

objective of this study is to improve hand hygiene compliance among doctors and nurses in a rural hospital in Rwanda using the World Health Organization's (WHO) "Five Moments for Hand Hygiene" and modified hand hygiene educational tools.

Methods: The study was a cross-sectional, quasi-experimental design divided into four phases: (1) Preparedness and hospital administration onboarding, (2) baseline evaluation, (3) intervention, and (4) follow-up evaluation. The intervention involved education, introduction of alcohol-based hand rub, and hand hygiene reminders. Hand hygiene evaluations were done using WHO's direct observation technique.

Results: Overall, hand hygiene compliance improved from 34.1% at baseline to 68.9% post intervention ($p < 0.001$). There was one sink for 29 patient rooms, and 100% of hand hygiene opportunities used alcohol-based hand rub. Hand hygiene was significantly higher among doctors (69.3%) compared to nurses (31.3%) ($p < 0.001$). The only measure of hand hygiene compliance that did not improve was "after body fluid exposure," which as 51.7% before intervention and 52.8% after intervention ($p > 0.05$).

Conclusion: Hand hygiene campaigns using WHO methods in sub-Saharan Africa have almost exclusively been implemented in large, referral hospitals. This study shows that slightly modified WHO tools for improving hand hygiene can also be successfully executed in low-income, rural hospitals in sub-Saharan Africa.

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Lessons learned in alumni networking with the Afya Bora Consortium

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Program/Project Purpose: The Afya Bora Consortium in Global Health Leadership is a highly successful health professional training program now in its 5th year with over 80 alumni spanning 5 countries. Yet, mechanisms for alumni communication and collaboration are still being explored. To address this, the Afya Bora Consortium offered alumni funding opportunities to come up with innovative strategies to engage, communicate with and promote each other to ensure continued investment, interest and support from alumni. This project aimed at developing alumni networking opportunities and continued professional development at the annual Afya Bora meeting.

Structure/Method/Design: This project assessed through surveys the perceived benefit of adding additional networking opportunities and varied learning styles to the annual Afya Bora meeting, including the addition of a professional poster session. Descriptive statistics and qualitative research methods were utilized based on the Plan, Do, Study, Act (PDSA) model. The study population were those in attendance at the annual Afya Bora meeting in Gaborone, Botswana in July 2015, including new and outgoing fellows, alumni, working group members, site mentors and global health leaders.

Outcome and Evaluation: Those in attendance at the Afya Bora annual meeting were satisfied with the posters of the alumni, working group and site mentors and they responded to surveys that the meeting increased their knowledge of the Afya Bora Consortium and the work the alumni and fellows were completing (89.3%). The delegates who attended the poster sessions also thought that it was a useful way to network (80.4%). Overall, the delegates completely agreed that including a poster session was a valuable addition to this final meeting.

Going Forward: Annual meetings for the Afya Bora Consortium could include poster sessions based on the satisfaction of attendees, and future programs should also include more networking opportunities so that fellows, alumni and leaders in the region will have the opportunity to share and engage in south-south collaboration even after the fellowship is completed.

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Establishment of the GeneXpert Laboratory in Imo State, Nigeria

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Program/Project Purpose: In 2014, the Centre for Clinical Care and Clinical Research (CCCRN), through the Centres for Disease Control (CDC) set-up a diagnostic centre for MTB/RIF assays in one of its supported sites, the Imo State University Teaching Hospital (IMSUTH). The goal was to ensure a fast and accurate diagnosis of MTB and ultimately, its treatment and control. The centre was established with the six building blocks of the Health System Strengthening strategy in mind.

Structure/Method/Design: A stepwise approach was followed in the establishment of the center. Advocacy meetings were held with Imo State government and other partners to secure a location and sign a memorandum of understanding in which a staffing plan was laid out with the IMSUTH. A sustainability plan was developed and implemented, with eventual transitioning of the centre to the Government of Nigeria (GoN) in mind. CCCRN then conducted an assessment to determine the infrastructural needs of the centre and trained the laboratory personnel to manage the centre. Following an assessment to determine the infrastructural needs of the centre, an infrastructural upgrade commenced with the identified building being rehabilitated, the GeneXpert device installed and back-up power systems provided. A supply chain management system was instituted at the centre, with a Logistical Management Information System (LMIS) being set up. Quality Management System strategies were set up at the centre to ensure quality of laboratory results.

Outcome & Evaluation: Subsequently, the diagnostic centre became a regional reference centre for MTB/RIF assays that