Course	International Health Development (MPH)	Name	Ajok Robinah
Dissertation Title	Hand hygiene compliance and associated fact health care workers at hospitals in Eastern		G

## Abstract of Master's Dissertation

Background: Hand hygiene is a simple procedure, which is instrumental in reducing hospital acquired infections and cross transmission of pathogens in hospitals. Hospital acquired infections are still higher in developing countries with limited data on the magnitude, as national surveillance is almost none existent. Moreover, hand hygiene compliance is associated with so many factors.

Objective: This study aimed to assess the prevalence of hand hygiene compliance and the associated factors among health care workers at hospitals in Eastern Uganda.

Method: A cross-sectional study was conducted in November 2017, including one regional referral and three district hospitals in Eastern Uganda based on a mixed methods design. Hand hygiene observations were conducted among health care workers using data collection tool adopted from World Health Organization's "5 Moments of hand hygiene". Hand hygiene compliance was assessed based on two indications of before and after patient contact in four inpatient wards. Knowledge and perception of hand hygiene were assessed using questionnaires adopted from knowledge and perception survey tools. Additional information was gathered through interviews with management staff and documentation of hand hygiene facilities using a structured guide.

<sup>\*</sup> The abstract, containing the objective, method, result and conclusion should not exceed c.1000 words (300-500words/page, double sided on A4 paper)

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Result: Overall, hand hygiene was attempted in 24.2% of 3,059 hand hygiene opportunities.

Hand hygiene compliance in Tororo hospital, Kumi hospital, Busolwe hospital and Mbale regional referral hospital was, 24.1%, 17.2%, 20.9% and 33.9% respectively, highlighting the highest at regional referral hospital. The compliance was higher after patient contact (27.5%) and highest among the midwives (33.5%).

In total 233 respondents were enrolled in the survey for hand hygiene knowledge, which was poor at 60.5% (score <50%) of the respondents. There was significant difference in knowledge level by education level, professional category, years of work duration and hospital. No significant difference in knowledge level of participants who had received training and those who had not was observed (P=0.688). Washing with soap and water was the most widely used method to clean hands. The most commonly identified barriers were; lack of access to running water, limited access to alcohol-based hand rubs and soap. Management openly promoting hand hygiene was perceived as the most effective measure to improve hand hygiene by 89.2% of health care workers.

Conclusion: The practice of hand hygiene is low among the selected sample, and hand hygiene compliance is lower especially in district hospitals. Lack of hand hygiene facilities, poor knowledge and lack of leadership support were among the identified barriers to effective hand hygiene compliance. Emphasis on training, and provision of hand hygiene materials at point of care can be considered by hospital management.

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