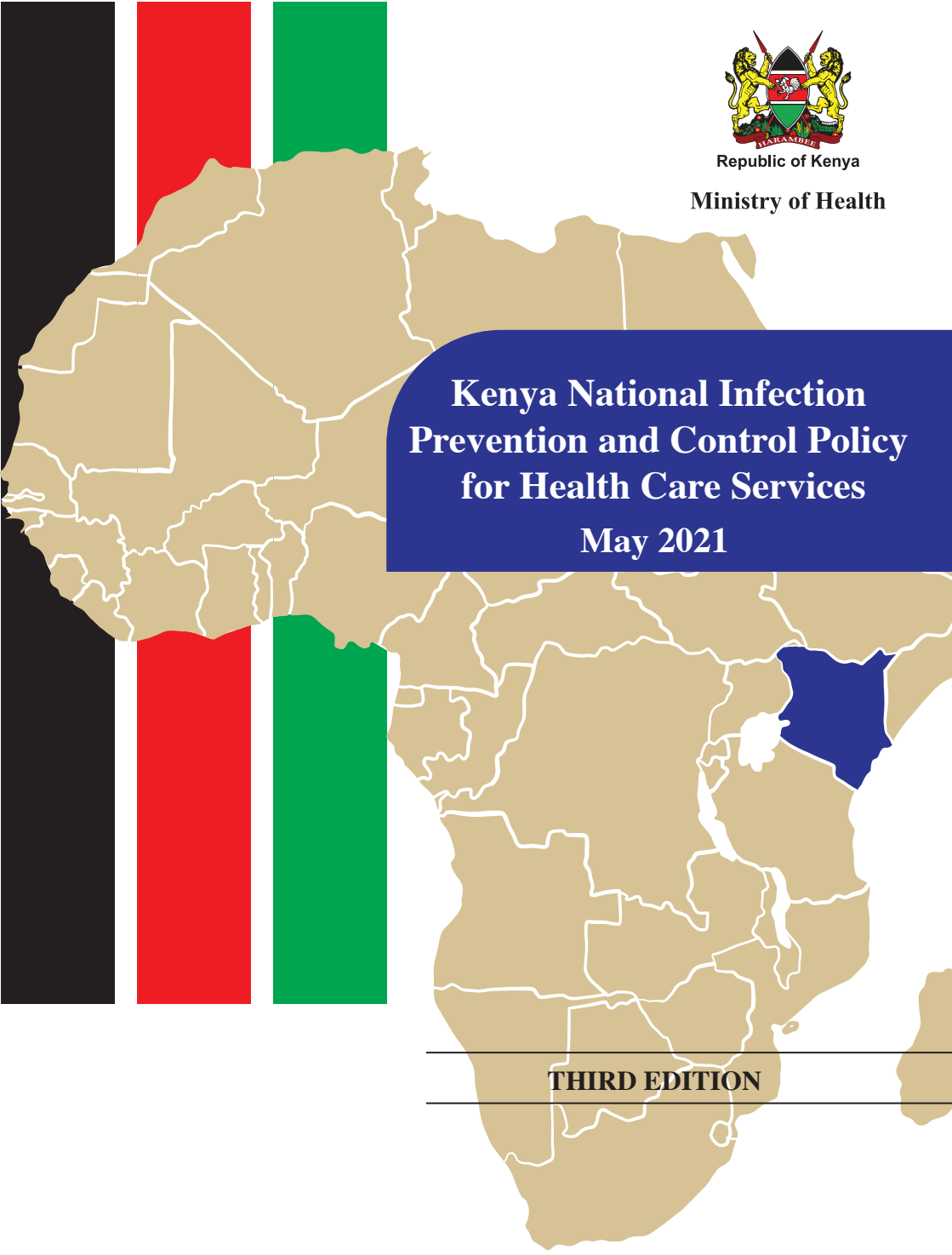

Republic of Kenya

Ministry of Health

Kenya National Infection Prevention and Control Policy for Health Care Services

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FOREWORD

The Government of Kenya, through the Ministry of Health, has the constitutional obligation to provide the highest level of health care for its citizens. The Ministry of Health's review of the 2015 Policy document on infection prevention and control (IPC) is in line with that goal. Infection prevention and control practices are a multidisciplinary endeavor and require compliance by all categories and levels of staff. Such compliance is obligatory for preventing and controlling health care-associated infections and other infections in health care settings as well as in the community.

