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CHILD-UGANDA
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(RHAC-U & Hospital Management Pause for a Group Photo after PPE)

End of Project Report
3(15th June- 2022 -14th January 2023)

Project Life is Six (6) Months Period (15th June 2022 & January 14th, 2023)

To be Submitted to the office of Health Officer and DCDO-Adjumani District

Hygiene Promotion to Improve Air Quality in Wards at Adjumani General Hospital

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Head of Programs RHAC-Uganda | January 25, 2023

Background of Raising Hope of African Child-Uganda

Raising Hope of African Child-Uganda is a child centred, rights-based Organization focusing on; children, and economically vulnerable families, and communities through engaging in Policy Advocacy, Education & Health Services, Food & Nutrition Security and Livelihoods, Psycho-social support, Human rights & Environmental protection activities.

Our Vision

RHAC-Uganda was founded with the hope of seeing a transformed community, children living healthy lives and capable of handling life's challenges with good morals and contributing effectively to national development.

Our Mission

We exist to support the vulnerable with skills and materials that will help them see hope for a better future.

Legal Status

Raising Hope of African Child-Uganda is regulated by government of Uganda under the NGOs Act 2006 Cap.113 Registration. No. S.5914/10507 and Sect-18(3) of the companies Act 2012 Registration No. BRS-INCC-2-18/36438 as a company limited by guarantee.

Our Motto

We are committed to *"Leaving No Child Behind"* agenda.

Project Title

Promotion of personal hygiene and health among patients and caregivers in Adjumani General Hospital to improve quality of air in the admission wards.

Problem statement

Although Adjumani General Hospital is a Grade V Medical Facility with defined bed capacity of 100 beds and qualified health personnel and functional environmental health department, high rate of admissions and poor general hygiene practices of some of the clients have over stretched the facility's holding capacity and personnel creating significant challenges with health outcomes specifically the Hospital Indoor Air Quality [IAQ] causing discomfort to patients, caregivers, visitors and general hospital staff. This has made the situation more complex and requires collective efforts directed towards achieving high quality services.

Hospital air quality matters!

As a place of healing and recovery hospital air quality is even more important than the air quality at commercial or public service offices because the purpose of a hospital is to return people to good health and an essential aspect of this process is ensuring that airborne pollutants do not make existing conditions worse.

Project Goal

The overall goal of the project is to provide information/education on personal hygiene best practices to patients and caregivers in order to facilitate change of their attitudes, behaviour, and practices to achieve improved indoor air quality for conducive hospital environment that can help in minimising nosocomial infections, reduce admission bedtime as well as reducing congestion in wards through timely discharges.

Specific Objectives.

a) To build an enabling environment so that patients feel supported and comforted during their recovery on the hospital beds.

b) To increase the capacity of selected caretakers to effectively manage and sustain hygiene and sanitation practices while in the hospital.

c) To increase awareness on proper hygiene and sanitation practices among patients and caregivers to enable them to contribute effectively to improving hospital air quality.

d) Formation and strengthening of the patients/caregivers to lead in maintaining the hygiene and sanitation of the wards for the benefit of all.

Project Justification.

The fact that, the Air Quality in Adjumani General Hospital Wards has been poor, and poor hygiene practices of some of the clients being cited as major causal factor, creating discomfort to patients, care givers, medical staff and quality of service in the facility, while considering the WHO Health System Building Blocks Framework Number 1 which identify Service Delivery as a key component in achieving better health care, Raising Hope of African Child-Uganda is implementing in collaboration with Adjumani District Local Government and Office of District Health Officer a unique initiative for improving and maintain Indoor Air Quality (IAQ) in Wards through promotion of good hygiene practices and behaviour change.

Expected Results/Outcome.

a) Five hundred twenty-seven (527) patients and/or caretakers acquire better hygiene practices with the 6-months pilot period as direct beneficiaries.

b) Patients and/or caretakers from all the 5 admission wards receive regular hygiene training.

c) Regular distribution of laundry soap to vulnerable patients.

d) Posting of hygiene education poster in wards and corridors to ensure spontaneous reminder for observation of hygiene in the facility.

e) Close monitoring of social & behaviour changes among the patients in the hospitable.

