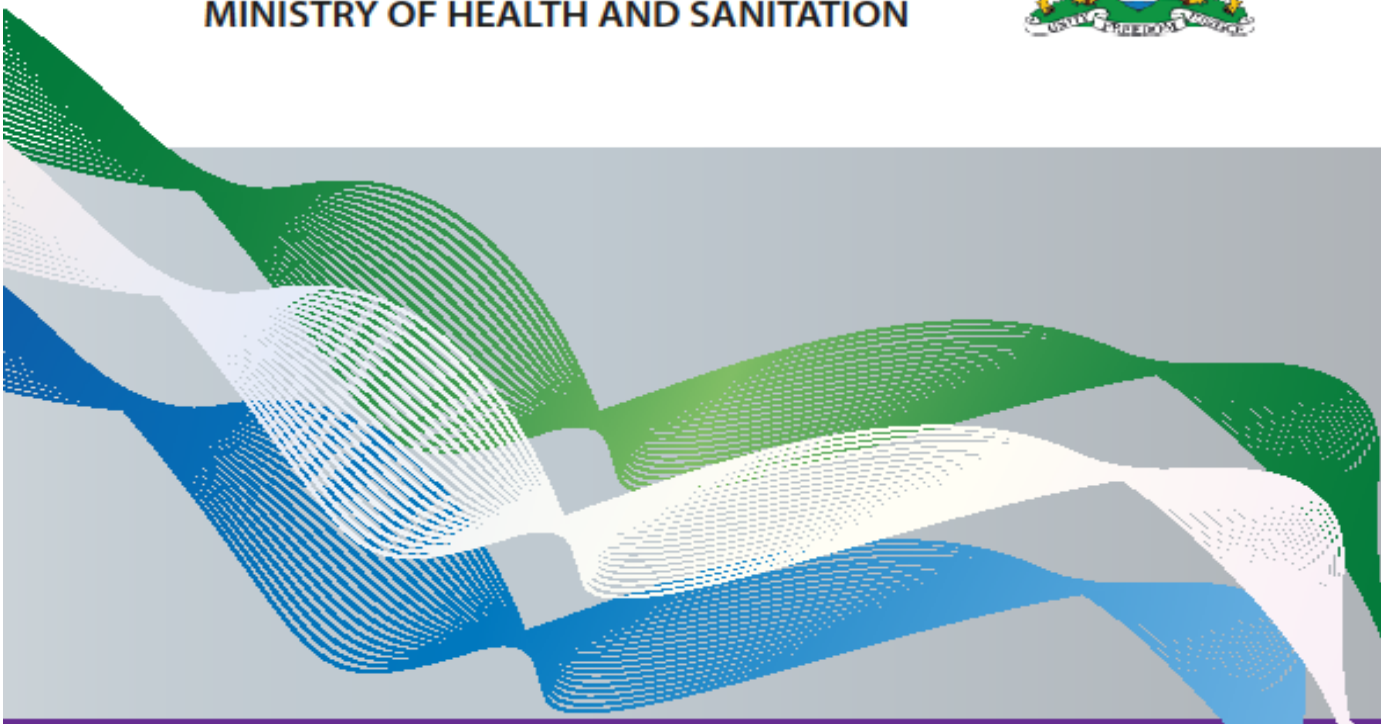
GOVERNMENT OF THE
REPUBLIC OF SIERRA LEONE

MINISTRY OF HEALTH AND SANITATION



National Infection Prevention & Control Action Plan

June 2016 — June 2019

MINISTER'S FOWARD

Improving the standard of health care in Sierra Leone is a key priority of our government. The tragic events of Ebola Virus Outbreak era in which many of our respected colleagues died demonstrates the importance of patient safety practices in our Health Care Facilities. Infection Prevention and Control is an essential component of patient and health care worker safety. Proper implementation of the systems and practices required to ensure proper infection prevention and control will reduce to a minimum the transmission of infections within our Health Care system.

Infection Prevention and Control requires co-operation from many stakeholders within and outside of Government. Health care workers needs to be trained in Infection Prevention and Control, IPC focal persons need to be placed in health care facilities as well as IPC mentors to provide technical advice and support needed at the implementation level while other key players are needed as well to act and deliver other various essential components of the programme. Water, Sanitation and Hygiene as well as Environmental health are also key in delivering safe, reliable water supplies, good sanitation and safe waste disposal. Pharmacies and Stores play a key role in provision of the necessary Personal Protective Equipment in sufficient quantity for safe practices.

It is essential that all the individuals identified in the IPC Policy play a positive and active role in the implementation of the IPC Action Plan 2016-2019 and ensure that Infection Prevention and Control systems and practices are embedded in our Health Care system that any non-compliance with standards is quickly identified and rectified.

This IPC Action Plan translates the visions of the IPC Policy, alongside the newly developed National Guidelines on Infection Prevention and Control. It ushers in a new beginning and a sector wide approach to the delivery of safe Health Care to our people. We welcome the support of our national and international development partners and gratefully acknowledge their contribution in the development of the programme for Infection Prevention and Control. I recommend this IPC Action Plan to all and ask that all key players support its successful implementation – to save lives.

Finally I would like to thank all institutions who have been involved in the preparation of this important document, including those that made valuable contributions and comments during its preparation.

Honourable Dr Abu Bakarr Fofanah
Minister of Health and Sanitation
Freetown
19 July 2015

CHIEF MEDICAL OFFICER'S REMARKS

The nation is still getting to terms with the loss of the many brave health care workers and the many Sierra Leoneans who suffered the fate of the Ebola Virus Disease outbreak the past year. One of the challenges that led to this demise on our nation was the lack of effective Infection Prevention and Control strategies prior to the outbreak.

During the 6-9 months, we started working together with the various partners to put systems in place to ensure proper Infection Prevention and Control. The 10-24 months period of the recovery plan implementation will continue to focus on IPC and related activities, building on the foundations from the early recovery phase of the recovery plan.

One of the major milestones was the development of the national IPC policy as associated IPC guidelines. In order to realize the policy and guidelines, it is important to have a comprehensive work plan that will serve as a guide for all key stakeholders (the Ministry, donors and implementing partners) to ensure that we deliver IPC and related activities on time and per scope.

I would like to acknowledge the hard work of National IPC Unit in coordinating the development of the 4-year work plan, including facilitating health development partner inputs. The support of the World Health Organization is also appreciated and we look forward to continued support from WHO and other partners.

I urge all stakeholders to abide by the national IPC policy, follow the national IPC guidelines and use this work plan to realize the goals enshrined in those key national documents.

Dr Brima Kargbo
Chief Medical Officer
Ministry of Health and Sanitation

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Acronyms

ABHR: Alcohol-based hands rub

CMO: Chief Medical Officer

CDC: Centre for Diseases Control and prevention

CNO: Chief Nursing officer

CMS: Central Medical Store

DSO: Disease surveillance Officer

DMO: District Medical Officer

DPC: Disease prevention and Control

HAI: Healthcare- associated Infections

HCW: Healthcare Workers

IPC : Infection Prevention and Control

MOHS: Ministry of Health and Sanitation

NGO: Non-Governmental Organizations

NIPCU: National Infection Prevention and Control Unit

PHU: Peripheral Health Units

PPE: Personal Protective Equipment

SOP: Standard Operating Procedure

UNICEF: United Nation Children's Funds

WHO: World Health Organization

Background

Infection prevention and control (IPC) is part of a comprehensive approach to improve health outcomes. Establishment of an IPC policy and strategy provides a framework to develop and implement guidelines and standard operating procedures (SOPs) in order to establish a culture of safety in healthcare facilities. The evolving landscape of emerging infectious diseases necessitates increased awareness and attention to IPC. A strong health system, which includes a culture and infrastructure of IPC, will equip governments and communities to respond and manage outbreaks and prevent the spread of infectious diseases. The West Africa Ebola outbreak has accelerated efforts to strengthen health systems in Sierra Leone, including the establishment of a Ministry of Health and Sanitation (MoHS)-led National IPC Unit.

The Government of Sierra Leone through the MOHS with technical support from WHO and partners set up Infection Prevention and Control (IPC) program in all public healthcare facilities countrywide in 2015. This was the frontline priority as IPC is known to be vital components to control EVD outbreak and to minimize the risk of transmission of Ebola disease among Health care Workers, patients and the community.