The tragic events of the Covid-19 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 is required to ensure proper infection prevention and control to reduce to a minimum the transmission of infections within our Health Care system.

Although it is not possible to predict the future occurrence and course of disease outbreaks such as the ongoing Covid-19 pandemic, planning for a scenario in which many persons become ill and seek care at the same time is an important part of preparedness and can improve outcomes if an outbreak occurs. Therefore, preserving health care system functioning is paramount through the strengthening of IPC practices. Concerted efforts will be required to mobilize all aspects of health care to reduce transmission of disease, direct people to the right level of care, and decrease the burden on the health care system.

The Ministry of Health deems it mandatory for all health care personnel to become aware of this document and to diligently implement its policies and guidelines to minimize and control the occurrence of infection, thereby improving the overall quality of health care delivery to the population.

The IPC Policy is based on research findings and recommendations from experts, as well as professional judgement and have been modified to meet local requirements. This document is more comprehensive, addresses emerging issues in IPC, and is directed to all private and public health care settings, clients, and communities in Kenya. Infection Prevention and Control requires co-operation from many stakeholders within and outside of Government.

It is essential that all the individuals identified in the IPC Policy play a positive and active role in the implementation of the IPC Strategic Plan 2021-2025 to ensure that IPC systems and practices are embedded in our Health Care system that any non-compliance with standards is identified and rectified.

Susan N, Mochache, CBS
Principal Secretary
Ministry of Health

PREFACE

Infection prevention and control (IPC) refers to measures aimed at preventing and controlling infections and transmission of infections in health care settings and the community. Infection Prevention and Control is a Quality Standard and is crucial in all health care facilities and is critical for a well-functioning health system. Ensuring compliance with IPC practices depends on understanding the extent of the implementation of policies and guidelines.

Many hospitals remain deficient in competent health care workers on infection prevention and there is an acute awareness of the need to correct this shortfall. Implementation of IPC guidelines is essential in all health care facilities for the wellbeing and safety of patients, staff, visitors and all who come within the scope of patient care activities.

IPC programs have been shown to be both clinically and cost-effective providing important cost savings in terms of fewer Health care-associated infections (HAIs), reduced length of hospital stay, less antimicrobial resistance and decreased costs of treatment for infections. Such infections may be pre-existing on admission or may be acquired in health care settings (nosocomial infections).
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 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 further supporting IPC practices.

This updated policy document on infection prevention and control (IPC) of the Ministry of Health responds to the heightened concerns about inappropriate IPC practices in health care settings in the country and responds to the need of heightened preparedness and response in the wake of the occurrence of emerging and re-emerging infections. This document lays down the policies required for the practice of a nationally acceptable standard of IPC in health care settings.
The following are strategies will guide the use of the document:

1. The Policy and Guidelines will be disseminated to all health care settings.
2. The Ministry of Health and County Departments of Health will support the development and implementation of training programmes for all categories and levels of staff, based on the document.
3. The health facility leadership will initiate the dissemination of the Policies and will follow up the required initiatives in the health care facilities.

I am confident that this document will be valuable for improving the quality of services, not only because it was developed after extensive review of relevant literature and consultation with experts, professional groupings, and other stakeholders, but also because its contents are realistic, practical, and designed to meet local needs.

Dr. Patrick Amoth, EBS
Ag Director General For Health

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This policy was reviewed through a comprehensive consultative process involving many stakeholders, individuals, and institutions, all working through an IPC technical working group (TWG) that consisted of public, private, national, and county-level individuals currently working (or will be working) with and supporting IPC in the country. The MOH would like to thank all who participated in the development and review of this policy.