Introduction to the Project

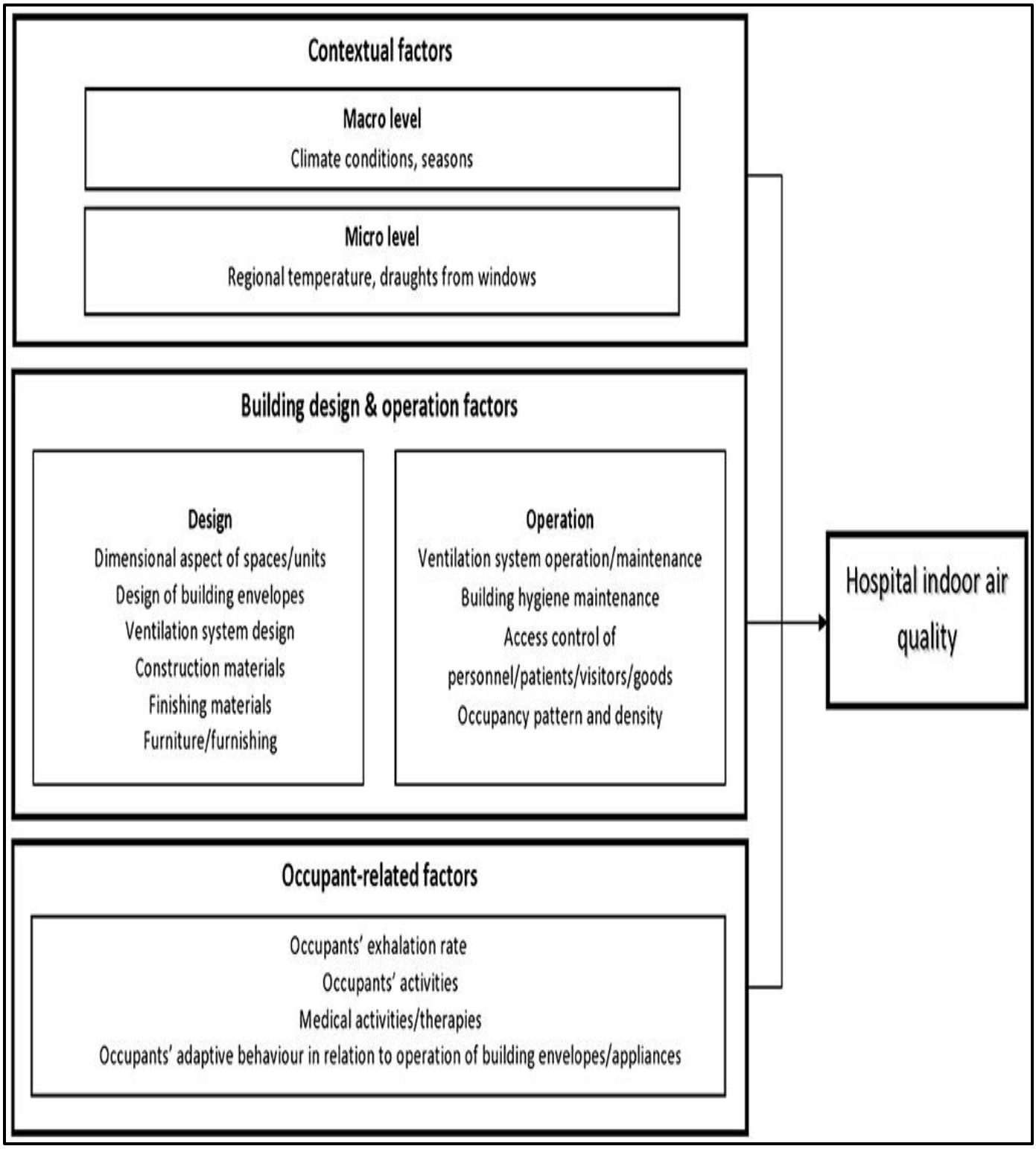
Air pollution significantly impacts human health and is regarded as the world's single environmental health risk by the WHO. Hospitals host vulnerable people with potential for enhanced sensitivity to air pollutants. Air quality is critical but often invisible aspect of creating a healthy in door environment, poor air quality has been linked to a wide variety of negative health outcomes from respiratory issues like allergies and Asthma to Nosocomial infections which is defined as (i.e., infections do not present during patients' admission).

RHAC-Ugandas' Strategy.

Our strategy is knowledge-based intervention; thus, imparting hygiene management best practices, skills, and knowledge onto patients and caregivers in order to position them at the forefront of hygiene management cycle while in hospital environment and even at home. This approach is very sustainable since beneficiaries own-up the project in the long run.

Causes of poor Air Quality in Hospitals Explained.