A National IPC Unit (NIPCU) has been established in MOHS with a mandate to oversee the implementation and strengthening of IPC standards and practices in health facilities across Sierra Leone. IPC guidelines and IPC policy have been developed and ready for implementation. As the NIPCU established during EVD outbreak, all efforts and priorities of the unit were directed to EVD response. The government of Sierra Leone launched the 10 – 24 months recovery plan in which IPC is highlighted as one of the priorities of that plan. National IPC Unit has developed a multi-year (3 years) detailed action plan which will help the unit to implement 10 – 24 plan, and secondly facilitate coordination of activities. The estimated cost of the IPC Action Plan is Six Million and Sixty-One thousand Dollars (USD 6, 061, 000) covering a period of three years.

In this document, the term IPC will be associated with Infection Prevention and Control; Healthcare associated infection, Drugs and Medical devices safety, Hospital risk managements, Hospital and healthcare facilities and Waste management.

Situational Analyses and Assessment

Healthcare associated Infections (HAIs) are a significant threat to patient and healthcare worker safety in Sierra Leone, and there is a need to improve health outcomes, prevent future outbreaks, and establish a culture of safety in healthcare facilities.

Situational analyses, evidence, and lessons gathered from the 2014-2015 Ebola outbreak highlight vulnerabilities at every level of the healthcare system, which relate to IPC infrastructures and practices that contribute to the ongoing threat to the health and safety of patients and healthcare workers, including the threat of HAIs.

Justification

The development of a national IPC Action Plan 2016-2019 will enable the equipping of health facilities, open up conditions for the mobilization of resources required for the implementation of standard precautions and transmission-based precautions to prevent and/or to contain healthcare-associated infections. The patient and staff safety will be improved.

In addition to specifying the basic policy for countermeasures against new infectious disease and specific measures to be taken by the Ministry of Health and Sanitation, the National IPC Action Plan prescribes the matters that serve as standards when designated public institutions formulate their operational plans. While keeping in mind how to prepare for and respond to new infectious diseases, the National IPC Action Plan presents actions that may be adopted as countermeasures under the prevailing situation, such as an outbreak of other infectious disease, in light of the characteristics of the disease.

The IPC Action Plan will enable the Ministry of Health and Sanitation prepare to raise awareness about infection control measures implemented as countermeasures against seasonal influenza in workplaces in addition to measures to be taken at the individual level and developing systems for supplying sanitary supplies and equipment Also, the Ministry of Health will be enabled to develop systems for assessing the status of sanitary supplies and equipment (disinfectants, masks, etc.).

The IPC Action Plan will be able to develop standard operating procedures for treatment, including triage, in-hospital infection control measures and patient transportation and should raise medical institutions' awareness about them. The Ministry of Health in cooperation with interested partners can conduct training and exercises for healthcare professionals that assume a domestic outbreak.

Thematic Areas and Objectives

The National IPC Action Plan has about ten thematic areas with their attendant objectives:

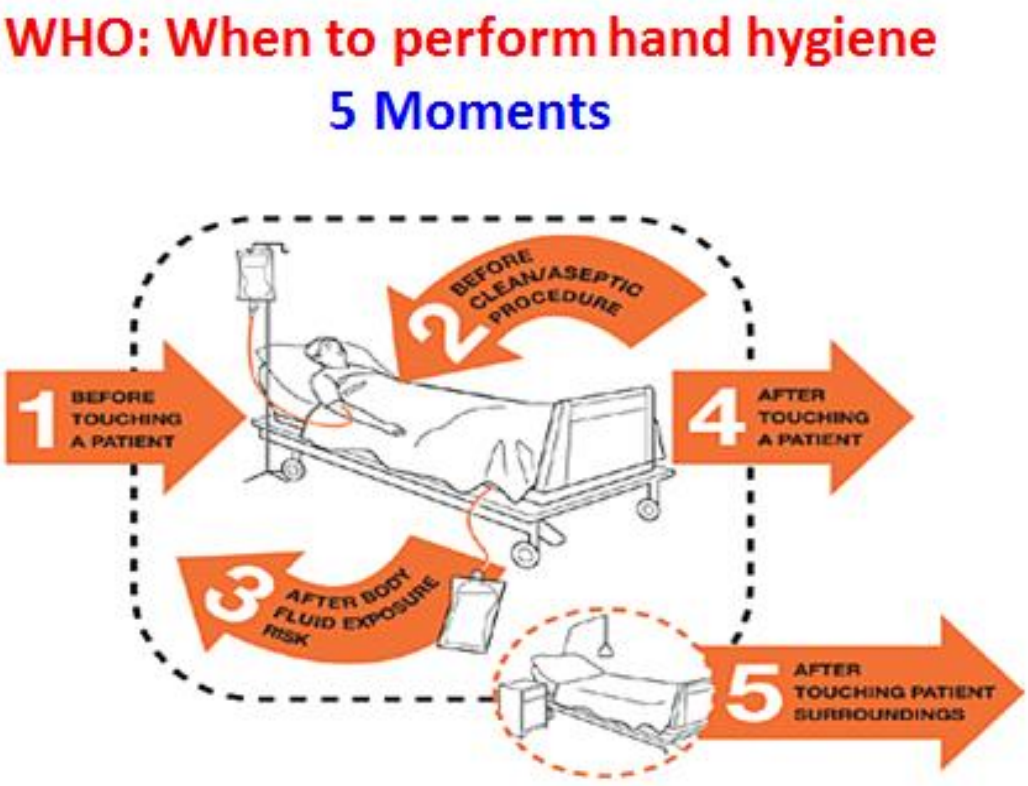
Thematic Area 1: Compliance on hand hygiene practices

Objectives:

1.0 Ensure compliance on Hand Hygiene practice in all tertiary and secondary HCF by 2018
1.1 Ensure compliance on Hand Hygiene practice in 80% primary HCF by 2018
1.2 Institutionalize the local production of ABHR in all District Hospitals by 2018

The Ministry of Health and Sanitation, local and municipal councils, schools and business operators should promote the dissemination of basic infection prevention and control measures, such as hand hygiene (either hand washing or hand rub) and avoiding crowded places. They should also promote understanding on basic infection prevention and control measures to be taken by individual persons when they suspect themselves to have been infected, such as reporting to dedicated health facilities and seeking instructions as well as avoiding going out unnecessarily. The Ministry of Health and Sanitation, local and municipal councils should promote understanding on infection prevention and control measures to be taken in an emergency situation such as requesting the people to refrain from going out unless it is urgent and unavoidable.

Hand hygiene is the most cost-effective method to prevent the spread of infections including healthcare-associated infections. It is the main component of standard precautions. All health care providers, patients and visitors should perform effective hand hygiene, which will prevent the transmission of harmful microorganism. In the community, hand hygiene such as washing hands with soap and water prevent the transmission of communicable diseases and most of faeco-orally transmitted diseases. There 5 moments defined WHO and these moments have to be observed during clinical practice by all health care providers: Before touching a patient, before clean/aseptic procedure, after body fluid exposure risk, after touching a patient and after touching patient surroundings. Healthcare providers must comply with the techniques as described in National IPC Guidelines for Sierra Leone. Hand hygiene is also recommended for non-clinical activities in clinical settings as well as in the community. It a good practice to wash hands before and after eating or handling food, after using the restroom, before breast feeding, before and after providing first aid, etc. The production and use of ABHR will be most invaluable.



In view of the above, the Ministry of Health and Sanitation will implement the following activities to ensure hand hygiene compliance:

- Provision of liquid soap and disposable paper towel.
- Provision of waste bins
- Training of the HCW'S on Hand Hygiene
- Production and provision of locally made alcohol based hand rub
- Provision of uninterrupted running water at all times using taps or veronica buckets.
- Provision of liquid soap
- Set up of adequate hand hygiene stations in primary healthcare facilities
- Quarterly supportive supervision on hand hygiene compliance in all HCF's
- Conduct semi-annual self-assessment on hand hygiene compliance by HCW
- Develop training module on ABHR production
- Conduct a 1-day meeting for the Hospital managers and supervisors
- Conduct a 2-day workshop (theoretical and practical sessions)
- Procurement of required supplies on quarterly basis (ingredients and materials)
- Set up designated space and equipment for production in pilot hospitals
- Conduct a 3-day facility-based training
- Production of locally made alcohol based hand rub
- Conduct supportive supervision visits

Thematic Area 2: Aseptic procedures

Objective:

2.1 Ensure that aseptic procedures are followed for all procedures in all HCF by 2017

Aseptic procedures aim to prevent pathogenic organisms, in sufficient quantity to cause infection, from being introduced to susceptible body sites by the hands of staff, surfaces or equipment. It protects patients during invasive clinical procedures by utilizing infection prevention measures that minimize the presence of micro-organisms.

