

# Improving Adherence to TB Infection Prevention Control Measures in Targeted Facilities in Zambia

## BACKGROUND



- Tuberculosis Infection Prevention and Control (TB IPC) is a priority for the National TB and Leprosy Program (NTLP) and must be considered in all areas providing TB management to ensure that transmission of TB from one person to another is reduced.
- Challenge TB (CTB) embarked on improving TB IPC measures in selected facilities. The project focused on Kabwe Central Hospital for intensified TB IPC implementation to serve as a model site for facility TB management.

## OBJECTIVE



- To improve adherence to TB IPC measures in targeted facilities.

## RESPONSE



CTB Zambia provided the following support:

- Updated TB IPC guidelines in collaboration with the NTP and stakeholders
- Developed standardized TB IPC training materials for use throughout the country.
- Implemented activities at Kabwe Central Hospital so that it could serve as model site for quality TB treatment and care:
  - Conducted a needs assessment of the TB situation.
  - Developed a protocol on patient care and patient flow.
  - Conducted two trainings for staff in TB IPC and one in TB management.
  - Conducted four mentorship visits on TB IPC.
  - Procured IEC materials such as posters and brochures; TB IPC assessment tools including vaneometers, smoke tube kits, measuring tapes, and TB IPC accessories such as N95 respirators, fit test kits, and masks.
- Trained 40 Ministry of Health staff comprising engineers, environmental health staff, medical doctors, public health specialist from all the 10 provinces in Zambia as IPC trainers-of-trainers to conduct training for staff implementing IPC measures.
- Trained 207 facility level staff in TB IPC through follow-on cascade trainings that included risk assessment. The training targeted staff

from the University Teaching, Ndola Teaching, Kabwe Central, Kasama General, Chinsali General, Mansa General, and Solwezi General Hospitals. The trained health care workers (HCWs), became the driving force behind TB IPC in their respective facilities.

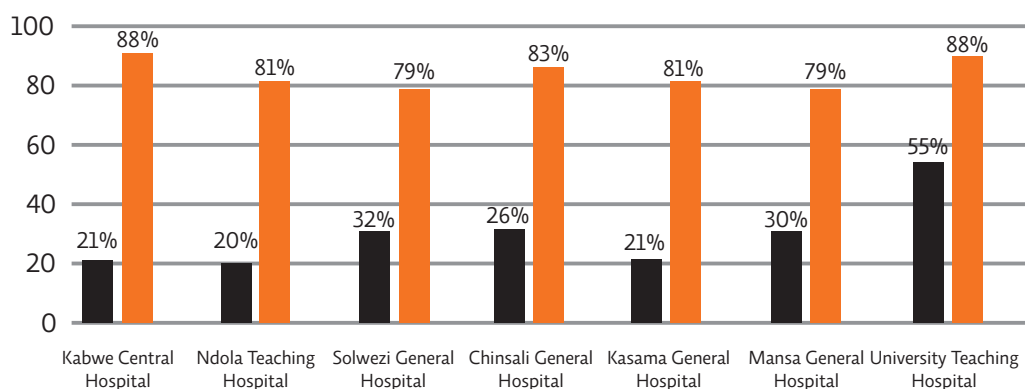
- TB IPC mentors visited the seven facilities to mentor the facility staff that were trained in the implementation of TB IPC measures. The mentoring visits also included the assessment of the site using the national TB IPC risk assessment tool.
- Provided the facilities with the TB IPC accessories and assessment tools:
  - N95 respirators and fit test kits
  - Masks for coughing patients
  - Vaneometers and smoke test kits
  - IEC materials on TB IPC.

## RESULTS

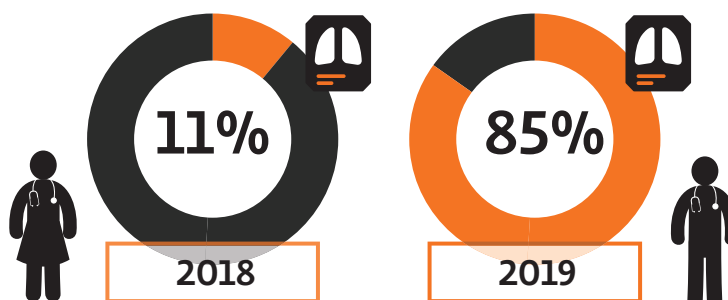


- There was an overall improvement in the adherence to TB IPC measures. Seven facilities were assessed using the national TB risk assessment tool. IPC control measures improved from an average of 29 percent in 2018 to 83 percent in 2019.
- Presumptive TB registers were introduced in almost all service areas.
- HCW screening increased from 11 percent (86/785) in June 2018 to over 85 percent (628/785) in February 2019 at Kabwe Central Hospital.<sup>1</sup>

### Improvement in IPC control measures from 2018 to 2019



Percentage of health care workers screened at Kabwe General Hospital



1. Challenge TB Zambia (2019). Final Project Report. Lusaka.

## CHALLENGES



- Inadequate funding for TB IPC activities in hospital budgets.
- Limited involvement of management at all levels in TB IPC activities.
- Insufficient numbers of trained staff in TB IPC.

## LESSONS LEARNED



- Training in TB IPC should target all staff including support staff such as cleaners and drivers.
- There is need for more staff to be trained at facility level at regular intervals to ensure sufficient numbers for implementation.
- To ensure sustainability, trainings of more national trainers should be conducted by NTP and partners.
- Full involvement of the facility management is important for the implementation to be carried out well.
- Mentoring visits are critical if the implementation of TB IPC measures is to succeed.



## CONCLUSION

Implementation of TB IPC is cardinal for the prevention of nosocomial TB infections at facility level. This requires management and staff commitment as well as stakeholder involvement.

The Global Health Bureau, Office of Infectious Disease, US Agency for International Development, financially supported this publication through Challenge TB under the terms of Agreement No. AID-OAA-A-14-00029. This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Challenge TB and do not necessarily reflect the views of USAID or the United States Government.

## ACKNOWLEDGEMENTS

This technical brief is based on the work which was supported by Challenge TB Zambia Project. Challenge TB Zambia would like to thank National TB Control Program Staff at the Central, Provincial and District levels and to all staff working at the health facility level and the cooperating partners who participated in the implementation of the project. Appreciation also goes to USAID for providing financial resources to carry out activities. Finally, gratitude goes to the FHI 360 HQ and regional office and the Challenge TB project management unit for the support and guidance rendered throughout the project implementation.

FHI 360  
ZAMBIA OFFICE

ZNFU Office Block, Off Nangwenya Road,  
Show Grounds Area, Lusaka  
Telephone: +260 211 368 190-9