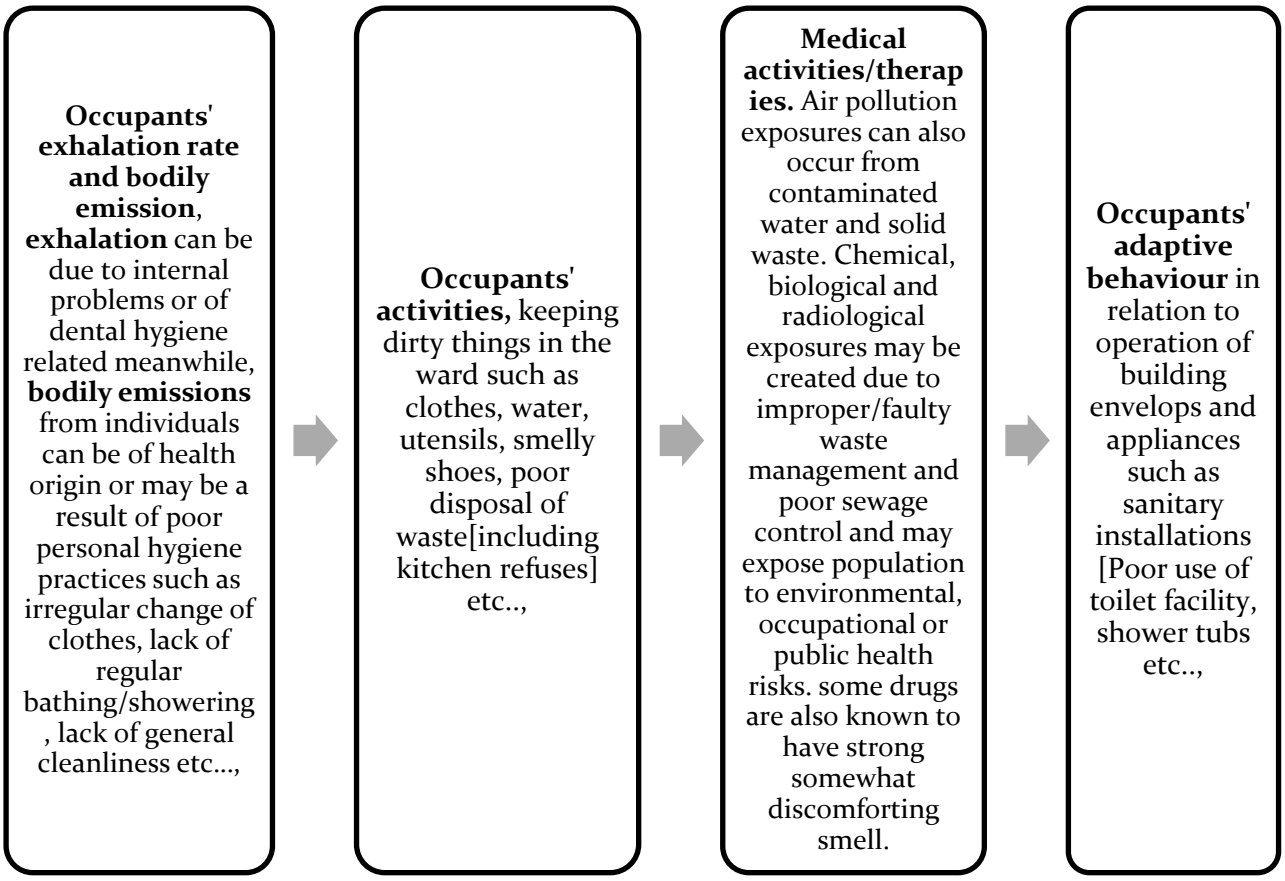
Factors influencing Hospital Indoor Air Quality (IAQ) are classified into 4 broad categories.