In practicing aseptic procedures, asepsis is ensured by performing a risk assessment before each procedure, identifying the key parts and key sites that are required to be kept sterile. This will ensure correct infection prevention and control measures are in place to perform aseptic procedures safely thereby reducing the risk of a patient acquiring a healthcare associated infection.

Whilst the principles of aseptic procedures remain the same, the level of practice will change according to the risk identified using a standard aseptic risk assessment to determine the risk to the patient of acquiring a healthcare associated infection during an invasive clinical procedure. Generally, the more technically difficult (complex) procedures require more infection prevention and control measures.

In this thematic area, the following activities will be implemented:

- Identify and prioritize invasive procedures that need SOPs
- Review and compile SOPs for prioritized invasive procedures
- Training of HCWs on SOP's by levels of health care delivery.

Thematic Area 3: HAI/AMR Surveillance system

Objective:

3.1 Establish a HAI/AMR surveillance system in all hospitals in collaboration with Lab and Surveillance programs by end of 2018.

The broad aim of this thematic is to establish a strong surveillance system to enable healthcare facilities to prevent avoidable healthcare-associated infections by implementing effectively standard precautions and transmission-based precautions where necessary. As healthcare facilities admit different patients, some of them with infectious diseases, this surveillance system will enable health care providers for early detection of those patients with infectious diseases, early implementation of containment measures such as isolation, use of appropriate PPE, proper environmental cleaning. Finally, this system will improve notification of priorities diseases.

The Ministry of Health and Sanitation will enhance domestic surveillance through routine investigation of infectious diseases. Identify domestic patients infected at an early time and grasp the characteristics of the disease, including clinical features of patients. It is important that all doctors report to the IPC Unit when they have examined infected patients (including suspected cases of infection). The Ministry of Health will strengthen efforts to identify mass infectious diseases at schools and health facilities in order to detect the spread of infection at an early time.

To establish and sustain the surveillance system, the following activities will be addressed:

- Develop ToR for HAI & AMR Technical Working Group (Lab, Surveillance, IPC)
- Establish HAI & AMR Technical Working Group
- Conduct assessment of microbiology lab capacity
- Develop a feasible surveillance implementation plan

Thematic Area 4: Environmental health care management and practices

Objective:

4.1 Ensure Environmental Health Care Management practices are instituted in all Healthcare Facilities by 2018.
4.2 Ensure Provision of environmental cleaning equipment, supplies and consumables in all Health facilities at all times by 2018.
4.3 Ensure effective decontamination of reusable medical devices in all HCF by 2017 and at all times thereafter.

Environmental Management Measures involve effective containment of any blood or body spills, avoiding its spread and aerosols, cleaning the area with clean water and detergent, disinfection of the area with approved disinfectant and leave the area dry naturally (see technique in National IPC guidelines). All wastes should be discarded into appropriate containers (bins). At all times, cleaning of environment using water and detergent is the first step. Always keep the environment clean and dry. Staff in-charge of healthcare environmental cleaning should always put on appropriate personal protective equipment to ensure his/her effective protection against harmful micro-organisms. He should also observe hand hygiene practice as the primary preventive measure. It is not advisable to use disinfectants in routine cleaning where no evidence of presence of infectious micro-organisms.

Disinfecting agents specifically target infectious pathogens and can lower the risk of spreading infection by killing germs on a surface after it has been cleaned. Disinfection is generally intended for patient-care items in health care facilities. Disinfection requires contact between the disinfectant and the surface to be disinfected for at least ten minutes under moist conditions.
At this backdrop, the Ministry of Health and Sanitation will endeavor to implement the following activities:

- Conduct needs assessment of present cleaning system in all Districts
- Integrate existing IPC/WASH committees in hospitals
- Disseminate cleaning and vector control including pest control SOPs based on existing Policy
- Define clear and specific roles and responsibilities for cleaning workforce in accordance with National IPC Guidelines
- Provide a list of standard disinfectants and cleaning products to CMS
- Monitor availability of prioritized cleaning materials
- Prepare standardized cleaning schedules for specific areas (including frequency)
- Develop facility-level assessment and monitoring tools for cleaning
- Conduct assessment to determine the capacity of current decontamination
- Develop inventory report for sterilization/decontamination equipment
- Develop preventive maintenance plan (including logbook) for equipment
- Disseminate SOPs for the sterilization of reusable medical devices in all HCFs

Thematic Area 5: Waste management

Objective:

5.1 Ensure effective medical waste management in health facilities as per policy guideline by 2018.

Good management of wastes generated in healthcare settings requires better understanding the types of wastes produced in that facility. This will guide the proper planning of how to manage effectively wastes generated in that particular healthcare facility. The planning should consider segregation of waste at the point of care by healthcare providers / or someone who directly generates wastes, waste collection in appropriate containers, safe intermediate storage at ward level or clinical setting, safe transportation of waste from different units to the treatment / storage area and final disposal. During the process of waste management, it is recommended to ensure safe protection of waste handlers in terms of proper use of personal protective equipment, and observing hand hygiene (hand washing with soap and clean water).

To manage waste in health facilities, the under-mentioned activities will be addressed in this thematic area:

- Conduct supportive supervision (on the job training and mentorship)
- Define standard specifications for incinerators in HCFs
- Provide safe transportation of healthcare waste from the point of generation to final disposal point.
- Quantify and document the different types of waste generated within the health care facilities
- Provide waste management posters.

Thematic Area 6: Management of linens in health care settings

Objective:

6.1 Ensure Proper and effective management of linens used in health care settings at all times.

The broader aim of this thematic is to ensure safe handling of linen in healthcare facilities. Safe stripping of beds, safe collection of used linen, safe transportation of used linen from ward to the laundry, safe processing of used linen and production of clean linen safe to be used. In all this process, healthcare workers, linen handlers and linen managers should avoid contamination of further environment and make sure linen handlers are well protected (use of appropriate personal protective equipment). They should also avoid cross-contamination of clean linen by dirty linen either using the same linen collection materials (trolleys, bags, etc) or by keeping them in the same place. It is advisable to have physical separation in the laundry between clean and dirty area, and different people in those two areas. Linen used for aseptic procedures or surgical interventions should always be sterilized before use. Sufficient and appropriate PPE should always be provided for laundry staff and for those who collect linen and transport it from wards to the laundry.

Clean linen shall have an adequate inventory of clean linen at all times. No cross contamination shall exist between clean and soiled linens and clean linens shall be transported in cover carts if they are going to be stored on the cart while on the floors. Soiled linens on the other hand shall be handled with appropriate barriers. Contaminated linens do not need to be labeled. Loose soiled linens shall not be placed on floors or chairs.

In this thematic area, the following activities will be implemented:

- Develop standards for laundry facilities in all government regional and district hospitals.
- Develop checklist for supervision and monitoring of laundry standards
- Identify a sluicing space for each PHU
- Daily linen inventory
- Monitor routine supportive supervision on linen care

Thematic Area 7: Detection and management of suspected cases

Objectives:

7.1 Ensure that all Healthcare facilities have a functional screening area by end of 2017.
7.2 Ensure early detection and safe isolation of suspected cases of infectious diseases in all HCF by 2017.

Early detection of patients with infectious diseases is a key for preventing its spread among patients, staff and visitors in healthcare facility. It supports effective case management as well. In healthcare facilities, there should have enough space to isolate patients with infectious diseases such as single rooms or cohorting patients with similar disease in one room. Hand hygiene facilities and personal protective equipment should be readily available and staff well trained and demonstrated skills and competencies on the use of PPE, Hand hygiene techniques, standard precautions and transmission-based precautions as well as case management. The application of effective preventive and containment measures and education of patients and their relatives will reduce the transmission of infections in the healthcare facilities and in the community as well. These measures should also applicable for colonized patients and colonized. The colonization status should be understood as the state where a patient or staff has harmful micro-organisms (most likely multi-drug resistant), but he /she doesn't have any clinical signs or symptoms of infection. To pick up or identify colonized patients / staff requires a good screening programme in place.

The following activities will be implemented in this thematic area:

- Assign a designated area for screening at the entrance of what?
- Construct perimeter boundary at HCFs to ensure one entering point
- CHCs (Wire fencing)
- CHP and MCHPs (Wire fencing)
- Deploy dedicated screeners to all screening points
- Monitor construction of isolation units/areas in health facilities
- Hospitals (permanent unit)
- CHCs (permanent unit)
- CHP and MCHPs (temporary area)

Thematic Area 8: Occupational health management system

Objective:

8.1 Establish healthcare worker occupational infection prevention control program in all health facilities by end of 2017.

