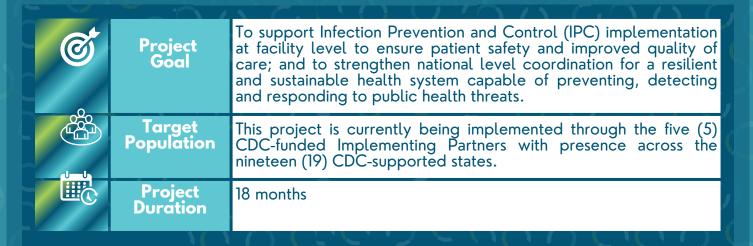
# **Project Summary**







# Strengthening National Governance and Oversight of Infection Prevention and Control Implementation Across CDC-Supported Sites



## **Background**

#### Healthcare-associated infections (HAIs) and antimicrobial resistance (AMR) pose significant challenges

in Nigerian healthcare facilities, exacerbated by inadequate infection control measures. Despite efforts by the National Centre for Disease Control (NCDC), the implementation of infection prevention and control (IPC) measures remains suboptimal, as evidenced by Nigeria's Joint External Evaluations (JEE) IPC score. A system-thinking approach is essential to address the interconnected challenges in the healthcare system, including governance, human resources for health (HRH), and health information. It recognizes that IPC is not a standalone programme but deeply interconnected with the broader healthcare system. The pillars of governance, investment in HRH, and health information are central to this approach.



#### CDC-APIN-NCDC IPC PROJECT

#### GOAL

To strengthen National Infection Prevention and Control governance and coordinate CDC implementation across PEPFAR-supported sites for a resilient and sustainable health system capable of preventing, detecting and responding to public health threats.

PARTNER		FACILITIES	SUPPORTED
APIN	5	15	423
CCFN	3	9	110
CIHP	4	12	151
ECEWS	3	9	94
IHVN	4	12	384
TOTAL	19	57	1162

Project Setting: 3 facilities from each of the 19 CDC-supported States, through the five (5) Implementation Partners.

Project Duration: 18 months.

Project Outcome: These model facilities establish a standardized framework that all supported facilities in each state utilize as a benchmark for implementing Infection Prevention and Control (IPC).

By bolstering these pillars, Nigeria can build the capacity to combat healthcare-associated infections (HAIs) and tackle the growing threat of antimicrobial resistance (AMR).

Additionally, it will equip the country to prevent and respond effectively to outbreaks. APIN Public Health initiatives has been entrusted with the responsibility of supporting the Nigeria Centre

for Disease Control (NCDC) in revitalizing its National Infection Prevention and Control (IPC) program, funded by the U.S. Centers for Disease Control and Prevention (CDC), to enhance its global standing and impact.

## **Key Objectives, Activities and Milestones**

APIN Public Health Initiatives has supported the Nigeria Centre for Disease Control (NCDC) to achieve the following:

#### **Objective 1**

To support the establishment of a coordinating structure for the Infection Prevention and Control (IPC) **Programme** 

**Advocacy and Support** 

Identified priority states and conducted advocacy visits to key state actors, including [list officials/ministries], to garner support for infection prevention and control (IPC) efforts.

Stakeholder Engagement

Facilitated onboarding engagement with Implementing Partners and State IPC Focal Persons.

In collaboration with APIN Public Health Initiatives, the NCDC organized a successful onboarding engagement with the 4 Implementing Partners and 19 State IPC Focal Persons. This collaboration ensures that all mechanisms and structures put in place will be sustained by state-level efforts.

 Establishment of a Technical Working Group
 In partnership with APIN Public Health Initiatives, NCDC has been able to put in place all the critical elements needed to facilitate the establishment of the Country-level IPC Technical Working Group (TWG) to help oversee the national IPC programme. We are hoping to do this activity by July 2024.

Nominated IPC Points of Contact (POCs):

• We identified and appointed IPC POCs across 5 CDC Implementing Partners (IPs) to facilitate effective communication and coordination ensuring streamlined coordination and effective dissemination of IPC practices across supported facilities.

Facilitation of Professional Certification for POCs

We provided professional IPC diploma certification for all CDC-Implementing Partner IPC focal persons, enhancing their knowledge and skills in IPC best practices; equipping them with advanced skills and knowledge to effectively coordinate the facilities they support.

**Establishment of Periodic Meetings:** 

We conduct regular meetings with IPC focal persons to discuss implementation updates, track Key Performance Indicators (KPIs), and address challenges. This has helped to ensure consistent progress towards project objectives through ongoing monitoring and evaluation, facilitating timely adjustments and improvements.