The ministry acknowledges the inputs made by the IPC TWG and IPC practitioners from public and private health care and training institutions, professional associations, faith-based organizations, and development and implementing partners who made invaluable contributions to this document. We'd also like to thank the following reviewers:

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ABBREVIATIONS

AMR	antimicrobial resistance
CAI	community-acquired infection
HAI	health care-associated infection
HCW	health care worker
IPC	infection prevention and control
MOH	Ministry of Health
MTaPS Program	Medicines, Technologies, and Pharmaceutical Services
TWG	technical working group
UHC	universal health coverage
WASH	water, sanitation, and hygiene

GLOSSARY

Antimicrobial resistance (AMR): Occurs when a microorganism develops resistance to antimicrobial drugs to which it was previously sensitive

Community-acquired infection (CAI): Infections contracted outside of a health care facility or present at the time of admission

Disinfection: Process of reducing microbial load without complete sterilization; refers to the use of a physical process or chemical agent to destroy vegetative pathogens, but not bacterial spores

Health care-associated infection (HAI): An infection that was acquired in a health care facility by a health care user, HCW, or a visitor that was neither present nor incubating at the time the person made initial contact with the facility. HAIs also include some infections acquired while in the hospital, but symptoms do not appear until after discharge, such as surgical site infections. Occupational infections among staff of the health facility are also considered HAIs.

Health care worker (HCW): Any person whose main activities are intended to enhance the health of patients. HCWs include those who provide health services (doctors, nurses, pharmacists, laboratory technicians, etc.) and workers in management and support services (financial officers, cooks, drivers, cleaners, etc.)

Infection prevention and control (IPC) committee: A multidisciplinary committee that deals with IPC issues. Each member of the committee contributes according to his or her discipline and fosters cooperation among all disciplines. The committee is made up of medical microbiologists, clinicians, nurses, pharmacists, public-health officers, representatives from hospital administration, and other HCWs who represent sterilizing services, housekeeping, laundry, and training services.

IPC programme: A comprehensive programme that encompasses all aspects of IPC—education and training; surveillance; environmental management; health care waste management; investigating outbreaks; developing and updating IPC policies, guidelines, and protocols; cleaning, disinfection, and sterilization; AMR; employee health; and quality management in infection control

IPC team: Team of HCWs who are involved in day-to-day IPC programme activities

Sterilization: A process that destroys or removes all microorganisms (bacteria, viruses, fungi, and parasites, including bacterial endospores) from inanimate objects by high-pressure steam (autoclave), dry heat (oven), chemical sterilants, or radiation.

Waste management: All activities—administrative, operational, and transportation—involved in handling, treating, conditioning, storing, and disposing of waste

1.0 INTRODUCTION AND BACKGROUND

1.1 Rationale and Purpose of the National IPC Policy

IPC is a scientific approach and practical solution designed to prevent harm caused by infection to patients, health workers, and the community. It is grounded in infectious disease, epidemiology, social science, and health system strengthening. IPC occupies a unique position in the field of patient safety and quality universal health coverage (UHC) because it is relevant to health workers and patients at every health care encounter.

A comprehensive and effective approach consists of establishing IPC programmes with strong links to other national programmes, for example, those addressing quality, safety, and antimicrobial resistance (AMR). The presence of an IPC programme is a necessary, but not a sufficient condition, to achieve safe, high-quality health care. In addition, at the facility level, an adequate built environment (including infrastructure, materials and equipment, appropriate bed occupancy, adequate human resources or staffing, and workload) is the foundation, enabling the implementation of all other core components and the achievement of safe practices. These two prerequisites—an established IPC programme and an adequate built environment—support the effective implementation of IPC guidelines, training and education, monitoring, audit, feedback, and surveillance. Implementation success in each of these areas also depends on the adoption of a multimodal approach, that is, a strategy consisting of several elements implemented in an integrated way with the aim of improving an outcome and changing behavior.

No country or health care facility, even within the most advanced and sophisticated health care systems, can claim to be free of HAIs. The need for IPC programmes at the national and facility levels is clearly reinforced within the World Health Organization's (WHO) 100 core health indicators list.

HAIs, also referred to as nosocomial or hospital infections, are infections occurring in a patient during the process of care in a hospital or other health care facility that was not present or incubating at the time of admission. They also include occupational infections among staff working in a health care facility. They are one of the most common adverse events in care delivery and a major public health problem with an impact on morbidity, mortality, and quality of life. At any one time, up to 7% of patients in developed and 10% in developing countries will acquire at least one HAI. These infections also present a significant economic burden at the societal level. However, a large percentage of HAIs are preventable through effective IPC measures.