As defined by the World Health Organization (WHO) occupational health deals with all aspects of health and safety in the workplace and has a strong focus on primary prevention of hazards. Occupational health is a multidisciplinary field of healthcare concerned with enabling an individual to undertake their occupation, in the way that causes least harm to their health.

The main focus in occupational health is on three different objectives: (i) the maintenance and promotion of workers' health and working capacity; (ii) the improvement of working environment that makes it conducive and safety (iii) development of work organizations and working cultures in a direction which supports health and safety at work and in doing so also promotes a positive social climate and smooth operation and may enhance productivity of the undertakings.

To address these issues, the Ministry of Health and Sanitation will endeavour to implement the following activities:

- Conduct HBV and TB risk assessment of all healthcare workers
- Vaccinate all HCWs on HBV
- Support voluntary counseling and testing (VCT) of HIV Refer HCWs to PEP for HIV and HBV
- Provide occupational exposure logbook
- Sensitization of healthcare workers on the need to report any injury or accident
- Provide job aide to all facilities on PEP

Thematic Area 9: Community behavioral practices

Objectives:

9.1. Baseline assessment of community behavior and practices
9.2. Engage the community on standard IPC Practices
9.3. Regular monitoring of IPC behavior and practices in the community
9.4 Develop a national IPC strategy to improve IPC practices for traditional healers
9.5 Patient and caregiver engagement in HCFs

Basic infection prevention measures are based on knowledge of the chain of transmission and the application of Routine Practices in all settings at all times. The elements of Routine Practices include: Hand Hygiene, risk assessment of clients, risk reduction strategies through use of personal protective equipment, cleaning the environment and equipment, laundry, disinfection and sterilization of equipment or use of single use equipment, waste management, sharps handling, client placement and healthy workplace initiatives and education of health care providers, clients and families/visitors/caregivers.

The following activities will be implemented:

- Develop/adopt checklist for community IPC behavior and practices
- Review checklist with all stakeholders
- Pilot the assessment checklist for community IPC practices
- Disseminate the assessment checklist
- Conduct orientation to CMHCs on the community IPC assessment checklist
- Identify community groups in collaboration with the community leaders (Chiefs, secret society, traditional healers, religious leaders, TBAs, respected individuals)
- Map-out the community groups
- Conduct the assessment based on the community group list
- Analyze the assessment data
- Conduct meetings with each community leaders to provide feedback on the existing IPC practices
- Develop intervention plan for the target community group to conduct intervention based on the analyzed IPC practices
- Integrate IPC/WASH courses in school curriculum in collaboration with the MoE
- Conduct training for school teachers on IPC/WASH courses
- Conduct monthly meeting with the Community Health Workers (CHWs) for monitoring and effective IPC/WASH program implementation
- Sensitize community stakeholders through different medias (Popular artist, radio, community theatre,)
- Conduct sensitization workshop to community leaders (Chiefs, heads of secret societies, traditional healers, religious leaders, TBAs, CHWs) in the community
- Print and distribute IEC materials to each target community
- Quarterly assessment of community groups using the developed checklist
- Analyze the assessment data

- Develop Quality Improvement plan
- Conduct QI projects
- Conduct consultative meeting with IDSR, Community Engagement, Case Management, Partners
- Conduct consultative meeting with National Traditional Healers Council
- Review training materials
- Develop intervention plan
- Prepare IEC materials
- Conduct sensitization to the patients, caregivers visitors

Thematic Area 10: Monitoring and Evaluation

Objectives:

10.1 Establish Technical Working Group (TWG) focused on M&E activities
10.2 Review/develop the IPC/WASH M&E tools
10.3 Establishing a well-developed data management system
10.4 Ensure a well-established IPC Quality Improvement (QI) / Quality assurance (QA) system
10.5 Establish a strategy for data dissemination and use of results
10.6 Develop system for linking the national M&E system to private HCF

Monitoring includes various aspects of infection control practices. Simultaneous monitoring of all the aspects might not be possible therefore prioritization must be done by the infection control team depending upon the need and situation. Monitoring of process compliance is most important to reduce incidence of HAI, preventing multidrug resistance to antimicrobials and protecting HCWs from getting infection. Methodology of monitoring should be adopted as per the institutional policy. Environmental monitoring along with microbiological surveillance has been claimed to reduce infection rate. Adherence to hand hygiene is being considered as one of the most important preventive action. Observed adherence to hand hygiene protocol ranges from 5% to 89% (38.7%) among the HCWs.

The following will be implemented as monitoring activities:

- Identify advisory group members from selected stakeholders
- Develop Terms of Reference (ToR) for the TWG
- Report quarterly to NIPCU coordinator on accomplishments as per the ToR and assignments provided
- Review the existing monthly IPC/WASH assessment tool in collaboration with stakeholders
- Develop IPC/WASH indicators with clear definition of each indicators
- Identify 5 indicators to be incorporated in the HMIS
- Conduct consultative meetings to validate the IPC/WASH M&E tools with stakeholders
- Consolidate feedbacks and finalize the tools (Assessment checklists & indicators)
- Pilot the IPC/WASH assessment tools
- Revise the IPC/WASH assessment tools
- Conduct orientation session at each district on the tools
- Print and distribute the final version of the IPC/WASH assessment tool

- Define reporting flow from facility to central and feedback back to the districts/facilities
- Monitor inventory of IPC/WASH supplies at facility level
- Develop register log of IPC/WASH indicators for districts
- Distribute the register log to districts HMT
- Define the role and responsibilities of officers at each health facility level with regards to M&E reports and feedback
- Conduct two days seminar for Central level staff on M&E activities of IPC/WASH
- Conduct one day workshops on M&E for district and facility IPC/WASH focal persons
- Prepare quarterly report for decision making
- Conduct QI sensitization workshop
- Customize intensive training materials including QI tools
- Deliver QI workshop to midlevel managers for their support to the technical staff
- Conduct intensive QI training to pilot hospitals
- Identify QI challenges
- Prioritize and develop 3-4 QI projects
- Conduct 3-4 QI projects
- Conduct supportive supervision and coaching
- Monitor QI progress using QI tools
- Monitor QI progress using QI tools
- Conduct consultative meeting for disseminating the impact of QI initiative
- Develop rollout plan
- Prepare semiannual article (3-4page)
- Distribute semiannual article
- Conduct 2days consultative meeting for data dissemination, and annual plan preparation
- MoHS/Partners Quarterly Review meeting
- Provide training on M&E to non-governmental HFs
- Provide M&E tools and other national IPC guidelines to the private and faith based HCF's
- Conduct quarterly visits to non-governmental facilities
- Website for sharing IPC/WASH information

Supplies and training requirements

- **Supplies: Ensure adequate IPC supplies and equipment in HCFs**

The following activities will be implemented:

- Review the IPC supplies list
- Mobilize funds for IPC supplies
- Conduct an assessment for existing equipment in HCFs
- Monitor IPC supplies on quarterly basis in collaboration with DHMTs
- Procure and distribute health care facility cleaning and disinfection equipment & supplies, e.g., disinfectants, autoclaves
- Provision of standard equipment (dryers, laundering machines, ironing service etc.) and PPE
- Conduct supportive supervision HCFs to use RRVI (electronic system) for logistics management

- **Training 1: Integrate IPC into curriculum in healthcare institutions Are you targeting any specific categories**

The following activities will be implemented:

- Conduct consultative meeting with all health education institutions
- Establish a Technical Working Group
- Review and adopt training manuals into the curriculum according to the level
- Conduct ToT for tutors
- Provide equipped demonstration rooms in all health training institutions for demonstration of aseptic techniques
- Monitoring and evaluation of teaching and effectiveness

- **Training 2: Establish induction and orientation training for newly employed HCWs**

The following activities will be implemented

- Develop a IPC orientation package
- Sensitize IPC Focal Person, Facility Management and DHMT
- Monitoring of implementation for orientation sessions

- **Training 3: Establish in-service training**

The following activities will be implemented:

- Provide training to newly recruited non-clinical/support staff
- Provide Refresher Trainings
- Provide OTJ training
- Provide Data Management refresher Trainings
- Conduct quarterly training for screeners
- Cleaners
- Laundry staff
- Waste management
- Provide training on usage and maintenance of equipment
- Training of the HCW'S on Hand Hygiene

Table 1 to Table 10 shows the budget for the corresponding thematic areas, objectives and activities.