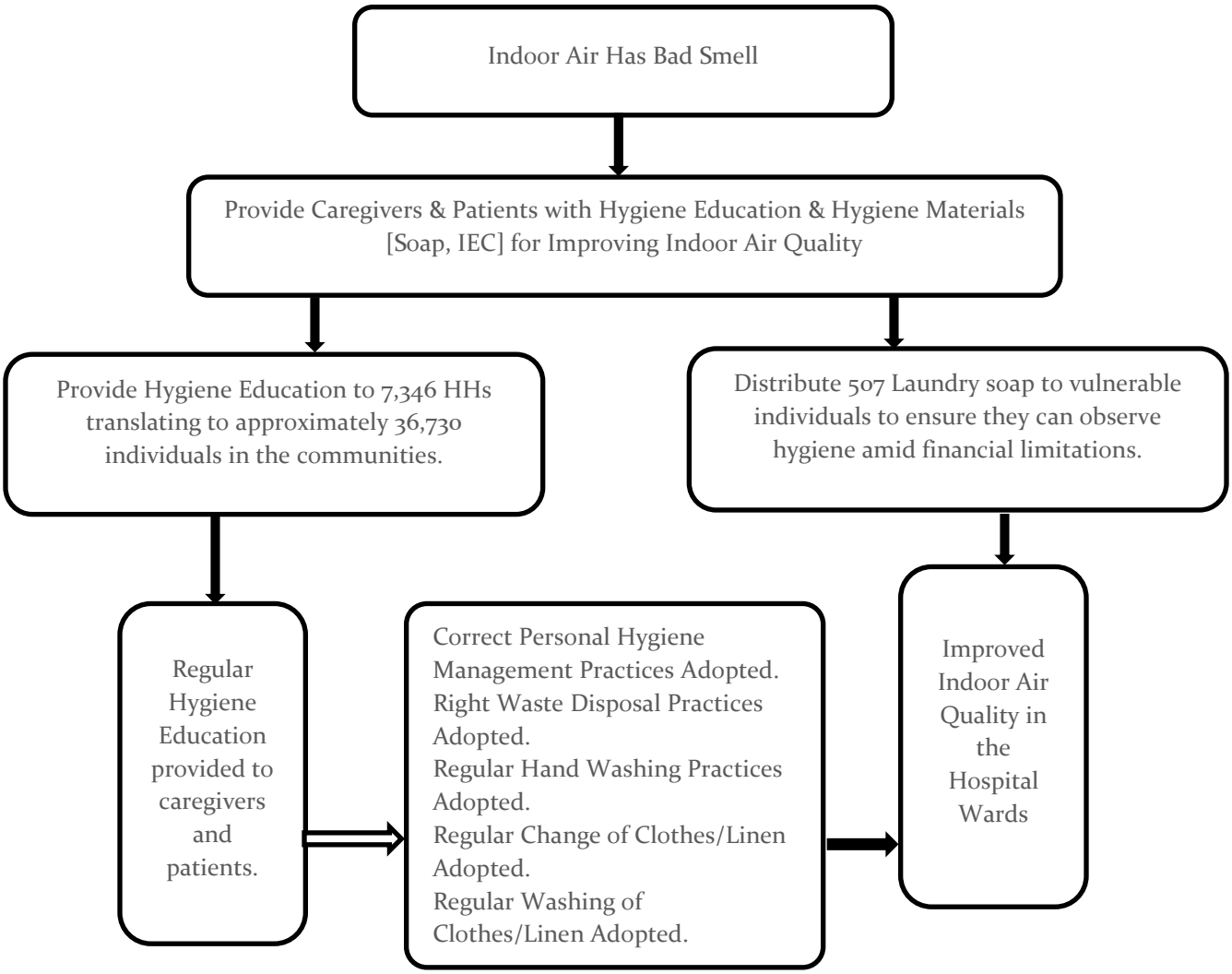
Leaving No Child Behind

RHAC-Ugandas' Area of Intervention

Our focus is to address **Occupant-related Factors** such as



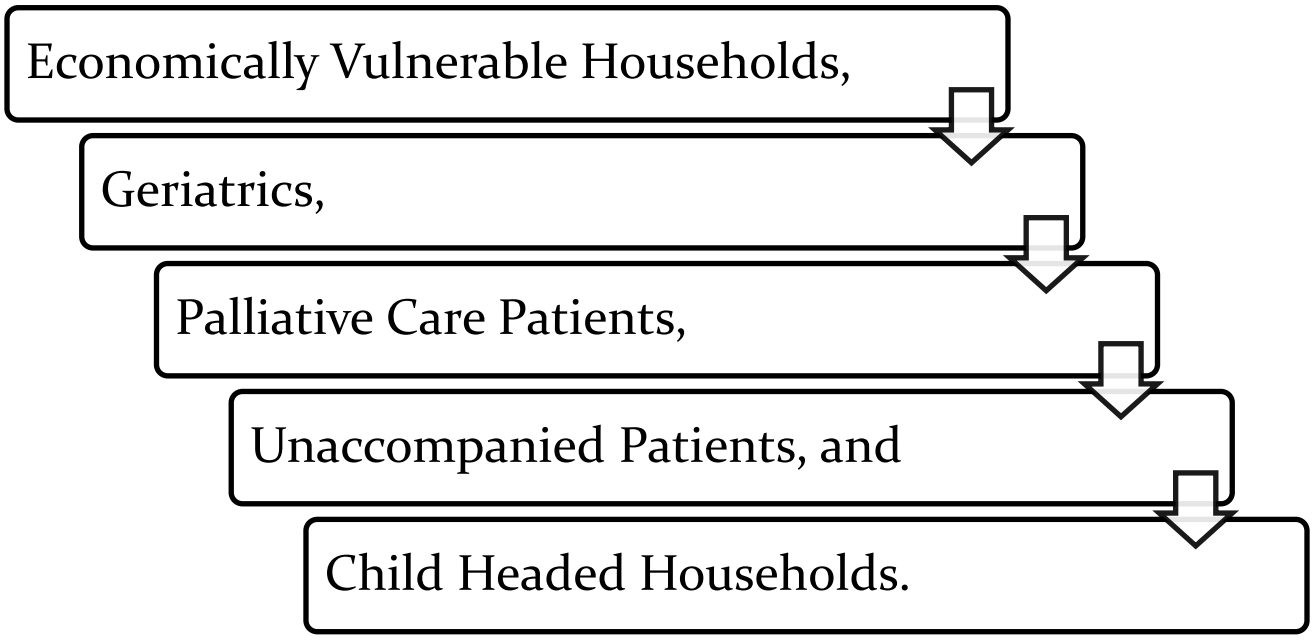
Project Implementation Log Frame



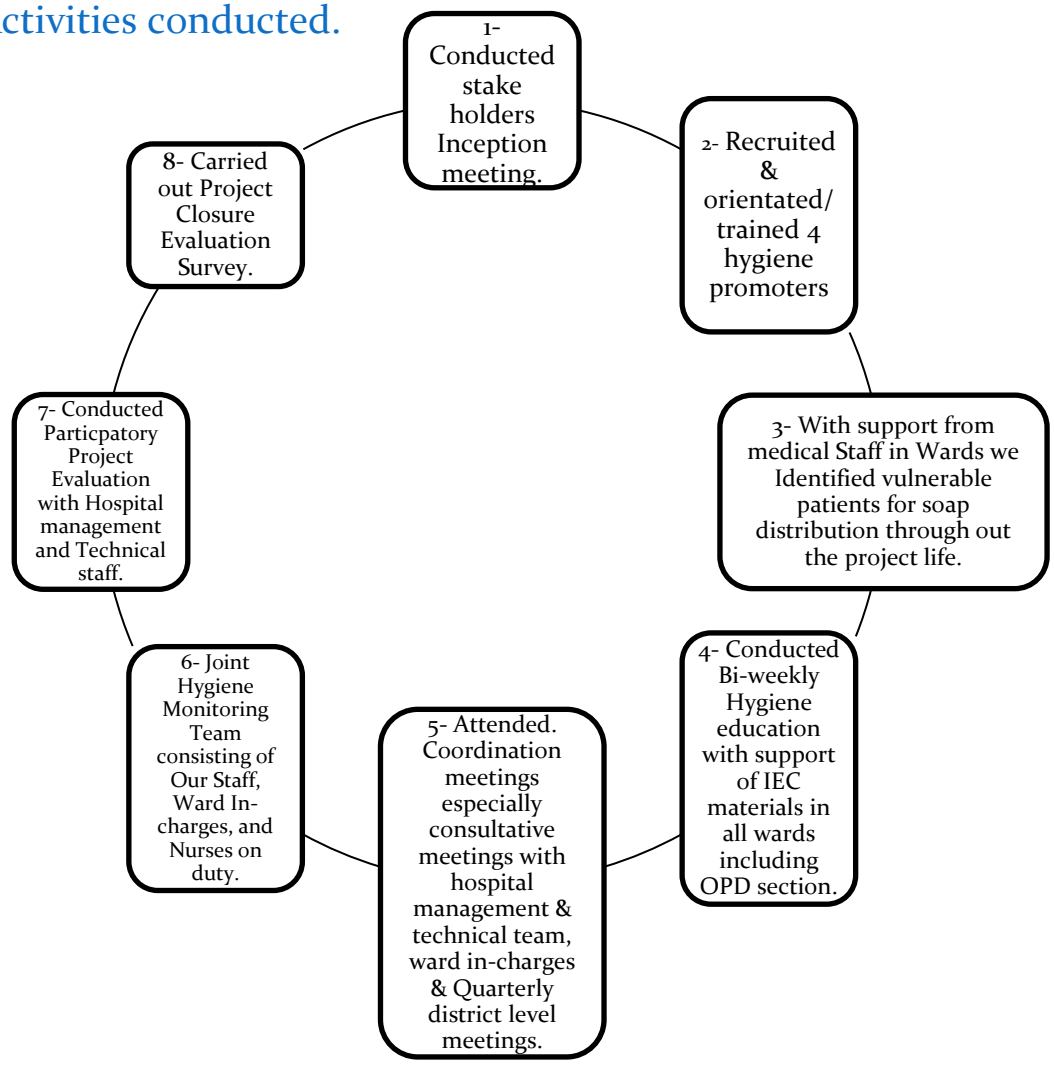
Management/Control of Indoor Air Quality

a) *Improving Indoor Air Quality: requires source control such as increasing or improving ventilation.*
b) *Elimination/Controlling/ managing sources of emission such as maintaining minimum number of admitted.*

