



## SUCCESS STORY

Madhya Pradesh, India



Nurse Shivkala Pandey demonstrates the use of the 3-bucket mopping trolley to her team. Photos: Shivkala Pandey

**NAME:** Shivkala Pandey

**ROLE:** Nurse in-charge,  
Civil Hospital, Ganj Basoda

**LOCATION:** Vidisha, Madhya Pradesh, India

**SUMMARY:** Whether making hand-sanitizing solution at the facility, asking the local tailor to make face masks and other PPE from surgical gowns, or working with the MOMENTUM Country and Global Leadership team, Shivkala Pandey, the nurse in-charge at the Civil Hospital of Ganj Basoda, is going out of her way to ensure all IPC and WASH standards are being maintained at her facility as part of its COVID-19 response.

## PRIORITIZING IPC/WASH FOR A ROBUST COVID-19 RESPONSE

*Neha Srivastava*

The COVID-19 pandemic is the defining global health crisis of our times and the world's greatest challenge in recent years. As the infection spread, the world came to a standstill, putting some health systems under immense pressure and stretching others beyond their capacity. Health care providers struggled to ensure proper infection prevention and control (IPC) and water, sanitation, and hygiene (WASH) standards while responding to this public health emergency.

Thirty-year-old Shivkala Pandey, nurse in-charge at the 100-bed Civil Hospital in Ganj Basoda, a secondary health facility in the Vidisha district in Madhya Pradesh, recalls that her facility registered its first COVID-19 case on April 22, 2020. She and her team stayed back at the facility the entire night, ensuring proper IPC/WASH measures were in place.

In the absence of proper resources, Nurse Pandey and her team got innovative, preparing hand-sanitizing solution at the facility itself and getting the local tailor to make face masks and other personal protective equipment (PPE) from surgical gowns. While the team worked tirelessly to ensure facility preparedness, Pandey knew more needed to be done to meet all IPC/WASH standards at the facility and better streamline the processes to meet quality standards.

Help came when MOMENTUM Country and Global Leadership contacted Pandey and her team to provide technical assistance focused on targeted COVID-19 IPC/WASH facility readiness.

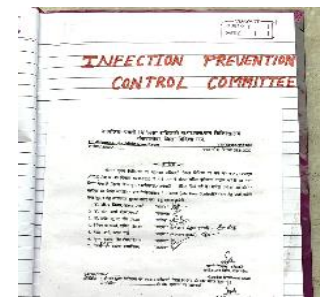
In India, MOMENTUM's COVID-19 response (IPC/WASH addendum) is rooted in using data and evidence to drive and inform interventions and design, as well as foster country-led action. The project provides technical assistance at 81 selected public and private health care facilities in the states of Chhattisgarh, Madhya Pradesh, and Jharkhand.

Using a hub-and-spoke mentoring model, the MOMENTUM team held monthly videoconferences for Pandey and her team to help direct facility efforts on meeting key quality indicators required for COVID-19 preparedness, regularly provided remote support through WhatsApp groups and telephone calls, and visited the facility physically on occasion. “These online trainings are very helpful as they clear any confusions that we have. We knew the basics of the processes, but these trainings helped us translate that knowledge into practice,” Pandey shared.



WASH infrastructure at the facility (L-R): 3-bucket mopping trolley and WASH information, education, and communication posters placed strategically around the facility.

Pandey recalls that the project team conducted an initial assessment<sup>1</sup> to highlight existing gaps in IPC/WASH practices and WASH infrastructure at the facility. Next, the team supported the facility to develop a facility action plan to address the gaps identified. Pandey and her team were then quick to act on the plan and immediately initiated the process to procure necessary WASH infrastructure at the facility, such as an elbow tap for handwashing, a 3-bucket mopping trolley, and updated COVID-19 and WASH-related information, education, and communication posters. They also ensured that quality standards were being met for things such as the chlorine level in the water supply, disposal of bio-medical waste, and discarding of PPE.



Register maintained for the newly constituted IPC Committee at Civil Hospital, Ganj Basoda.

The MOMENTUM team worked with the facility management and facility in-charge, Dr. Ravindra Chidar, to form a facility-based IPC committee. This group is tasked with all IPC/WASH interventions at the facility and is responsible for making future action plans and reviewing the adherence to IPC/WASH standards. Pandey is a part of this IPC committee and takes her responsibility as IPC in-charge very seriously.

A facility map was also developed to map out IPC/WASH infrastructure and resources available at the hospital and to allocate facility resources better. The map also shows how the facility’s infrastructure improves over time. By the end of the project, the Civil Hospital in Ganj Basoda had improved its general IPC and WASH readiness score from 50% at baseline in September 2020, to 88% at endline in August 2021.

Pandey feels that the public is a lot more aware about the COVID-19 pandemic and the protective measures they should be taking, but the pandemic can be controlled only when every person acts responsibly and does their part.

*Neha Srivastava is a Documentation & Research Officer for Jhpiego India.*

*“A lot of people think about helping others, but most don’t get an opportunity to do so. Our profession allows us to help others, especially in their time of need. When they [the patients] are recovered and they leave the facility with a smile on their face, saying ‘thank you’ to us, that is the best part about this job.”*

*— Shivkala Pandey, Nurse In-Charge, Civil Hospital, Ganj Basoda*

<sup>1</sup>The assessments were carried out using the **Health Facility Assessment Checklist** developed under MCGL to prioritize 10 immediate WASH actions for IPC strengthening and has been developed post a critical review of existing national quality improvement initiatives and COVID-19 guidelines.