Table 1: Thematic Area 1- Compliance on hygiene practices

OBJECTIVES	ACTIVITIES	Verifiable indicators	Timelines												BUDGET (USD)			RESPONSIBLE
			Y1				Y2				Y3				Y1	Y2	Y3	
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
1.1 Ensure compliance on Hand Hygiene practice in all tertiary and secondary HCF by 2018	Provision of liquid soap and disposable paper towels	% of facilities with stockout for the last quarter													300,000.00	300,000.00	300,000.00	WHO (MOHS)
	Provision of waste bins	% of facilities with stockout of waste bins													50,000.00	20,000.00	20,000.00	WHO (MOHS)
	Production and provision of locally made alcohol based hand rub	% of facilities provided with locally made alochol based hand rub													60,000.00	40,000.00	40,000.00	WHO/NIPCU
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
1.2 Ensure compliance on Hand Hygiene practice in at least 80% primary HCF by 2018	Provision of uninterrupted running water at all times using taps or veronical buckets	% of facilities with continuous water supply													60,000.00	60,000.00	60,000.00	**MOHS**
	Provision of liquid soap	% of facilities with stockout for the last quarter													20,000.00	20,000.00	20,000.00	WHO (MOHS)
	Set up of Functional hand hygiene stations in primary healthcare facilities	% of primary healthcare facilities with adequate number of hand hygiene stations													5,000.00	5,000.00	5,000.00	**NIPCU**
	Quaterly supportive supervision on hand hygiene compliance in primary HCFs	% of facilities with supportive supervision in the last quarter													15,000.00	15,000.00	15,000.00	**NIPCU/WHO**
	Conduct semi-annual self assessment on hand hygiene compliance by HCW	% of facilities that conduct self assessment in past 6 months													8,000.00	8,000.00	8,000.00	**NIPCU/WHO**
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
1.3 Institutionalize the local production of ABHR in all District Hospitals by end of 2018	Pilot in 4 regional Hospitals	Number of regional Hospitals piloted.													10,000.00	10,000.00	-	**MOHS**
	Evaluate	Number of regional hospitals evaluated													3,000.00	3,000.00	-	**MOHS**
	Scale-up														**-**	**-**	**-**	**MOHS**
															-			NIPCU/WHO
	Develop training module on ABHR productio	Training module developed (Y/N)													8,000.00	-	-	WHO (MOHS)
	Conduct a 1-day meeting for the Hospital managers and supervisors	Meeting conducted (Y/N)													8,000.00	-	-	WHO (MOHS)
	Conduct a 2-day workshop (theorical and practical session)	Workshop conducted (Y/N)													8,000.00	-	-	WHO (MOHS)
	Procurement of required supplies on quarterly basis (ingredients and materials)	Supplies procured quarterly (Y/N)													100,000.00	-	-	WHO (MOHS)
	Set up designated space and equipment for production in pilot hospitals	Designated space established (Y/N)													-	-	-	WHO (MOHS)
	Conduct a 3-day facility-based training	Training conducted (Y/N)													10,000.00			WHO (MOHS)
	Production of locally made alcohol based hand rub	# of pilot sites producing alcohol based hand rub													50,000.00	-	-	WHO (MOHS)
	Conduct supportive supervision visits	Supervision conducted (Y/N)													5,000.00	5,000.00	5,000.00	WHO/NIPCU

Table 2: Thematic Area 2 - Aseptic technique procedures

OBJECTIVES	ACTIVITIES	Verifiable indicators	Timelines												BUDGET (USD)			RESPONSIBLE
			Y1				Y2				Y3				Y1	Y2	Y3	
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
2.1 Ensure that aseptic techniques are followed for all procedures in all HCF by 2017	Review and develop SOPs for invasive procedures	SOPs compiled (Y/N)													10,000.00	-	-	WHO/NIPCU
	Training of HCWs on SOPs by levels of health care delivery.	# of trainings conducted on SOPs													30,000.00	20,000.00	-	WHO/NIPCU
	Monitor invasive procedures														5,000.00	5,000.00	5,000.00	WHO/NIPCU
	Evaluate and provide supportive supervision for invasive procedures														5,000.00	5,000.00	5,000.00	WHO/NIPCU

Table 3: Thematic Area 3 - Surveillance system

OBJECTIVES	ACTIVITIES	Verifiable indicators	Timelines												BUDGET (USD)			RESPONSIBLE
			Y1				Y2				Y3				Y1	Y2	Y3	
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
3.1 Establish a HAI/AMR surveillance system in all hospitals in collaboration with Lab and Surveillance programs by end of 2018	Develop ToR for HAI & AMR Technical Working Group (Lab, Surveillance, IPC)	ToR developed (Y/N)													5,000.00	-	-	**WHO/NIPCU**
	Establish HAI & AMR Technical Working Group	TWG established (Y/N)													2,000.00	-	-	**WHO/NIPCU**
	Conduct assessment of laboratory capacity on AMR detection	Lab assessment conducted (Y/N)													10,000.00	-	-	**WHO/NIPCU**
	Develop a feasible implementation plan	Implementation plan developed (Y/N)													50,000.00	-	-	**WHO/NIPCU**
	Develop HAI surveillance system (developing database, IT etc.)	HAI Surveillance system developed (Y/N)													100,000.00	200,000.00	100,000.00	**WHO/NIPCU**

Table 4: Thematic Area 4 - Environmental health care management and practices

OBJECTIVES	ACTIVITIES	Verifiable indicators	Timelines												BUDGET (USD)			RESPONSIBLE
			Y1				Y2				Y3				Y1	Y2	Y3	
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
4.1 Ensure Environmental Health Care Management practices are instituted in all Healthcare Facilities by 2018	Conduct needs assessment of present cleaning system in all Districts	# of Districts assessed for cleaning system													10,000.00	-	-	WHO/NIPCU
	Integrate existing IPC/WASH committees in hospitals	# of hospitals with integrated IPC/WASH committee													5,000.00	-	-	WHO/NIPCU
	Develop and disseminate cleaning and vector control SOPs based on existing Policy	# of facilities with SOPs of cleaning and pest control													15,000.00	-	-	WHO/NIPCU
	Define clear and specific roles and responsibilities for cleaning workforce in accordance with National IPC Guidelines	Roles and responsibilities defined (Y/N)													5,000.00	-	-	WHO/NIPCU
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
4.3 Ensure Provision of enviromental cleaning equipment, supplies and consumables in all Health facilities at all times by 2018	Provide a list of standard disinfectants and cleaning solutions to CMS	List provided to CMS (Y/N)													-	-	-	NIPCU/WHO
	Monitor availability of prioritized cleaning materials	% of facilities with cleaning materials in the last quarter													5,000.00	5,000.00	5,000.00	NIPCU/WHO
	Prepare standardized cleaning schedules and distribution plans for specific areas	Job aide for cleaning developed (Y/N) % of facilities with cleaning job aide													10,000.00	-	-	NIPCU/WHO
	Develop facility-level assessment and monitoring tools for cleaning	Tools developed (Y/N)													5,000.00	-	-	NIPCU/WHO
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
4.4 Ensure effective decontamination of reusable medical devices in all HCF by 2017 and at all times thereafter	Conduct baseline assessment to determine the capacity of current decontamination	Baseline assessment conducted (Y/N)													15,000.00	-	-	NIPCU/WHO
	Develop inventory report for sterilization/decontamination equipment	Report developed (Y/N)													5,000.00	-	-	NIPCU/WHO
	Develop preventive maintenance plan (including logbook) for equipment	Maintenance plan developed (Y/N)													50,000.00	-	-	NIPCU/WHO
	Develop an action plan to address the gaps														3,000.00	-	-	
	Disseminate SOPs for the sterilization of reusable medical devices in all HCFs	% of facilities with SOPs for sterilization of reusable medical devices													15,000.00	-	-	NIPCU/WHO

Table 5: Thematic Area 5 - Waste management

OBJECTIVES	ACTIVITIES	Verifiable indicators	Timelines												BUDGET (USD)			RESPONSIBLE
			Y1				Y2				Y3				Y1	Y2	Y3	
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
5.1 Ensure effective medical waste management in health facilities as per policy guideline by 2017	Conduct suportive supervision (on the job training and mentorship)	% of facilities provided with supportive supervision																
	Define standard specifications for available waste management options in HCFs	Standards defined (Y/N)													5000	0	0	WASH
	Provide safe transportation of healthcare waste from the point of generation to final disposal point.														15,000.00	15,000.00	15,000.00	WASH
	Quantify and document the different types of waste generated within the health care facilities	Report developed (Y/N)													10,000.00	10,000.00	10,000.00	WASH
	Provide waste management posters.	% of facilities with waste management posters													15,000.00	-	15,000.00	WASH

