



■ Learning Brief

SUPPORTING THE COVID-19 RESPONSE: AN INFECTION PREVENTION AND CONTROL READINESS RESPONSE IN UGANDA

Most Significant Change

BACKGROUND

The U.S. Agency for International Development allocated \$300,000 for the [MOMENTUM Country and Global Leadership](#)'s activity on water, sanitation, and hygiene (WASH) to provide rapid, needs-based support focused on WASH and infection prevention and control (IPC) readiness in Uganda. MOMENTUM is working in high-volume facilities delivering maternal, newborn, and child health services in the five border districts of Kabale, Kisoro, Kanungu, Rukungiri, and Kasese in southwestern Uganda. The activity aims to ensure that the delivery of essential health services is not adversely affected due to the COVID-19 pandemic and to improve the quality of care in 13 health center IVs, 11 general hospitals, one regional referral hospital, and 15 public and 10 private facilities.

Study Question:

What were the most significant changes for infection prevention and control at facilities from the perspective of facility staff?

METHODS

In May 2021, the MOMENTUM team used the Most Significant Change (MSC) approach (a qualitative research method) to obtain stories from health facility staff on what they felt were the most important changes since the start of the project. The exercise was done in four facilities—the three health center IVs of St. Paul, Rukungiri, and Kanungu, and Bwera Hospital. Each facility had four to six participants, which usually included a cleaner, clinician, nurse, midwife, and laboratory staff.

First, participants were oriented to the MSC approach and method. Then, participants were asked to share a story in response to this question, “In your opinion, what is the most significant change that you have seen at your workplace for IPC since the introduction of training in IPC quality improvement (QI)?” The question was intentionally broad and project staff gave little guidance in order to capture the values and priorities of health care facility staff. Participants shared their stories with the group, then went through a prioritization process to select two MSC stories. Participants also decided on a domain of change for each story.



MOMENTUM obtained a non-research determination from Johns Hopkins University's Institutional Review Board for this work; an oral consent script was read and all participants gave permission to proceed. A MOMENTUM staff member took notes; conversations and interviews were not recorded.

RESULTS

The MSC stories selected by participants are below, along with the storyteller's position and the domain of change the participants designated.

FACILITY 1

- **Storyteller 1: Cleaner**

Domain of change: Training on correct use of personal protective equipment (PPE)

Before training in IPC, I didn't know that I should change the cleaning cloth before I go home but, during the training, we were told not to use hospital waste at home. This has helped us know the right way to do handwashing in order to prevent diseases. Use of protective gear to save us from infection was also emphasized during the training and [I] would want to thank [MOMENTUM] for thinking about us. However, as cleaners, we lack some items like heavy duty gloves, brooms, squeezers, uniform, aprons, and wheelbarrows to help us in our work.

- **Storyteller 2: IPC member**

Domain of change: IPC practices that prevent spread of infections

After the trainings, we noted that a majority of health workers are now observing the practices of handwashing and encouraging patients and attendants to do the same. The practice of putting on a mask when in public is observed by most health workers when serving the clients and clients are encouraged to put on their own masks. Disinfection of working benches and door handles, especially in the laboratory at regular intervals during work, is now a common practice. Health care waste segregation according to national guidelines of the Ministry of Health has been strengthened. However, inadequate supply of gloves makes it challenging to use one pair of gloves per client. Also noted is specimen from wards to the laboratory is being brought wrapped and in contact with laboratory request form, which encourages contamination and thus the chances of spreading infection. Some health workers have not fully embraced wearing closed shoes when working in the hospital.

FACILITY 2

- **Storyteller 1: Mentor**

Domain of change: Training of coaches and porters improved hygiene

Hand hygiene was observed, with the percentage increasing from 40% to 90% in the QI project. Everybody who enters the health unit washes [their] hands. MOMENTUM constructed a tank for us at the gate and handwashing basins at the unit to promote prevention of infection. Temperature taking at the gate to all clients who enter the facility increased to 90% and [we are] recording [that staff give] explanation of signs and symptoms to clients. Hand hygiene in the postnatal ward also increased. COVID-19 immunization is being carried out and 1,118 people were immunized. Training of coaches and porters was paramount, it has improved waste segregation. We appreciate MOMENTUM's support in providing soap, bleach, hard gloves, laptops, and masks.

- **Storyteller 2: IPC member, mentor**

Domain of change: Hand hygiene

Since the installation of a water tank at the health facility, handwashing hygiene has increased from 40% to 90%, which has promoted good hygiene and prevented most communicable diseases. Temperature monitoring at the gate has helped us as a facility to manage clients very well whereby those with high temperatures are treated as emergencies first. Waste management has helped us in the prevention of diseases through good waste disposal. Big thank you to MOMENTUM for the support you render.

