

Nicholus Nanyeenya

Lubaga Hospital, Uganda

Dr. Nanyeenya Nicholus (MBCChB, MPH, PhD) is an international health system strengthening consultant with a special focus on strengthening HIV viral load, early infant diagnosis (EID) and specimen referral programming across Africa and has worked for the Global Fund projects in a number of countries including Sierra Leone, The Gambia, South Sudan and Ghana. Currently, Nicholus also works as a program officer for HIV viral load, Early Infant Diagnosis, and Sickle cell programs at the Ministry of Health Department of Laboratory Services. Nicholus is also a community health engagement specialist, who has promoted infection prevention and control at community and health facility levels, engaging in various community awareness shows on various media platforms including TVs, radios, newspapers, social media, and community outreaches. Nicholus is also a research fellow at Lubaga Hospital and at Africa Medical and Behavioural Sciences Organization (AMBSO). Nicholus has research interests to contribute towards the attainment of SDG 3 in Africa by 2030, and to also end HIV as an epidemic by 2030. He is a previous Fogarty fellow at UJMT. Furthermore, Nicholus is also currently aiming to determine the effectiveness of an IPC community of practice, using peer-to-peer mentorships in enhancing the uptake of IPC measures in Central Uganda, supported by ISID and BMGF. He hopes that this intervention can be scaled up across Africa to improve the uptake of IPC measures if found effective.

Project

Characterizing and exploring the barriers and facilitators to the uptake of infection prevention and control (IPC) measures, and determining the effectiveness of an IPC community-of-practice, using peer-to-peer mentorships in enhancing the uptake of IPC measures in Central Uganda

Globally, sub-optimal infection prevention and control (IPC) measures account for an estimated 5 to 15% of all hospital-acquired infections (HAIs). In Africa, about 22% of patients with HAIs lose their lives, and HAIs have been heavily associated with poor hygiene and IPC.

In Uganda, there is limited data on the current prevalence of HAIs, however previous studies showed an overall HAI prevalence of 28% and 34% respectively. A previous study indicated that there is a very low uptake of IPC measures in Uganda and there is also limited data on the recent uptake of IPC measures in different health facilities in Uganda.

Therefore, this study will; a) characterize the uptake of IPC measures in selected health facilities in Central Uganda, b) explore the facilitators and barriers to the uptake of IPC measures, and c) determine the effectiveness of an IPC community-of-practice, using peer-to-peer mentorships in enhancing the uptake of IPC measures in Central Uganda. This study will generate new information that might guide key policy decisions by the Ministry of Health and its partners to enhance IPC measures in Ugandan health facilities.

This will be a mixed methods implementation science study, using the PRECEDE-PROCEED model, and will be conducted in four health facilities in Central Uganda, including Lubaga Hospital, where the study will be hosted.

The first sub-study will be a cross-sectional survey on the uptake of IPC measures, using the self-administered WHO IPC assessment tool. The second sub-study will be a narrative

qualitative study comprising about 18 in-depth interviews and about 12 key informant interviews. The third sub-study will be an implementation science quasi-experimental study, involving the establishment of an IPC community-of-practice (IPCCOP), which will involve a hybrid of both physical and online capacity-building sessions on the uptake of IPC measures.