Community-acquired infection (CAIs) are infections contracted outside of a health care facility or present at the time of admission. These infections can be spread to other patients and HCWs or in the community if proper IPC and water, sanitation, and hygiene (WASH) measures are not implemented.

The threats posed by epidemics, pandemics, and AMR have become increasingly evident as ongoing universal challenges and they are now recognized as a top priority for action on the global health agenda. Effective IPC is the cornerstone of such action.

In Kenya, the actual burden of HAIs and CAIs has not been accurately quantified. It has been estimated that HAIs account for about 10-25% of hospital admissions. Current evidence shows that HAIs increase mortality rates, prolong the lengths of stays in hospitals, cause illness among HCWs, raise health care costs and increase AMR.

Effective IPC aims at preventing or controlling these infections. With the reemergence and emergence of new pathogens and AMR, managing HAIs and CAIs is becoming a significantly increasing challenge. Over the past five years, the MOH has made significant efforts to address the problems of these infections, amid some challenges. Some of the key achievements that have been made over the past five years include:

1. Establishing the Division of Patient and HCW Safety that has a recognized IPC programme

2. Developing strategic documents, which includes the National AMR Surveillance Strategy; National Policy on the Prevention and Containment of Antimicrobial Resistance and its National Action Plan 2017-2022; and National Strategic Plan for Infection Prevention and Control for Healthcare Services in Kenya 2014-2018

3. Developing an IPC training curriculum that has been used for HCW trainings on IPC practices in the counties

4. Establishing IPC programmes at the county and facility levels

5. Collaborating and integrating with other national parallel and regulatory programmes

6. Disseminating the IPC policy and guidelines to counties

7. Developing facility IPC assessment/audit tools which have been utilized at the county level

8. Including IPC in the joint facility inspection checklist and the Kenya Quality Model for Health

However, despite these efforts and gains, there are still several components of IPC that have not been fully addressed because of inadequate funding for the division, weak collaboration and coordination structures, and insufficient surveillance systems for HAIs, CAIs, and AMR that have not yet been adequately established.

In recognizing the need to strengthen existing systems and implement evidence-based methods to tackle infectious diseases in health care settings and the gradual development of drug-resistant infections, the MOH undertook to review and update this National IPC Policy with a view of aligning it with the current policy environment in the health sector and to refocus its objectives within the context of the overall Kenya Health Policy (2014-2030). This policy is aimed at providing a clear direction to the health sector and partner programmes supporting IPC in the country by:

- Setting national standards for minimizing transmission of HAIs and combating AMR

- Providing guidance for health administrators, HCWs, and all stakeholders in observing these standards

1.2. Linkage with UHC policy

Kenya has adopted UHC as one of the big four priority agenda with an aspiration that, by 2022, all persons in Kenya will be able to use the essential services they need for their health and wellbeing without the risk of financial catastrophe. As more people access affordable health care, including specialized services, the risk of HAIs increases and therefore the need to ensure safe IPC practices are in place.

To address this concern, Kenya has adopted a national quality assurance framework, the Kenya Quality Model for Health, which provides a pathway through which optimal levels of patient safety can be achieved.

1.3. Linkage with the Kenya Health Policy 2014–2030

The Government of Kenya has committed itself to providing equitable, affordable, and quality health care of the highest standard to all its citizens as per the Constitution of Kenya 2010 under the Bills of Rights. This is to be achieved through implementation of appropriate policies and programmes within the health sector.

The Kenya Health Policy 2014-30, which was developed in line with the Constitution of Kenya 2010 and the Kenya Vision 2030, highlights six priority policy objectives on which the health sector is going to focus. These are:

- Eliminating communicable diseases
- Reducing the burden of non-communicable diseases
- Reducing the burden of injuries from violence and accidents
- Providing essential health services
- Reducing health risk exposures
- Strengthening health sector collaboration with other sectors

To achieve these objectives, the MOH has adopted WHO's health systems approach as the core principle in guiding strategic investments in the health sector, including epidemiological data to guide informed decision making.

The six policy objectives and the health systems' building blocks jointly form the policy framework with which the national health system in Kenya can be viewed. The national policy intent of providing equitable, affordable, and quality health care of the highest standard to all citizens is thus anchored in this framework.