FACILITY 3

- **Storyteller 1: Cleaner**

Domain of change: Observed changes as a result of virtual training, continuing medical education (CME) and IPC materials

We as cleaners, through the IPC focal person and the whole committee, have been having virtual trainings, CME, and IPC materials availed about infection prevention and control and significant changes have been observed. We have gotten increased awareness about IPC through virtual training and CME, and information given through the IPC materials that were given to the facility. There is great improvement in general cleanliness and both personal protection, patients and environmental protection, such as handwashing, availability of handwashing facilities at every entry point, triaging areas, around the latrines, wards, and entrances around the facility. Through training and health education for health workers, patients, and the community, COVID-19 SOPs [standard operating procedures] have been observed and implemented, that is to say wearing of face masks, social distancing, isolation, and temperature taking at the triaging areas, and this has reduced the risks of acquiring the COVID-19 virus. MOMENTUM has not only supported training but has also supplied IPC materials like gloves, bleach, face masks, face shields, gumboots, etc. This has improved both personal protection in the form of PPE and patients' protection by improving general cleanliness and sanitation within the working and surrounding environments at the community we are serving.

- **Storyteller 2: Coach**

Domain of change: Virtual training enabled me to support my team in implementing IPC

We as a team were initially oriented on IPC by a WHO [World Health Organization] field team in the wake of COVID-19 after the facility was selected by the district to be an isolation unit for COVID-19. It mostly covered overview of COVID-19 and basics of case management. However, there were challenges of logistics and supplies for IPC including sanitizers, face masks, chlorine, and soap, among others. Toward the end of the year 2020, MOMENTUM, as an implementing partner, introduced a virtual training project to enhance knowledge and skills of selected health workers in quality improvement for IPC, for which I was selected to train as a quality improvement coach, together with the other four health workers (nurse, IPC focal person, midwife, and assistant health educator). The knowledge acquired during the training enabled me to support my team in implementing some IPC measures like screening for COVID-19 at the entrance of the facility, handwashing at all service area points, and monitoring trends in our supplies for IPC. Despite the fact that we handled all COVID-19 suspects for the district, as a facility, we only registered one case of COVID-19 among the staff. I attribute this to strong IPC measures that were being followed by members of the team and supported by QI interventions following the training in IPC quality improvement. On the side of supplies and logistics, MOMENTUM supported the facility with personal protective equipment including gloves, chlorine, face shields, and masks, among others, which have helped us to improve and maintain the best degree of hygiene in most departments of the health unit. Personally, and in my opinion regarding IPC, the most significant change noted since the training is the practice of handwashing and wearing masks by

health workers. The proportion of staff that consistently and accurately followed the practice grew from 50% at baseline to above 95% at the end of our QI project. Individually, the most significant change is the confidence and skills to conduct coaching in IPC-related activities including training with ease.

FACILITY 4

- **Storyteller 1: Cleaner**

Domain of change: Correct use of PPE

The importance of IPC is that somebody's life is well protected from diseases because if you put on all PPE, you are free from being infected. This has helped us very much because [you are protected from] diseases that are airborne, when you are putting on mask, and you are free from being affected. During training, we learned that we should always keep a distance and avoid contact. As a result of the training, the administration has agreed to give us all PPE for the better of our lives and our units.

- **Storyteller 2: Medical in-charge**

Domain of change: Reactivation of IPC committee

We participated in trainings and we put emphasis on handwashing at the gate and all the departments. Since the training, the IPC committee became active on the ground and strengthened [IPC activities]. Most staff are now keen on preventive activities during work such as putting on protective gear, introduction of daily cleaning log, etc. Because of the training, each staff is able to guide and support one another by reminding ourselves with: stop, first wash your hands, please sanitize before and after procedure. There has been a culture in departments that before any proceedings, departments should ensure that disinfectants or Jik [bleach] are available and know how to prepare the Jik solution according to strength as compared to previous years where staff knew 1:6 for every strength (Jik). Percentage of disinfectant [is] now well known by staff (e.g., 0.5% for hard surfaces and 0.05% for handwashing), which was not known in previous years. Handling of infectious cases, now at least staff are confident and able to handle key things. However, sometimes adherence to PPE by some staff is still a challenge, for example, some staff don't put on masks and aprons. Our cleaners, now with knowledge, are able to protect themselves and dispose [waste] effectively though with challenges of bin liners.

CONCLUSIONS

- Three facilities selected stories told by cleaning staff, showing facility staff value the role of cleaners in preventing the spread of infections. Few health projects include training for cleaning staff, an oversight that should not be ignored in future projects.
- Lack of some basic supplies was a major bottleneck to following IPC protocols, and although temporarily or partially addressed by the project, could continue to be a bottleneck.
- Health facility staff saw noticeable changes following training in multiple areas, including handwashing practices, mask wearing, screening procedures, and cleaning protocols.
- Training in IPC included information that was new to participants and they welcomed information on how to protect themselves and their patients.
- Measuring IPC practices was useful so IPC committees could track improvements and know if the measures they were using were changing behaviors in the facility.

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