Table 6: Thematic Area 6 - Management of linens in health care settings

OBJECTIVES	ACTIVITIES	Verifiable indicators	Timelines												BUDGET (USD)			RESPONSIBLE
			Y1				Y2				Y3				Y1	Y2	Y3	
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
6.1 Ensure Proper and effective management of linens used in health care settings at all time	Develop SOP's for laundry facilities and hermonize with wash in all government regional and district hospitals.	Standards developed (Y/N)													-	15,000.00	-	WASH
	Develop checklist for supervision and monitoring of laundry standards	Checklist developed (Y/N)													-	5,000.00	-	WASH
	Identify decontamination area for all HCF	% of HCF with identified decontamination area													-	1,000.00	-	WASH
	Daily linen inventory in HCF	% of facilities with daily linen inventory													-	10,000.00	-	WASH
	Monitor routine supportive supervision on linen care	% of facilities with supervision in last quarter													5,000.00	5,000.00	5,000.00	WASH

Table 7: Thematic Area 7 - Detection and management of suspected cases

OBJECTIVES	ACTIVITIES	Verifiable indicators	Timelines												BUDGET (USD)			RESPONSIBLE
			Y1				Y2				Y3				Y1	Y2	Y3	
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
7.1 Ensure that all Healthcare facilities have a functional screening area by end of 2017	Assign a designated area for screening at the entrance (as per blueprint)	% of facilities with designated area for screening													-	-	-	HCF
	Construct perimeter boundary at HCFs to ensure one entering point	% of facilities with perimeter boundry																MoHS
	Hospitals														30,000.00	30,000.00	30,000.00	
	CHCs (Wire fencing)														30,000.00	30,000.00	30,000.00	
	CHP and MCHPs (Wire fencing)														50,000.00	50,000.00	50,000.00	
7.2 Ensure early detection and safe isolation of suspected cases of infectiuos diseases in all HCF by 2017	Deploy dedicated screeners to all screening points	% of facilities with dedicated screeners													10,000.00	10,000.00	10,000.00	MoHS
	Develop SOPs on the nature and servicing of the screening tools	SOPs available (Y/N)													5,000.00	5,000.00	5,000.00	
	Provide technical guidelines for the construction of isolation units	% of hospitals and CHCs with isolation unit fit for purpose																MoHS
	Hospitals (permanent unit)														5,000.00	-	-	
	CHCs (permanent unit)														5,000.00	-	-	
	CHP and MCHPs (temporary area)														10,000.00	-	-	

Table 8: Thematic Area 8 - Occupational management system

OBJECTIVES	ACTIVITIES	Verifiable indicators	Timelines												BUDGET (USD)			RESPONSIBLE
			Y1				Y2				Y3				Y1	Y2	Y3	
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
8.1 Establish healthcare worker occupational infection prevention control program in all health facilities by end of 2017	Conduct HBV assessment of all healthcare workers	% of HCWs tested for HBV													10,000.00	-	-	MoSH/WHO
	Conduct screening of high risk healthcare workers for TB	% of high risk HCW screened for TB													2,000.00	2,000.00	2,000.00	
	Procure HBV vaccine	Quantity of HBV vaccine procured													-	650,000.00	-	WHO/MoHS
	Vaccinate all HCWs on HBV	% of HCWs vaccinated for HBV													40,000.00	-	-	MsHS
	Provide conselling and PEP services to exposed HCW	% of exposed HCWs counsel and provided with PEP annually													5,000.00	5,000.00	5,000.00	MoHS
	Refer HIV exposed HCWs for PEP	# of HIV exposed HCWs referred for PEP													5,000.00	5,000.00	5,000.00	HCF
	Provide occupational exposure logbook	% of facilities with occupational exposure logbook													10,000.00	-	-	MoHS/WHO
	Sensitization of healthcare workers on the need to report any injury or accident	% of facilities that conduct sensitization session													10,000.00	10,000.00	10,000.00	MoHS
	Provide job aide to all facilities on PEP	% of facilities with job aide on PEP													5,000.00	-	-	MoHS

Table 9: Thematic Area 9 - Community behavioral practices

OBJECTIVES	ACTIVITIES	Verifiable indicators	Timelines												BUDGET (USD)			RESPONSIBLE
			Y1				Y2				Y3				Y1	Y2	Y3	
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
9.1 Ensure that 50% of the communities are engaged in standard IPC practices	Develop/adopt checklist for community IPC behavior and practices	Checklist developed/adopted (Y/N)													5,000.00	-	-	NIPCU
	Review with all stakeholders	Review meeting held (Y/N)													5,000.00	-	-	NIPCU
	Pilot the assessment checklist for community IPC practices	Assessment checklist piloted (Y/N)													0	10,000.00	-	NIPCU
	Desseminate the assesment checklist	# of checklists distributed													0	5,000.00	-	NIPCU
	Conduct orientation to CMHCs on the community IPC assessment checklist	# training/orientations sessions													0	5,000.00	-	NIPCU
	Identify community groups in collaboration with the community leaders (Chiefs, secret society, tranditional healers, relgious leaders, TBAs, respected individuals)	# of target community groups identified													20,000.00	-	-	NIPCU
	Map-out the community groups	Particular and shared character of community groups identified (Y/N)													4,000.00	-	-	NIPCU
	Conduct the assessment based on the community group list	# of assessements conducted													10,000.00	-	-	NIPCU
	Analyze the assesment data	Assesment result analyzed (Y/N)													5,000.00	-	-	NIPCU
	Conduct meetings with each community leaders to provide feedback or aware the existing IPC practices	# of meetings # of participants													20,000.00	-	-	NIPCU
	Develop intervention plan for the target community group to conduct intervention based on the analyzed IPC practices	Intervention plan developed (Y/N)													30,000.00	-	20,000.00	NIPCU
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
9.2. Engage the community on standard IPC Practices	Integrate IPC/WASH courses in school curriculum in collaboration with the MoEST	*# of meetings with Ministry of Education* *C*urriculum developed (Y/N)													-	-	-	
	Conduct training for school teachers on IPC/WASH courses	*# of teachers attended* *# of training sessions*													20,000.00	10,000.00	10,000.00	
	Conduct monthly meeting with the Community Health Workers (CHWs) for monitoring and effective IPC/WASH program implementation	# of attendants													10,000.00	10,000.00	10,000.00	
	Senstitize community stakeholders through different medias (Popular artist, radio, community theatre, ...)	# of sensitization events													5,000.00	3,000.00	3,000.00	
	Conduct sensitization workshop to community leaders (Chiefs, head of secret society, tranditional healers, relgious leaders, TBAs, CHWs) in the community	# of workshops													10,000.00	10,000.00	10,000.00	
	Quarterly meetings with community leaders	# Meetings held													2,000.00	2,000.00	2,000.00	
	Print and distribute IEC materials to each target community	# of IEC materials printed and distributed													12,000.00	10,000.00	10,000.00	

OBJECTIVES	ACTIVITIES	Verifiable indicators	Timelines												BUDGET (USD)			RESPONSIBLE
			Y1				Y2				Y3				Y1	Y2	Y3	
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
9.4. Regular monitoring of IPC behavior and practices in the community	Quarterly assessment of community groups using the developed checklist	# of assessments													-	20,000.00	20,000.00	
	Analyze the assessement data	Assessment data analyzed (Y/N)													-	5,000.00	5,000.00	
	Identify challenges and barriers to be improved	# of gaps identified													-	-	-	
	Develop Quality Improvement plan	Quality Improvement plan developed (Y/N)													-	4,000.00	-	
	Conduct QI improvement projects	# of QI projects implemented													-	10,000.00	10,000.00	
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
9.5 Develop a national IPC strategy to improve IPC practices for traditional healers	Conduct consultative meeting with IDSR, Community Engagement, Case Management, Partners	# of meetings conducted													2,000.00	-	-	
	Conduct consultative meeting with National Traditional Healers Council	Meeting conducted (Y/N)													2,000.00	-	-	
	Review training materials	Training materials reviewed (Y/N)													5,000.00	-	-	
	Develop intervention plan	Intervention plan developed (Y/N)													20,000.00	-	-	
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
9.6 Patient and caregiver engagement in HCFs	Prepare information, education, and communication (IEC) materials	# of IEC materials developed													20,000.00	-	-	
	Conduct sensitization sessions to patients, caregivers,and visitors	% of facilities that conducted sensitization sessions for patients and caregivers in the last quarter													10,000.00	5,000.00	5,000.00	