5.4 Categories of Target Beneficiaries for Soap Distribution



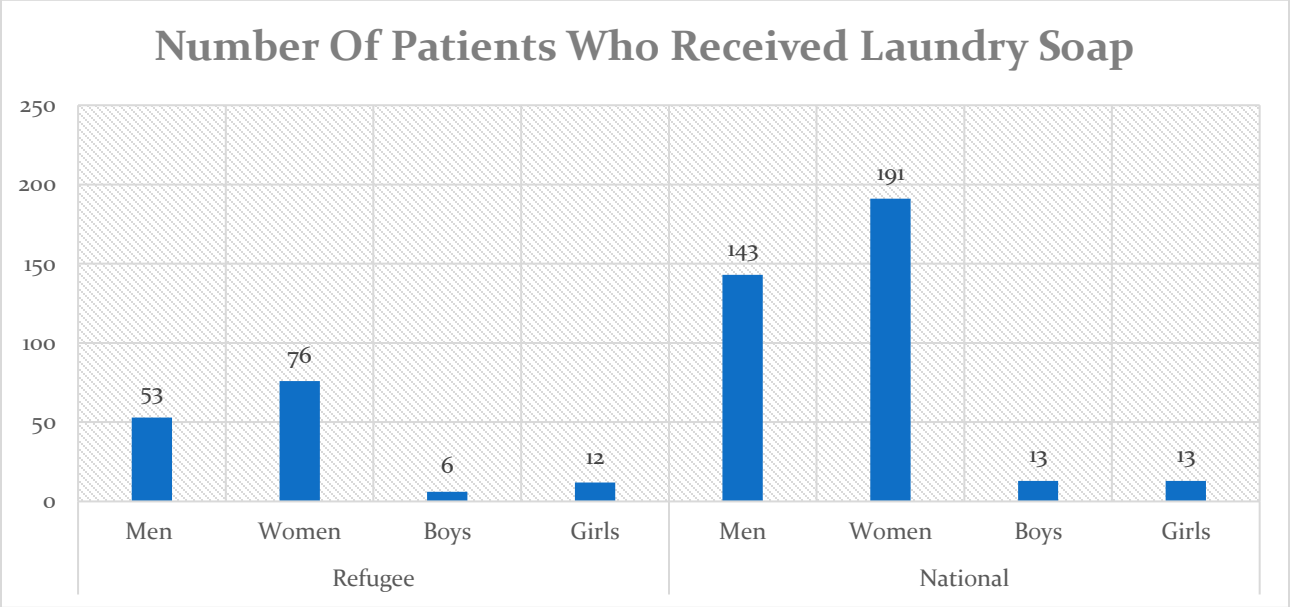
5.5 Key Activities conducted.



5.6 Beneficiaries who Received Laundry Soap.

Admission Wards	*Number of Patients/Caregivers Reached with Soap Under Each Category*									
	Gender	EVF	P-Care	U- Patients	CHHH	Geriatrics	HHH	National	Refugee	Total
Public	Men	101	46	6	0	18	23	143	53	196
	Women	139	47	23	0	22	38	191	76	267
	Boys	14	1	0	2	0	2	13	6	19
	Girls	16	1	0	7	0	1	13	12	25
Consolidated Total		270	95	29	09	40	64	360	147	**507**

5.7 Graphical Presentation of Beneficiaries who received laundry Soap.



5.8 Narratives of the table/data

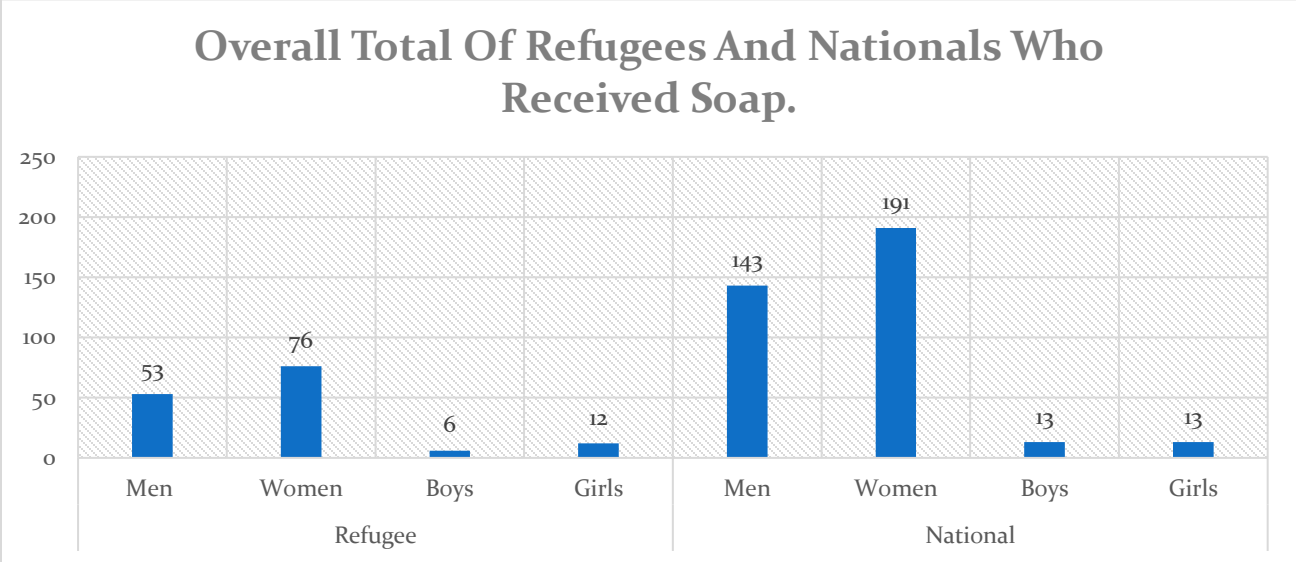
Explain important implications of the statistics: The above Chat illustrates that, out of 507 admitted vulnerable patients [Households] who benefited from [laundry]soap distribution, 360 (71%) were nationals and 147 (29%) were refugees. This is to enable them to maintain hygienic wardroom even at a time when they can't afford soap. 253.5 bars of laundry soap were distributed to Vulnerable HHs. At least 40[18 male and 22 female] Beneficiaries were elderly [Geriatrics], 64HHs [38Women, 23Male, 2Boys and 1 Girl] were patients who are Household Heads [HHH], 95 Patients [46Men, 47women, 1 girl, and 1 boy] were dealing with terminal illnesses[P-care], 29[6men and 23 women] beneficiaries were unaccompanied patients [U-Patients], 9-Beneficiaries were Child Headed households [CHHH], and 270[101 men, 139 women, 16 girls, and 14 boys] were patients from Economically Vulnerable Families [EVF].