Objective 2

To coordinate IPs to effectively implement IPC programmes through training, mentorship and quality improvement

### **Objective 3**

To support the standardization of IPC implementation across CDCsupported states **Monthly Meetings** 

We facilitated monthly meetings with IPC focal persons across all IPs. These meetings provided a platform for sharing experiences, challenges, and best practices, ensuring consistent communication and coordination among stakeholders.

Joint Supportive Supervision Visits (JSSVs)

We conduct quarterly JSSVs involving multi-agency teams from the U.S. CDC, Government of Nigeria (GON), and other critical stakeholders. During these visits, we assessed IPC practices, provided feedback, and identified areas for improvement while mentoring healthcare workers.

**Capacity Building Workshops** 

 We facilitated capacity-building workshops and trainings for 600 facility workers and programme staff. These workshops enhanced the knowledge and skills of HCWs on IPC practices and equipped them with the necessary tools to effectively implement and sustain IPC measures in their facilities.

**Development of Facility-specific IPC Workplans** 

 We supported the development of facility-specific IPC workplans which provided a structured approach for each facility to address their unique IPC needs and challenges, ensuring that IPC initiatives were well organized and goal-oriented.

**Baseline and Periodic Assessments** 

 We conducted baseline and periodic assessments using standard tools, including Knowledge, Attitudes, and Practices (KAP) surveys, to evaluate the existing IPC practices, identify gaps, and measure improvements over time.

Provision of the National IPC Manual and SOPS and IECs to all model facilities

• To ensure implementation with fidelity, we have distributed the National IPC Manuals, guidance documents and IEC materials across **57 facilities** across the **19 states**.

**Technical Mentorship via ECHO Platform** 

 We provided technical mentorship through the ECHO (Extension for Community Healthcare Outcomes) platform, connecting IPC experts with HCWs for ongoing support and guidance; thereby enabling continuous professional development, remote mentorship and training.

**Support for IPC Programme Set-up** 

• We provided support for the set-up of IPC programmes. This involved assisting healthcare facilities in establishing and maintaining essential IPC initiatives, which are critical for preventing infections and ensuring patient safety.

**Monthly Review Meetings with IPC POCs** 

 We conducted monthly review meetings with IPC Points of Contact (POCs) and State IPC focal persons. These meetings were crucial for monitoring the progress of IPC implementation, discussing barriers, and strategizing on ways to overcome them, ensuring that IPC efforts remained on track

#### **Objective 4**

To strengthen IPC programmes at the facility level

### **Lessons Learned**

APIN Public Health Initiatives has supported the Nigeria Centre for Disease Control (NCDC) to achieve the following:

#### **Strategic and Sustained Advocacy**

Consistent, well-planned data-driven advocacy proved essential in securing the crucial buy-in of key stakeholders, with demonstrable commitment displayed during the course of the project.

#### Fostering Ownership and Accountability

Encouraging local ownership and introducing accountability mechanisms ensured ongoing commitment from stakeholders, particularly government agencies, to sustain programme improvements.

#### **Lessons Learned**

#### **Facilitating Coordination via Stakeholder Platforms**

Creating a platform for joint dialogue between key stakeholders fostered stronger IPC coordination, especially between different government and Non-governmental agencies, leading to more cohesive action.

#### Strengthening Stakeholder Capacity

Capacity-building efforts with Partner Project leads and government partners improved their ability to implement the project activities, ensuring an effective and sustained intervention.

# Project Milestones.

#### Governance and Capacity Strengthening

- Established National IPC Technical Working Group (TWG) for strategic guidance.
- Engaged State IPC focal persons across 19 CDC-supported states.
- Built capacity of CDC Implementing Partners' IPC leads through professional courses.

#### Improvement of Facility level IPC programme Implementation

- Functional IPC structures with defined Terms of Reference (TORs) in facilities.
- Trained over 114 Healthcare Workers (HCWs) through professional IPC courses.
- Reached > 1000 additional HCWs through a practice facilitation approach.
- Distributed National IPC Manual, IEC materials, and SOPs to 57 facilities.
- Leveraged the ECHO platform to reach participants in over 1,000 CDC-supported facilities over a 6-months duration.
- Conducted regular on-site mentorship of healthcare facilities by APIN, NCDC, and State IPC focal persons.

#### Programme Sustainability and Improvement

- Successfully Piloted the National IPC Scorecard.(A National IPC programme assessment tool)
- Improved IPC assessment framework scores.
- Enhanced capacity of CDC Implementing Partners to run IPC programmes effectively.

## **Next Steps**

Each CDC partner will be supported to scale up its IPC program using a practice facilitation approach.