Table 10: Thematic Area 10 - Monitoring and Evaluation

OBJECTIVES	ACTIVITIES	Verifiable indicators	Timelines												BUDGET (USD)			RESPONSIBLE
			Y1				Y2				Y3				Y1	Y2	Y3	
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
10.1 Establish Technical Working Group (TWG) focused on M&E activities	Identify advisory group members from selected stakeholders	Active TWG established (Y/N)													-	-	-	
	Develop Terms or Reference (ToR) for the TWG	TOR developed (Y/N)													1,000.00	-	-	
	Report quarterly to NIPCU coordinator on accomplishments as per the ToR and assignments provided	# of meetings held # IPC assignments delivered													-	-	-	
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
10.2 Review/develop the IPC/WASH M&E tools	Review the existing monthly IPC/WASH assessment tool in collaboration with stakeholders	# of meetings Monthly report form reviewed (Y/N)													5,000.00	-	-	WHO/MoHS
	Develop IPC/WASH indicators with clear definition of each indicators	Indicators prioritized and developed (Y/N)													-	-	-	NIPCU/WHO
	Identify 5 indicators to be incorporated in the HMIS	5 indicators incorporated in the HMIS (Y/N)													-	-	-	NIPCU/WHO
	Conduct consultative meetings to validate the IPC/WASH M&E tools with stakeholders	# of workshops													5,000.00	-	-	NIPCU/WHO
	Consolidate feedbacks and finalize the tools (Assesment checklists & indicators)	# of tools developed													5,000.00	-	-	NIPCU/WHO
	Pilot the IPC/WASH assessment tools	Tools piloted (Y/N)													5,000.00	-	-	NIPCU/WHO
	Revise the IPC/WASH assessment tools	Tools revised (Y/N)													4,000.00	-	-	NIPCU/WHO
	Conduct orientation session at each district on the tools	# of orientations													24,000.00	-	-	NIPCU/WHO
	Print and distribute the final version of the IPC/WASH assessment tool	# of M&E tools distributed													12,000.00	-	-	NIPCU/WHO
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
10.3 Establishing a well developed data management system	Define reporting flow from facility to central and feedback to the districts/facilities	Roles and responsibilities of the units in place (Y/N)													5,000.00	-	-	NIPCU/ICAP
	Monitor inventory of IPC/WASH supplies at facility level	Inventory tool developed (Y/N)													5,000.00	5,000.00	5,000.00	NIPCU/ICAP
	Develop register log of IPC/WASH indicators for districts	Register log developed (Y/N)													10,000.00	-	-	NIPCU/ICAP
	Distribute the IPC/WASH register log to HCFs	% of facilities with register log for IPC/WASH data													10,000.00	-	-	NIPCU/ICAP
	Define the role and responsibilities of officers at each health facility level with regards to M&E reports and feedback	Roles and responsibilities of officers defined (Y/N)													4,000.00	-	-	NIPCU/ICAP
	Conduct two days seminar for Central level staff on M&E activities of IPC/WASH	Seminar conducted (Y/N)													8,000.00	-	-	NIPCU/ICAP
	Conduct one day workshops on M&E for district and facility IPC/WASH focal persons	# of workshops conducted on M&E													5,000.00	-	-	NIPCU/ICAP
	Develop reporting framework	Reporting framework developed (Y/N)													10,000.00	-	-	NIPCU/ICAP
	Prepare national quarterly report for decision making	National quarterly report prepared (Y/N)													12,000.00	12,000.00	12,000.00	NIPCU/ICAP

OBJECTIVES	ACTIVITIES	Verifiable indicators	Timelines												BUDGET (USD)			RESPONSIBLE
			Y1				Y2				Y3				Y1	Y2	Y3	
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
10.4 Develop a QI/QA strategy by the end of 2016 to establish IPC Quality monitoring system in the country	Conduct QI sensitization workshop	# of workshops conducted													8,000.00	-	-	ICAP
	Customize intesive training materials including QI tools	QI training materials customized (Y/N)													5,000.00	-	-	ICAP
	Deliver QI workshop to mid-level managers for their support to the techenical staff	# of QI workshops for mid-level managers													5,000.00	-	-	ICAP
	Conduct intensive QI training to pilot hospitals	# of QI trainings													5,000.00	5,000.00	-	ICAP
	Identify QI challenges	QI challenges identified (Y/N)													-	-	-	ICAP/MOHS
	Prioritize and develop a plan for 3-4 QI projects	QI plan developed (Y/N)													4,000.00	-	-	ICAP/MOHS
	Conduct 3-4 QI projects	# of QI projects implemented - Facility level													10,000.00	10,000.00	10,000.00	MOHS
	Conduct supportive supervision and mentori	# of mentoring visits conducted													5,000.00	5,000.00	5,000.00	ICAP/NIPCU
	Monitor QI progress using QI tools	# of monitoring visits conducted													5,000.00	5,000.00	5,000.00	ICAP/NIPCU
	Conduct consultative meeting for dessiminating the impact of QI initiative	Consultative meeting conducted (Y/N)													2,000.00	2,000.00	2,000.00	ICAP/NIPCU
	Develop rollout plan	Rollout plan developed (Y/N)													-	-	8,000.00	ICAP/NIPCU
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
10.5 Establish a strategy for data dissemination and use of results by end 2016	Prepare semiannual bulletin (3-4 pages)	# of bulletins prepared annually													3,000.00	3,000.00	3,000.00	NIPCU
	Distribute semiannual bulletin	# of bulletins distributed													5,000.00	5,000.00	5,000.00	NIPCU
	Conduct 2-day consultative meeting for data dessemination, and annual plan preparation	Annual meeting conducted (Y/N)													8,000.00	-	-	NIPCU/ICAP
	Conduct quarterly meeting with national IPC steering committee	# of quarterly meetings held per year													4,000.00	4,000.00	4,000.00	NIPCU
	MoHS/Partners Quartely Review meeting	# of quarterly meetings held per year													10,000.00	10,000.00	10,000.00	NIPCU
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
10.6 Develop mechanism for linking the national M&E system to private HCF by end 2017	Provide training on M&E to non-governmental HCFs	# of Orientation sessions # of private/faith-based facilities													4,000.00	-	-	MoHS/ICAP
	Provide M&E tools and other national IPC guidelines to the private and faithbased HCF's	# of IPC materials distributed													4,000.00	-	-	NIPCU
	Conduct quarterly visit to the non-governmental facitlies	# of monitoring visits conducted													5,000.00	5,000.00	5,000.00	NIPCU
	Website for sharing IPC/WASH information	Website developed (Y/N)													15,000.00	-	-	NIPCU