***Comments:** Distribution is done twice a week [Mondays and Fridays] to only those admitted in wards. And in total 10 cartons & 13.5 bars were distributed, and 2.5 bars used at hand washing stations in hospital compound, 8 bars remained in the store a total of 507 patient reached of whom 360 are nationals and 147 refugees.*

5.9 Beneficiaries who Received Hygiene Education.

Number of Patients/Caregivers Who Received Hygiene Information from Each Ward/Section													
Status	**Surgical**		**Medical ward**		**Pediatric**		**Maternity**	**Private**		**OPD**		**TOTAL**	
	M	F	M	F	M	F		M	F	M	F	M	F
Refugee	**160**	**146**	**242**	**257**	**176**	**218**	**415**	**18**	**24**	**271**	**417**	**867**	**1,477**
National	**401**	**287**	**430**	**429**	**353**	**412**	**807**	**20**	**36**	**755**	**1,072**	**1,959**	**3,043**
Total	**994**		**1,358**		**1,159**		**1,222**	**98**		**2,515**		**7,346**	

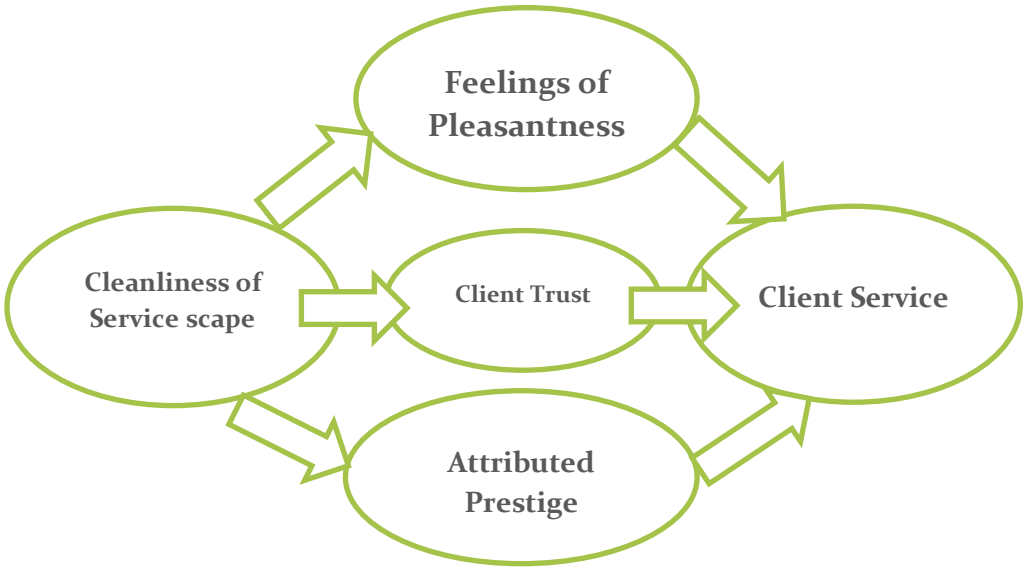
5.10 Graphical Presentation of Beneficiaries who Received Hygiene Education.



5.11 Narratives of the table/data

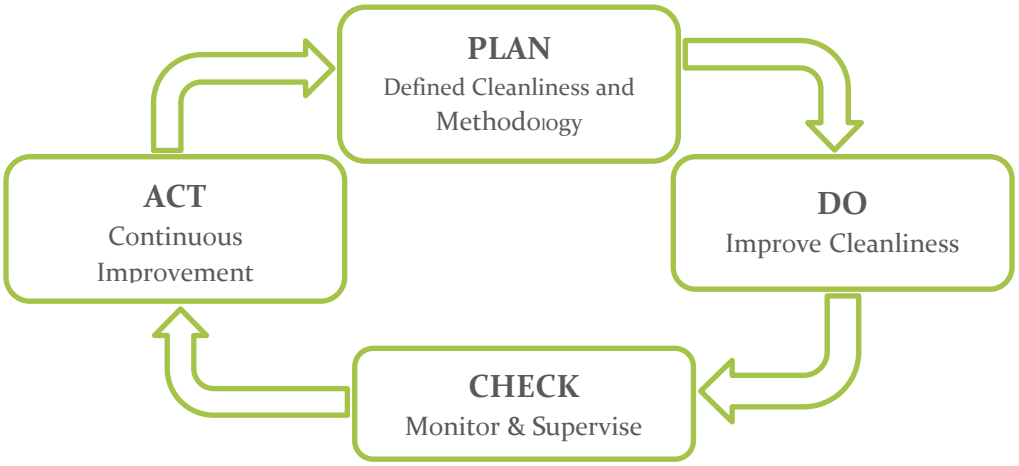
Explain important contents of the statistics: Hygiene education sessions have been carried out for all those that goes to hospital for treatment including those admitted, visitors in OPD section, those seeking immunisation, and maternal/antenatal care. A total of 7,346 direct beneficiaries have been received basic hygiene knowledge thus each representing Households translating to 36,730 individuals [indirect beneficiaries] and of this 2,344 HHs are refugees representing 11,720 individuals, and 5,002HHs representing 25,010 nationals.

