

# Compliance with infection control procedures in military HIV/AIDS clinics in Uganda

A. Asiimwe Kamugisha<sup>1,2</sup>, T. Rwegyema<sup>3</sup>, S. Lawoko<sup>4</sup>, E. Lugada<sup>3</sup>, K. Neeraj<sup>5</sup>, J. Akao<sup>6</sup>, G. Akao<sup>7</sup>, D. Bwayo<sup>3</sup>, c. Wamundu<sup>2</sup>, D. Rwangoga<sup>2</sup>, A. Musinguzi<sup>2</sup>, B. Kikaire<sup>7</sup>

<sup>1</sup>University Research Co., LLC - Department of Defense HIV/AIDS Prevention Program (DHAPP), Kampala, Uganda, <sup>2</sup>Directorate of HIV/AIDS, Uganda Peoples Defense Forces (UPDF), Kampala, Uganda, Kampala, Uganda, <sup>4</sup>Gulu University, Kampala, Uganda, <sup>5</sup>University Research Co., LLC, Washington DC, American Samoa, <sup>6</sup>U.S. Department of Defense (DoD), Kampala, Uganda, <sup>7</sup>Makerere University, Kampala, Uganda

## Background

- Compliance with infection control (IC) measures is a critical component of HIV care.
- In general, evidence on levels of compliance by health workers to IC standards is lacking in the Ugandan military health facilities.
- The URC-Department of Defense HIV/AIDS Prevention Program implements and provides technical assistance and material support for IC in military health facilities in Uganda.
- We assessed compliance to IC standards at 28 military ART sites in Uganda.

## Methods

- A validated structured questionnaire and observational checklist were used to assess availability of IC items and compliance with IC measures.
- Key informant interviews were used to provide context.
- Descriptive statistics, chi-square test and logistic regression were used to analyze quantitative data.
- Qualitative data were analyzed using template and thematic analysis

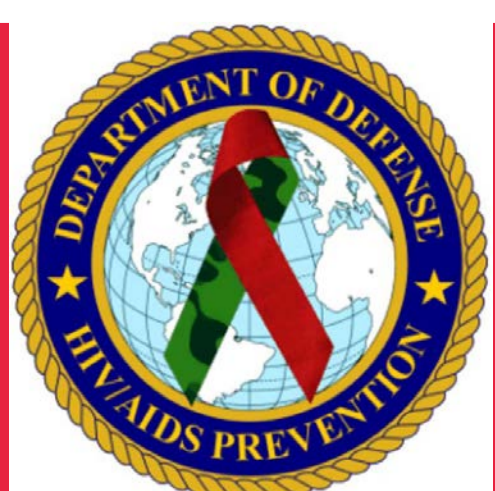
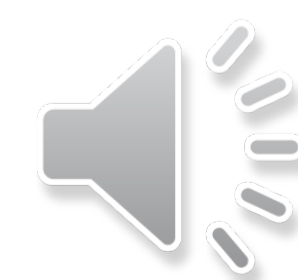
## Results

- A total of 84 staff (7% female) were observed and interviewed.
- Slightly more than half (53%) of the respondents had a certificate, 35% had a diploma and only 12% had a bachelor's degree as their level of education.
- 52% of the study participants exhibited good knowledge on infection control standard precautions.
- While 70% of infection control items were available at the health facilities, only 45% of interviewed staff were compliant with recommended IC measures.
- Factors significantly associated with compliance to infection control procedures were; higher level of education (AOR =3.22, 95%CI= 1.31-2.24), years of experience (AOR= 2, 95%CI=2.92-4.63), high military rank (AOR= 4, 95%CI= 1.15-3.10) and good knowledge (AOR=3.30, 95%CI=3.22-4.21).

- Barriers to adherence to standard IC procedure were; lack of regular bio-safety training, lack of equipment and infrastructure, low commander involvement and inadequate prioritization of IC and human resource gaps.

## Conclusion

- Need for Interventions such as close supervision and targeted stakeholder engagement particularly the commanders, on importance of IC in public health and specifically in HIV care.
- Targeted training on IC procedures for lower cadres is needed to achieve universal IC standards.



URC

