

IPC Site Assessment Selection Guidance for FY24

Objectives of IPC Site Assessments: The main objectives for reporting of SIMS 4.2 IPC data at GHSD-PEPFAR level include:

1. To obtain a situational awareness of the standard/level of IPC across PEPFAR-supported sites and to identify trends across high and low performer sites. Associations and trends can then be used to identify/share best practices and ensure remediation where needed.
2. To support Public Health Emergency Preparedness by identification of weaknesses in the reduction of infection transmission while providing essential health services in situations of pandemic or other infectious disease outbreaks.
3. To raise awareness of the importance of IPC with MOH and other stakeholders (policymakers, donors and CSOs) to promote ownership in IPC monitoring, improved sustainability, and leverage investments in IPC outside of PEPFAR.

IPC Core Essential Elements (CEEs): Starting in FY23 all OUs are required to report results on the eight SIMS 4.2 IPC indicators/CEEs (*as applicable to the selected site*) to PEPFAR HQ:

- TB Infection Control (S_01_06)
- Waste management (S_01_07)
- Injection Safety (S_01_08)
- Lab Biosafety (S_10_02)
- Infection Prevention and Control Program (S_01_27)
- Environmental Cleaning Procedures (S_01_28)
- Availability of Personal Protective Equipment (S_01_29)
- Decontamination and Reprocessing of Medical Devices (S_01_30)

The required eight IPC CEEs can be assessed through a SIMS 4.2 **Comprehensive** (*as part of a larger QA assessment that includes other areas of care in the facility*) or through a **Concentrated** Assessment (*only IPC CEEs are selected*). In addition, IPC assessments can now be conducted **remotely**, without the need to have IP or USG staff present at the facility during the assessment provided SIMS 4.2 guidelines for remote assessments can be followed.

See: https://help.datim.org/hc/enus/article_attachments/9117623020180/SIMS_v4.2_Implementation_Guide_August_15_2022_FINAL.pdf.

IPC Assessment Requirements: All OUs are expected to assess IPC activities in *at least 10%** of PEPFAR supported facilities (DSD and TA) on an annual basis. Each USG agency, regardless of the quality assurance approach being used, should select a minimum of 10% of their PEPFAR supported facilities for assessment using the SIMS 4.2 IPC CEEs. Agencies may elect to conduct and report additional IPC assessments (beyond the 10%) as deemed appropriate by the agency. All SIMS IPC assessments should be reported through agency systems for submission to DATIM on a quarterly basis. Additional considerations and guidance for selection and prioritization of SIMS IPC assessments:

- **Large sample size:* For those OUs where an agency supports over 1000 facilities and 10% of facilities may present a significant burden on agency resources, the agency should conduct at least 100 SIMS IPC assessments in FY24. Note that SIMS IPC assessments can and should be combined with existing site visits where possible. If the agency is using SIMS as their quality assurance approach, IPC data can be collected as part of a SIMS Comprehensive Assessment at the selected facility.
- **Small sample size:* For those agencies with a small number of facilities (<20), agencies should assess all facilities to ensure geographic and implementing partner representation in the assessments. Likewise, agencies with <200 facilities should assess a minimum of 20 sites.
- *Prioritization and selection of sites for assessment:* Facilities with the highest TX_CURR (*as a proxy for high TB/HIV service delivery volume*) and/or those sites that have been prioritized by the MOH should be considered first for inclusion in the Site Assessment Prioritization List. Priority should be given to facilities that were not previously assessed using SIMS 4.2 IPC CEEs in the prior fiscal year rather than repeating assessments at the same sites each year. When selecting facilities, ensure that IPC assessments are distributed by geographic location and partners as much as possible; prioritization should also be given to hospitals and clinics performing surgical procedures (VMMC, cervical cancer screening, etc.).
- *Follow-ups:* Facilities/sites should develop and implement a quality improvement plan to address IPC gaps (red/yellow scores) identified. A follow-up IPC assessment should be conducted within 6 months of the previous visit to assess if those gaps have been solved. Note that Follow-up assessments should not be included in the 10% site selection for the current fiscal year.
- *Community assessments:* If an agency predominantly supports community sites, they should follow the requirement focusing on those sites that serve the greatest number of clients and include services that require infection control measures.
- *Outbreaks:* All OUs should conduct SIMS IPC Concentrated Assessments as needed at specific facilities in response to infectious outbreaks and/or known IPC deficiencies at the facility.

SIMS IPC Data: PEPFAR is updating quarterly SIMS 4.2 IPC assessment results and analysis (visuals) in a newly designed Panorama IPC Dossier available at [PEPFAR Panorama \(pepfar-panorama.org\)](https://pepfar-panorama.org) by the end of November 2023. USG staff can access IPC data analysis as frequently as needed by creating a panorama account to monitor IPC performance.