The WHO definition of quality of care emphasizes, among other elements, safety for both service seekers and providers in health service delivery settings. The profiling of and desire to eliminate communicable conditions in the national health policy and the emphasis on safer health care delivery settings thus builds a strong rationale and justification for profiling IPC strategies in the health sector in Kenya.

1.4 Linkage with Other Policies, Programmes, and Sectors

The MOH IPC program will strengthen collaboration with other MOH departments to ensure effective implementation of this policy and leverage existing synergies with all health sector programmes (e.g., occupational safety and health [OSH]; public health; NASCOP; national blood services; national public health laboratories; Ministry of Education; Ministry of Agriculture, Livestock, and Fisheries; Ministry of Environment and Forestry; Ministry of Interior; and community health department), policies on environmental health and infrastructure norms, and standards for health care settings.

1.5. Definition and Scope of IPC Services

For purposes of this policy, IPC is defined as a process where policies, procedures, and activities are designed to prevent the spread of infections in the health care setting and communities. This is a broad and comprehensive definition and is in-line with the global definition and understanding of IPC within health care settings and the community. This policy recognizes that the implementation of its objectives will comprise

several working definitions mainly focusing on different sub-components. These different working definitions will include the following.

IPC as an element of quality of care and patient safety in health care service delivery

This focus on patient safety involves a range of IPC activities and interventions including:

- Preventing HAIs
- Antibiotic stewardship programmes, namely, identifying multidrug-resistant organisms and rational antibiotic use
- Blood safety practices
- Safe injection practices
- Sterilization and disinfection practices for clinical areas and equipment

IPC as an element of health worker occupational health and safety practices in health care settings

This focuses on HCW health and safety interventions including:

- Programmes on HCW safety at the workplace
- Vaccination of HCWs against highly contagious nosocomial infections, e.g., hepatitis B, influenzas
- Surveillance and documentation of health care occupational exposures

IPC as an element of environmental health within the health care setting

This focuses on medical waste management practices and WASH in health care settings, including the availability of:

- Water service at all times and in sufficient quantities
- Adequate and functional ablution blocks with adequate hand hygiene facilities
- An effective waste management programme

- Functional hand hygiene stations with adequately displayed posters in key places
- Environmental cleaning and disinfection programme
- Facility management and leadership in support of WASH and IPC programmes

IPC as an element of clinical and public health surveillance

IPC is often seen as a set of surveillance practices; these practices and interventions include:

- Infectious disease surveillance
    - Accurate diagnosis of infectious diseases through effective clinical and laboratory diagnostic practices
    - Complete and appropriate notifications and reporting of infective conditions/ incidents
    - Prompt action and mitigation measures for all infections
- AMR surveillance
    - Laboratory surveillance for AMR
    - Rational practices for antibiotic use (prescribing and treatment adherence)
    - Strengthening governance and regulatory mechanisms for antibiotic use
- HAI surveillance, hospital and community outbreak investigations

IPC supplies, equipment, and infrastructure as critical elements for IPC (refer to policies and guidelines on infrastructure and construction)

- Allocating appropriate budget for IPC supplies and commodities

- Strengthening the IPC team's role in health care infrastructure design and development
- Developing a catalogue of essential infection control equipment and supplies
- Strengthening commodity management (forecasting, quantification, and inventory control)
- Setting standards for IPC commodities, equipment, and infrastructure requirements
- Having IPC champions participate in construction committees

IPC as an element of community health

- Promoting health education, including building capacity of community health volunteers, community health extension workers, and community health assistance
- Surveilling infectious diseases at the community level
- Promoting WASH programmes

2.0 POLICY DIRECTION

2.1. Vision statement

A globally competitive health care system free from HAIs and other infections through coordinated IPC practices that promotes safety to patient, clients, HCWs, and the community

2.2. Policy Mission

The mission of this policy is to promote high standards of IPC to reduce the risk of HAIs and other infections to improve the safety of patients, clients, and HCWs within health care settings and the community.

