

Successful decentralization of Covid-19 isolation/treatment centers in rural province In Zimbabwe

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Decentralization of COVID-19 case management to districts in the 3rd wave enabled better management of cases and noted a marked bend in cases in the province.

BACKGROUND & CHALLENGES TO IMPLEMENTATION

The third COVID-19 wave was associated with a surge in cases much higher than had been encountered in the previous waves. This put pressure on the two facilities with a total bed capacity of 30 designated for isolation and treatment of COVID-19 cases in Mashonaland Central Province and the longest access distance of 260 km. It became necessary to decentralize COVID-19 case management to all the ten districts in the province. A decision was made at the Provincial Medical Directorate to identify and establish COVID-19 Isolation and treatment facilities at District and Mission Hospitals that could be repurposed to facilities from the existing infrastructures as a matter of urgency.

METHODS

- Between 28 June and 9 July 2021 the provincial team made up of Provincial IPC focal person and Provincial COVID-19 Coordinator engaged the management at all the District and Mission Hospitals and visits made to identify structures that would be best suited to function as COVID-19 Isolation and Treatment facilities.
- Main criteria used to select the most appropriate facilities included distance from other clinical requirements and minimal renovations required to enable unidirectional flow of people and activities

- For maternity and theatre cases in some facilities administrative controls had to be implemented within the routine care areas in order to protect staff and other patients
- Once the spaces were selected a risk assessment tool was used to facilitate the setting up of the facilities to make sure that they would be suitable to manage COVID-19 cases safely. Staff were trained in both COVID-19 IPC and Case Management protocols.
- Resources including food for patients, PPE, ambulances were mobilised to facilitate the successful local management of COVID-10 cases.

RESULTS

- At the peak of the third wave, mid-July 2021, 13 COVID-19 Isolation/Treatment facilities were functioning.
- At one District hospital, a tent had to be used as an isolation facility as no space could be identified in the hospital building.
- Staff shortages however threatened the value of attempting to decentralize COVID-19 care.

CONCLUSIONS

- Decentralizing COVID-19 Case management to District hospitals has enabled better management of cases through detection and appropriate decision making as whether to admit mild to moderate cases, refer severe cases to a higher level facility or send asymptomatic cases to isolate at home.
- Unnecessary movement of patients have therefore been averted.
- This exercise has prepared the province for other anticipated waves.

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