Table 11: Supplies and training requirements

OBJECTIVES	ACTIVITIES	Verifiable indicators	Timelines												BUDGET (USD)			RESPONSIBLE
			Y1				Y2				Y3				Y1	Y2	Y3	
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
Supplies: Ensure adequate IPC supplies and equipment in HCFs at all time	Review and update IPC/WASH equipment and supplies list	IPC/WASH supplies list reviewed (Y/N)													4,000.00	-	-	**NIPCU**
	Mobilize funds for IPC/WASH supplies	Adequate funding secured (Y/N)													-	-	-	**WHO**
	Conduct an assessment for existing IPC-related equipment in HCFs	Assessment conducted (Y/N)													10,000.00	-	-	**NIPCU**
	Monitor IPC/WASH supplies on quarterly basis in collaboration with DHMTs	Quarterly monitoring using RRIV (Y/N)													5,000.00	5,000.00	5,000.00	**NIPCU**
	Procure and distribute IPC/WASH equipments and supplies.														500,000.00	250,000.00	250,000.00	**WHO**
	Conduct supportive supervision of HCFs on the use of RRIV (electronic system) for logistics management	# of supportive supervision visits conducted													10,000.00	10,000.00	10,000.00	**NIPCU**
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
Training 1: Integrate IPC module into health training institutions curriculum by 2017/18 academic year	Conduct consultative meeting with all health training institutions and professional regulatory bodies	Meeting conducted (Y/N)													8,000.00	-	-	**NIPCU**
	Establish a Technical Working Group	TWG established (Y/N)													-	-	-	**NIPCU**
	Review , update and adopt IPC training modules into the curricula of the various health training institution	Training manuals incorporated in school curriculum (Y/N)													10,000.00	-	-	**NIPCU**
	Conduct ToT for tutors and lecturer	# of ToTs conducted (Y/N)													10,000.00	-	-	**NIPCU**
	Provide equiped demonstration rooms in all health training institutions for demonstration of IPC	# of health training institutions with demonstration room for aseptic techniques													15,000.00	15,000.00	15,000.00	**MOHS**
	Monitoring of IPC practices in the clinical setting	# of monitoring visits conducted													5,000.00	5,000.00	5,000.00	**NIPCU**
Training 2: Establish induction and orientation training for newly employed HCWs at all time	Develop an IPC orientation package	IPC orientation package developed (Y/N)													5,000.00	-	-	**NIPCU**
	Sensitize key stakeholders (IPC Focal Persons, welfare committees, professional associations and unions) Facility Management and DHMT	# of sensitization workshops conducted													10,000.00	10,000.00	10,000.00	**NIPCU**
	Monitoring of implementation for orientation sessions	Report for orientation sessions (Y/N)													5,000.00	5,000.00	5,000.00	**NIPCU**
Training 3: Institutionalize in-service IPC/WASH training in healthcare facilities at all time	Provide training to newly recruited non-clinical/support staff	% of facilities conducting IPC training for newly recruited non-clinical/support staff													10,000.00	10,000.00	10,000.00	**NIPCU**
	conduct Refresher Trainings for healthcare	% of facilities that conducted refresher													20,000.00	20,000.00	20,000.00	**NIPCU**
	Provide on-the-job (OTJ) training	% of facilities that conducted OTJ training in the last quarter													-	-	-	**MOHS**
	Conduct quarterly training for screeners	% of facilities that conducted quarterly training for screeners													15,000.00	15,000.00	15,000.00	**NIPCU**
	Cleaners	% of facilities that conducted quarterly training for cleaners													5,000.00	5,000.00	5,000.00	**WASH**
	Laundry staff	% of facilities that conducted quarterly training for laundry staff													5,000.00	5,000.00	5,000.00	**WASH**
	Facility mantainance staff	Number of facility maintenance staff trained													5,000.00	5,000.00	5,000.00	
	Waste management	% of facilities that conducted quarterly training for waste management staff													10,000.00	10,000.00	10,000.00	**WASH**
	Provide training on usage and maintenance of equipment	% of facilities with staff trained on usage and maintenance													5,000.00	5,000.00	5,000.00	**MOHS**
	Training of the HCW'S on Hand Hygiene														50,000.00	50,000.00	50,000.00	NIPCU

Table 12: Costing summary for the IPC National Action Plan

Thematic Areas	**Y1**	**Y2**	**Y3**	**Total**
Thematic Area 1	720,000.00	486,000.00	473,000.00	1,679,000.00
Thematic Area 2	50,000.00	30,000.00	10,000.00	90,000.00
Thematic Area 3	117,000.00	200,000.00	100,000.00	417,000.00
Thematic Area 4	88,000.00	5,000.00	5,000.00	98,000.00
Thematic Area 5	65,000.00	45,000.00	60,000.00	170,000.00
Thematic Area 6	5,000.00	36,000.00	5,000.00	46,000.00
Thematic Area 7	145,000.00	125,000.00	125,000.00	395,000.00
Thematic Area 8	87,000.00	672,000.00	22,000.00	781,000.00
Thematic Area 9	217,000.00	109,000.00	105,000.00	431,000.00
Thematic Area 10	237,000.00	71,000.00	74,000.00	382,000.00
Supplies & training	722,000.00	425,000.00	425,000.00	1,572,000.00
Total	**2,453,000.00**	**2,204,000.00**	**1,404,000.00**	**6,061,000.00**

Monitoring and evaluation plan

The monitoring and evaluation plan for the IPC National Action Plan is shown in Table 12 below:

Table 12: Monitoring and evaluation plan

Planning element (activity linked to the strategic plan)	Indicator	Type and purpose	Value (calculation)	Frequency of data collection	Data source	Method	Baseline
1.1.1. Measure awareness and knowledge of IPC in different social and professional groups.	Level of awareness by target group	Assessment, baseline survey, monitoring and evaluation of outcome	Awareness scores stratified by target group (composite indicator)	Baseline, according to schedule of awareness-raising campaigns (biannual)	Baseline survey report, post-intervention survey reports	Awareness survey	Measured in baseline survey
1.1.2 Observe compliance of IPC in health care facilities	Level of compliance by health care facilities	Assessment, baseline survey, monitoring and evaluation of outcome	Compliance scores stratified by HCF's	Baseline, according to schedule of compliance monitoring (annual)	Baseline survey report, post-intervention survey reports	Compliance survey	Measured in baseline survey
2.1.2. Assess the availability of aseptic techniques in HCF's	Level of availability of SOP's, trained HCW's and equipment and material	Assessment, baseline survey, monitoring and evaluation of outcome	Availability scores stratified by HCF's	Baseline, according to schedule of availability monitoring (annual)	Baseline survey report, post-intervention survey reports	Availability survey	Measured in baseline survey
3.1.1. Write and approve terms of reference for a national coordinating centre for HAI/AMR surveillance.	National coordinating centre terms of reference written	M&E of input	Yes/No	Annually	Key informant at ministry of health	AMR surveillance programme implementation	No terms of reference for national coordinating

Planning element (activity linked to the strategic plan)	Indicator	Type and purpose	Value (calculation)	Frequency of data collection	Data source	Method	Baseline
	and approved					report	centre
4.1.1. Assess the cleanliness of HCF's	Level of cleanliness and availability of cleaning equipment and personnel in HCF's	Assessment, baseline survey, monitoring and evaluation of outcome	Availability scores stratified by HCF's	Annually	Baseline survey report, post-intervention survey reports	Availability survey	Measured in baseline survey
5.1.1. Assess medical waste management in HCF's	Level of availability of waste disposal items	Assessment, baseline survey, monitoring and evaluation of outcome	Availability scores stratified by HCF's	Annually	Baseline survey report, post-intervention survey reports	Availability survey	Measured in baseline survey
6.1.1. Assess the functionality of the HCF and its referral system	Level of availability of screening and isolation areas and ambulances	Assessment, baseline survey, monitoring and evaluation of outcome	Availability scores stratified by HCF's	Annually	Baseline survey report, post-intervention survey reports	Availability survey	Measured in baseline survey
7.1.1. Assess community behaviour and practices	Level of availability of community IPC groups	Assessment, baseline survey, monitoring and evaluation of outcome	Availability scores stratified by community	Annually	Baseline survey report, post-intervention survey reports	Availability survey	Measured in baseline survey

Planning element (activity linked to the strategic plan)	Indicator	Type and purpose	Value (calculation)	Frequency of data collection	Data source	Method	Baseline
7.1.2. Develop a national IPC strategy for traditional healers	National IPC strategy for traditional healers prepared	M&E of input	Yes/No	Annually	Key informant at ministry of health	Key informant interview	No IPC strategy for traditional healers
8.1.1. Establish M&E Technical Working Group	M&E Technical Working Group established	M&E of input	Yes/No	Annually	Key informant at ministry of health	Key informant interview	No M&E Technical Working Group
8.1.2. Develop IPC/WASH M&E tools	IPC/WASH M&E tools developed	M&E of input	Yes/No	Annually	Key informant at ministry of health	Key informant interview	No IPC/WASH M&E tools
8.1.3. Establish a data management system.	Data management system established and introduced	M&E of input	Yes/No	Annually	Key informant at ministry of health	Key informant interview	No data management system
8.1.4. Establish an IPC quality assurance system.	IPC quality assurance system established and introduced	M&E of input	Yes/No	Annually	Key informant at ministry of health	Key informant interview	No IPC quality assurance system
8.1.5. Establish a strategy for data dissemination and use	Strategy for data dissemination and use	M&E of input	Yes/No	Annually	Key informant at ministry of	Key informant interview	No strategy for data disseminatio

Planning element (activity linked to the strategic plan)	Indicator	Type and purpose	Value (calculation)	Frequency of data collection	Data source	Method	Baseline
	established				health		n and use
8.1.6 Develop an M&E System for private HCF's	M&E system for private HCF's developed	M&E of input	Yes/No	Annually	Key informant at ministry of health	Key informant interview	No M&E System for private HCF's
9.1.1. Establish a quality management system for the medicines supply chain and equipment in HCF's.	Quality management system established and introduced	M&E of input	Yes/No	Annually	Key informant at ministry of health	Key informant interview	No quality management system
10.1.1. Assess investment required for implementation of the IPC NAP.	Investment assessment available	M&E of input	Yes/No	Annually	Key informant at ministry of health	Investment needs assessment report	No assessment