2.3. Policy Principles

This policy will be guided by the following key principles:

- **Prevention:** Every effort will be made to identify all possibilities for infection and to put in place interventions to prevent them.
- **Privacy:** The rights of patients and HCWs to privacy and confidentiality will be upheld, within the confines of safe practice.
- **Occupational health and safety:** The health and safety of HCWs will be considered with every plan, action, and intervention.
- **Integration:** Health care facility-based IPC programmes should be integrated with other relevant programmes, such as HIV/AIDS or sexually transmitted infections, environmental health, occupational safety and health, tuberculosis, National Public Health Laboratories, pharmaceutical services, comprehensive care, disease surveillance, national cancer control programme, and controlling communicable diseases.

2.4. Policy Aims and Objectives

This IPC policy will be anchored on two broad aims that focus on:

- Setting national standards for reducing health care/CAIs and AMR

- Providing guidance for health administrators, HCWs, and all stakeholders in observing these standards

Specifically, this policy shall be guided by the following objectives:

1. Provide guidance on IPC roles, responsibilities, and interventions at all levels of the health care system
2. Outline specific areas in which to promote the development and management of appropriate IPC interventions
3. Educate decision makers, management teams, and providers on IPC programmes and the resources required to implement and maintain them in health care settings
4. Provide guidance for conducting and improving the surveillance of HAIs and AMR
5. Provide guidance to HCW training institutions and professional health regulatory bodies and associations in developing frameworks and standards for IPC training

The implementation of this policy shall be guided by key institutional coordination and legal frameworks operating at different levels of the health care system in the country.

3.0 POLICY IMPLEMENTATION

3.1. Institutional Coordination Structures for Policy Implementation

To effectively fulfill the aspirations of this strategic policy, the health sector will set up several key institutions to facilitate its implementation. The key institutions shall include the:

- **National IPC Advisory Committee:** This shall be chaired by the director general of health and will bring together heads of directorates, departments, other relevant programmes, and development partners supporting IPC. The head of the Patient and Health Care Worker Safety Division will be the secretary of the committee. The committee will be charged with the responsibility of overall policy, strategy, and guideline development for IPC services for health care services in the country.

- **National IPC TWG:** This will comprise selected technical players in academia, research, implementation, and industry selected from public, private, and faith-based institutions. They will be responsible for evidence gathering and synthesis to inform national IPC policy and strategy. The team will also plan, monitor, and evaluate the national IPC programme. The IPC programme will provide/undertake a secretariat coordinating role for this TWG.

- **MOH IPC programme:** The IPC secretariat in the programme will be responsible for coordinating, developing, and reviewing policy, guidelines, training materials, and SOPs for IPC services. It will also provide technical IPC support to the counties.

- **County-Level IPC Advisory Committee:** This shall be chaired by the county director of health and will be comprised of designated members of the county health management teams. They shall be

charged with the overall responsibility pertaining to IPC matters within the county. The county department of health will appoint an IPC focal person who will coordinate IPC activities and shall be the secretary of this committee.

- **Sub-county IPC coordination**: The sub-county health management team (SCHMT) shall designate an IPC focal person to coordinate IPC matters at health care facilities within the subcounty.

- **Hospital (levels 4 to 6) IPC Committee:** This will be chaired by a senior clinical member of the institution with background knowledge on IPC. The membership shall be multidisciplinary at the level of decision making. They will be responsible for planning, budgeting, implementation, and monitoring all IPC interventions at the facility level. The facility IPC coordinator will be the secretary of the committee.

- **Facility (levels 2 and 3) IPC coordination:** The facility health management team shall appoint an IPC focal person to coordinate implementation of IPC activities at the facility level. It is critical for a functioning IPC programme to have a dedicated, full time and trained IPC focal person (Nurse or clinician) in a hospital with a capacity of 150 beds.

3.2. Policy Legal and Regulatory Framework

Implementation of this policy shall be guided by the following acts and regulations and all other health sector legislation referenced within that act.

