Taking steps towards hand hygiene in Soroti, Uganda

How many times have you washed your hands today?

For most who work at BC Children's and BC Women's, proper hand hygiene is something automatic. We are all taught that adherence to hand hygiene is the single most important practice for preventing healthcare-associated infections.

But what if you only had access to one sink per ward? And what if there was no hand sanitizer? How do you encourage adherence to hand hygiene practices then?

These are the questions that Michelle Ng, an undergraduate medical student at UBC, and three of her classmates grappled with over the four weeks they spent in Soroti, Uganda this past May. The team traveled to Uganda to work with health care providers at Soroti Regional Referral Hospital to implement a hand hygiene campaign based on guidelines provided by the World Health Organization. The campaign was a collaborative effort between BC Children's Office of Pediatric Surgical Evaluation and Innovation (OPSEI), the Soroti hospital, and UBC's Global Health Initiative.

In Soroti, the team quickly learned that even something as simple as hand washing can become incredibly complex when resources – time, health care workers, supplies and more – are limited. For Michelle, some of the most meaningful takeaways were:

1. Under-resourced settings have obstacles that we would never even consider in Canada

Lack of infrastructure, including everything from sinks to soap, can cause problems. What might look from one angle like the devaluation of hand hygiene by health care workers can actually be something very different.

"While sitting in on a meeting on Infection Control, I was abruptly introduced to the infrastructure and system issues such as lack of bin liners, sharps containers, issues with appropriate disposal, ill-equipped cleaners, too many messy visitors, and an unreliable contract worker. I knew going into this project that I would only be addressing one very small component of infection control, there were many more barriers to which we would not have the means to address during our month."

2. Be mindful of the specific needs of people on the ground

The team planned a series of activities: from education sessions during morning general assemblies, to posting signs and materials around the wards, and collecting data about perceptions among staff on the importance of hand hygiene. As they got to know the hospital and its team, these goals evolved to better meet the needs on the ground.

"We added observations and pictures on handwashing facilities in the various wards, and presented these pictures to the staff. Afterwards, we prompted a discussion on barriers to proper handwashing facilities (lack of soap). This was done on the request of Sister Tino. Moreover, we decided to develop a teaching session for the local nursing school, as we found the nurses on the wards were often too busy to spare time for teaching. We condensed our education into fewer sessions than originally planned, trying to be respectful of the clinicians' time."

3. Never underestimate the power of information in the hands of those who most need it

Ultimately, it is people working day in and day out in under-resourced settings who best understand what they need. Without time or funding to undertake studies or audits, however, it can be difficult for them to have access to all the information they need to make informed decisions. Supporting health care workers in under-resourced settings by providing them with accurate information can be a huge support.

"We had been working very closely with [Sister Tino, the nurse supervisor for infection control] throughout our project, seeking her approval and advice prior to starting, and providing updates as we progress through the different stages. It was one of my goals to create a project with collaboration, and which fits the needs of the hospital. Sister Tino was very supportive. […] When we gave her our initial report with summary of our observation data on hand hygiene compliance, and a description of their sink and facilities, she mentioned that this was a first time that they had received any information or assessment of this. […] Sister Tino mentioned that she is very hopeful that our report will be the basis to start a working group on Infection Control."

Michelle returned from Uganda knowing that, realistically, there are many obstacles to hand hygiene in Soroti. Sustainable change is incremental and takes time. Still, she is optimistic: "By giving our data and resources back to the hospital, they can make headway in addressing the bigger system issues regarding hand hygiene. Additionally, with another team heading to Soroti next year, what we have started can be built upon."

Michelle and her fellow UBC students in Soroti, Uganda

Each year, the Centre for International Child Health awards several $1000 grants to trainees at BC Children's and BC Women's who choose to participate in global health electives. If you or someone you know is participating in a global health elective focused on newborn, child or adolescent health in 2018-2019, get in touch with us! Or, find out more about global health work at BC Children's and BC Women's.