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IPCC meeting at the Seoni Malwa Community Health Centre, Madhya Pradesh.  
Photos: Shivkala Pandey

**LOCATION:** Betul, Hoshangabad, and Vidisha districts, Madhya Pradesh, India

**SUMMARY:** As part of the COVID-19 response in India, MOMENTUM Country and Global Leadership is supporting facilities in galvanizing infection prevention and control committees to ensure adherence to WASH/IPC practices at the facility level.

## PRIORITIZING IPC/WASH FOR A ROBUST COVID-19 RESPONSE

*Saanika Kala*

The COVID-19 pandemic has highlighted the importance of water, sanitation, and hygiene (WASH) and infection prevention and control (IPC) for the safety and well-being of patients, health workers, and the community at large. However, ensuring health care facilities have strong IPC mechanisms amidst a pandemic is an extraordinary task.

To facilitate improvements in WASH and IPC practices at health care facilities, the Government of India recommended forming **infection prevention and control committees (IPCCs)**. IPCCs are responsible for reviewing adherence to WASH/IPC practices at the facility level and developing future action plans to address gaps. IPCCs are multidisciplinary groups led by the head of the institution and comprised of relevant department representatives to ensure employee IPC compliance. IPCCs ideally conduct monthly meetings to review IPC activities, identify problems, and take appropriate corrective actions.

**MOMENTUM Country and Global Leadership**, a five-year global program funded by the United States Agency for International Development, has supported India's WASH/IPC efforts. In **Madhya Pradesh (MP)**, the program is collaborating with the state government to ensure quality services. The state government has issued directives to strengthen facility IPC mechanisms and practices. The project is currently supporting 25 public and six private health facilities with high caseloads in three MP districts (Betul, Hoshangabad, and Vidisha).

The program conducted WASH and IPC **readiness assessments** in August and September 2021 using a standardized checklist. The results highlighted that of the 31 intervention facilities, only 16 facilities had formed IPCCs. Of these, only eight had active members.

The program shared these findings with district officials and then supported the formation of IPCCs in the 16 facilities and ensured that

current facility staff were included in each committee. Monthly IPCC meetings enabled the program to provide contextualized technical assistance to staff members to resolve gaps and address issues such as procuring cleaning materials, training of cleaning staff on updated IPC protocols, identifying minor gaps in WASH standards, and supporting the facility staff with infrastructure repair work.

Dr. G. R. Karode is an orthopedic surgeon and block medical officer heading the newly established IPCC at the Seoni Malwa Community Health Centre (CHC) in the Hoshangabad district. He stated that the project team highlighted the importance of the IPCC program at the facility. The project supported the formation of an IPCC at the facility in June 2020. Since then, staff have been trained in IPC, including on the appropriate usage of personal protective equipment (PPE) kits, which Dr. Karode claims led to most of the facility staff staying safe during the pandemic, despite attending to COVID-19 patients. Dr. Karode expressed his gratitude to MOMENTUM: “Without [MOMENTUM’s] assistance we would not have been so successful. Their assistance during the pandemic ensured that we were prepared in practicing correct IPC protocols, such as PPE donning and doffing and COVID-19 triaging methods when the second wave of the pandemic struck.”



Facility staff trained on hand hygiene at CMCH Padhar. (Photo credit: Tabbassum Khatoun)

Madhuri Hanuman, an occupational therapist at Christian Mission Charitable Hospital (CMCH), was serving at Padhar, a multi-specialty facility in the Betul district. Hanuman shared that the formation of the IPCC at the facility helped fast-track infrastructural changes to address the surge in COVID-19 cases during the second wave.

“During the pandemic, we had to manage many people in the outpatient department (OPD) to ensure IPC protocols were being followed, and we made certain changes. A tent was installed outside the OPD to accommodate patients and their family members while they waited their turn to prevent them from crowding the OPD. Benches in the waiting area were removed during the pandemic and circles were drawn where the chairs were placed to safeguard both patients and their families in the interest of social distancing. Sanitizer stands were also set up. A trained security guard was hired to ensure that all the patients who entered the hospital were wearing masks with only one or two relatives accompanying them.”

While IPC activities in all these districts have witnessed progress, a lot more remains to be accomplished. There have been challenges, but professional development of staff and continuous mentoring have had an impact and will continue to influence the quality of work being done at these facilities.

*Neha Srivastava is a Documentation & Research Officer for Jhpiego India.*

## QUALITY ASSURANCE SAVES THE LIFE OF A MOTHER AND CHILD

*“After the IPC protocols were made mandatory at our facility, processes in the labor room became more organized. So, once when a patient suffered PPH [postpartum hemorrhage] after delivery and was in a critical condition, we promptly took out the PPH box, [which we did not have earlier] and used all the resources required and managed to save the patient. Prior to the formation of IPCC, we were not as organized as we are today. We have been trained to be more systematic and the quality of our services has improved.”*

*– Sister Lissy Dubey, Auxiliary Nurse Midwife and Labor Room In-Charge, Gyarpur CHC in Vidisha*