- Health Act 2017
- Public Health Act Cap 242
- Occupational Safety and Health Act 2007
- Environmental Management and Coordination Act, 1999
- Food, Drugs, and Chemical Substances Act 254
- Nurses Act Cap 257

- Medical Practitioners and Dentists Act, Cap 253
- Clinical Officers (Training, Registration, and Licensing) Act Cap 260
- Kenya Laboratory Technician and Technologist Act Cap 201
- Pharmacy and Poisons Act Cap 244
- Mental Health Act Cap 248

3.2.1 Non-Compliance

Failure to comply with the IPC policies and guidelines could result in the following:

- Successful litigation for damages suffered by patients or their families as a result of illness or death arising from inadequate IPC procedures in health care facilities
- Disciplinary action by professional health regulatory bodies against practitioners whose proven negligence resulted in harm to patients
- Criminal or civil prosecution of employers and individual employees whose negligent actions resulted in the infection and/or subsequent death of a patient
- Loss of public confidence and closure of the health establishment
- Compensation paid by the employer to the employee because of occupational exposure
- Litigation against the employer for failure to provide the necessary infrastructure and tools to the employee to prevent infections in all health care settings

3.3. Funding for IPC programmes

National and county governments shall ensure that funds are allocated for implementing IPC programmes as emulated in this policy and the Kenya National IPC Strategic Plan for Health Care Settings (2020-2024).

To implement this policy, national and county MOHs will identify internal and external resources. Some of the proposed resource mobilization strategies will include but are not limited to:

- MOH budgetary allocation for patient and HCW safety at the national level
- Inclusion of IPC budget lines during planning and budgeting processes at the county and facility levels
- Private sector and industry stakeholders engaged to develop cofinancing strategies for IPC interventions through public-private partnership

3.4. Standards and Guidelines

To implement this policy, the MOH will develop and continually update evidence-based IPC standards and guidelines for all levels of care, including implementing a continuous quality improvement programme at all levels of health care delivery.

3.5. Education and Training

Education and training are key to improving and ensuring quality as it relates to IPC. The pre-service education and training of all HCWs shall include the principles and practices of IPC, with an emphasis on adherence. The MOH, in consultation with HCW training institutions and other stakeholders, shall work to incorporate IPC training into pre-service curricula. IPC coordinators, committees, and IC focal persons will provide in-service training, such as on-the-job training and continuous medical and professional development. Other innovative methods of training, such as continuing professional development and e-learning, shall be identified and incorporated into training initiatives for capacity building.

3.6. Supervision and Accreditation

Regular facilitative supervision by relevant teams using standardized evaluation tools shall be important to identify adherence to and compliance with IPC practices according to national IPC guidelines, to determine the

availability of IPC supplies and equipment, and to address other issues that need attention or improvement.

Relevant departments in MOH will prescribe national accreditation standards and guidelines for IPC; these will form part of a national accreditation programme. The IPC accreditation standard and guidelines will be incorporated into the national accreditation framework for health care facilities.

The joint support supervision checklists at all levels should have the relevant IPC components to enhance proper IPC standards implementation.

3.7. Surveillance

The MOH, in collaboration with the counties, shall develop a national surveillance system for monitoring and reporting HAIs and hospital and community outbreak investigations, including AMR, in a standardized reporting system. This reporting system shall be integrated into the MOH health management information system to enable health facilities at the national and county levels and national-level IPC coordination structures to instantaneously extract epidemiological data on HAIs, hospital/community outbreaks, and AMR. Such data shall be used to investigate outbreaks and implement effective prevention and control measures.

3.8. Advocacy and Partnerships

MOH shall strive to strengthen links with other government ministries, departments, institutions, and other stakeholders that have a role in the successful implementation of this policy. These will include but are not limited to:

- Ministry of Education
- Ministry of Water
- Ministry of Environment and Forestry
- Ministry of Public Works

- Ministry of Labour
- Ministry of Agriculture, Livestock, and Fisheries
- Ministry of Trade and Industrialization
- Commission on university education
- Technical and vocational education and training
- County governments
- Private and faith-based organization
- Development and implementing partners

3.9. Research and Development

The MOH shall mobilize resources for research and development to strengthen capacity to develop and validate IPC strategies and promote research on IPC and translation of findings from such research into practice.

3.10. Monitoring and Evaluation

In undertaking its coordination role, the MOH IPC programme at the national level shall have the overall responsibility for developing, continuously monitoring, and periodically reviewing the implementation status of this policy. Key IPC indicators across different levels of the health care system in the country shall be developed and monitored.

Feedback on the implementation of the policy shall include but not be limited to:

- Annual reports of facility IPC audits
- National IPC web page on the MOH website
- Annual IPC conferences