Indicators of the Project Success in terms of Hygienic Medical Environment [Conducive Air Quality in Medical Wards]



6.1 Please Provide a list of indicators.
a) Positive response from the patients and caretakers regarding our hygiene information. *b) There is continuous following of the guidelines set forth for achieving healthy and friendly wards.* *c) Consistent increase in the number of individuals attending to hygiene education sessions.* *d) Positive support from medical staff.* *e) Well-coordinated vulnerability identification process.* *f) Some patients have started to take lead in ensuring fellows observe the hygiene practices/behaviour.*

a. Maintenance & Sustainability Plan



7.1 Sustainability plan.
a) Involvement of Patients/caretakers in transfer of knowledge through peer-to-peer engagement will encourage new admits to also adapt easily to the practices and behaviors. *b) Engaging other partners to support the project.* *c) Engaging individuals of good will to provide for laundry soap and clothing to the vulnerable individuals such as the elderly under geriatric.* *d) Engaging community leaders across board to support our community-based intervention at homes and local council levels on hygiene practices and care for the elderly and those with terminal illnesses.* *e) Creating clubs or associations for those with special needs, like the elderly, hygiene management committees, water management committees etc… to ensure improved hygiene behaviour, attitudes, and practices at village levels.*

6. Project Achievements

6.1 Achievements
a) *Improved & positive hygiene practices & behaviour of patients in the wards 507 directly supported with soap & 7346 received hygiene education.* ***b)*** *Medical staff supported in identification of vulnerable beneficiaries.* ***c)*** *Knowledge of the Organisation presence among beneficiaries [patients] realized.* ***d)*** *Patients are aware of schedules for soap distribution in the hospital.* ***e)*** *Introduction of the Organisation and its activities to new beneficiaries.* ***f)*** *Beneficiaries are relying on knowledge acquired to others.* ***g)*** *Many beneficiaries have provided testimonies on support received.* ***h)*** *Indoor Air Quality improved hence cases of patients & care givers escaping or seeking services elsewhere reduced.*

7. Project Challenges

7.1 Challenges Encountered during project Implementation
a) Demand for soap is higher than initially projected, *the cost of a carton of soap which was initially budgeted 55,000/= rose to 90,000/= per carton.* ***b) The number of days for Hospital Visits reduced*** *due to high transportation cost for hygiene promoters.* ***Challenges from Patients*** *a) Irregular water supply* *b) Waste disposal procedure not known prior to admission.* *c) Congestion at Hospital & Toilets (WASH) facilities) due to high admission of patients*

Recommendation

7.1 Recommendations
a) OPD to be included for the program after consultation the management. b) Project to be extended with modification after close consultation with stake holders especially Hospital Management. c) Extending hygiene education to other departments so as to ensure positive behavioural change & practices. Support to palliative care be conducted at homes. d) Adopting Outreach system at village level targeting elderly clients & need based support. e) Adopting approach of Local resource mobilization for support of the project. f) Joint project implementation & review to be adopted. g) More attention to be given to male caretakers during hygiene sessions as they exhibit low hygiene practices.

Lessons Learned

9.1 Lessons Learned
➢ Behavioural approach in project implementation is cost effective and can contribute to lasting change with possibility of replicating. ➢ Project approach of using basic science knowledge significantly contributes to successful implementation.

10. Survey Report

Project Activity Photos/Pictorials

Hygiene promotion Staff Pause for group photo after Training at RHAC-U Offices, Adjumani.

Isaac & David of RHAC-U during presentation of Project Status Report to Management of Adjumani Hospital

Leaving No Child Behind

Providing Hygiene in the Wards for outpatient at Adjumani General Hospital.

Providing Hygiene Education to Mothers During Antenatal Care Visit at Adjumani General Hospital.

Leaving No Child Behind

Beneficiaries pause for a group photo after receiving half bars of laundry soap.

Beneficiaries demonstrating knowledge acquired during hygiene information session.

Confirmation By RHAC-Uganda Staff.

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Date		
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3. Received & Reviewed by District Health Officers:		
Name: Dr. Drametu Dominic	Signature & Date:	
Position: District Health Officer.		

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