

IDI CDC WASH Project in Tororo District

Project Handover Report



OCT 2020 - SEPT 2023

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Acronyms

CDC	Centers for Disease Control and Prevention
FGD	Focus Group Discussion
HCWs	Health care workers
IDI	Infectious Diseases Institute
IPC	Infection Prevention and Control
KII	Key Informant interview
POE	Point of Entry
PopCAB	Population Connectivity Across borders
ABHR	Alcohol Based Hand Rub
MGHWS	Management Guidelines for Hand Washing Stations
MOH	Ministry of Health
MOU	Memorandum Of Understanding

Message from Program Manager



Practicing appropriate hand hygiene (HH) through handwashing with soap and water or using alcohol-based hand rub (ABHR) is a key prevention measure recommended to reduce the disease burden worldwide. Hand hygiene adherence (HHA) among healthcare workers (HCWs) is particularly important to reduce disease transmission in healthcare settings.

Health facilities in low and middle-income countries (LMICs) often lack the necessary funds to purchase commercial Alcohol Based Hand Rub (ABHR) and local production may be a more economical option. The WHO developed a protocol for local production of ABHR to guide the production procedure within

health facilities.

The Infectious Diseases Institute (IDI) received funding from the Centres for Diseases Control and Prevention (CDC) under the Strengthening Partnerships for Preparedness and Response project to scale up handwashing and Alcohol Based Hand-Rub (ABHR) use in priority health facilities in six districts in Uganda (Kabarole, Kasese, Amuru, Tororo, Moroto and Kotido). This included setting up ABHR production units, training producers, and establishing distribution structures as well as hand hygiene mentorship and impact evaluation.

This report provides an account of project activities in Tororo district from inception in 2021 to September 2023. We extend our sincere thanks to the Ministry of Health Environmental Department (EHD) for the project above-site oversight and continuous technical support throughout the implementation. Special thanks to the Tororo District Local Government for leading the implementation through the office of the District Health Officer, all in charge of supported health facilities and community locations as well as the producers and quality assurance team for ABHR in the district. Finally, as a project, we thank the IDI project staff who have provided technical support in the implementation of the project especially Mr. Herbert Isabirye, who successfully coordinated the district-level activities throughout the implementation period with enthusiasm and diligence.

As we hand over the project to the district, we are confident that the capacity that has been built, complimented by the structures and supportive environment, the project will continue to thrive, and IDI will continue to provide technical assistance whenever there is a need.

Thank you.



Judith Nanyondo S
Senior Project Manager

Strengthening Partnerships for Preparedness and Response in Uganda Project

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Executive Summary

Background:

The CDC WASH project to locally produce Alcohol Based Hand Sanitizer (ABHS) was established in Amuru district Uganda in March 2021 in the midst of COVID-19 outbreak. There is continues production and distribution of ABHR for routine and emergency situations for Amuru and other districts in Uganda. Other activities includes response to disease outbreaks such as COVID-19 and Crimean Congo Haemorrhagic Fever (CCHF) outbreak, water quality testing, pilot of management guidelines for hand washing situations.

Methods:

Amuru district health staff were trained on local ABHR production and ABHR supplies were provided. Three rounds of hand hygiene assessment were conducted using Kobocollect tool and hard copy for hand hygiene observations in 8 HCFs and 28 community locations. All responses to outbreaks were timely and in partnership with MOH and other partners.

Water sources for risk assessment and sample collection were purposely selected based on the areas which floods most. A total of 18 water samples (2 households and 16 water sources) were collected and referred to Uganda National Water Quality Reference Laboratory for water quality testing. Assessment and collecting end user feedback on management guidelines for hand washing stations were conducted using using Kobocollect tool in July and August 2023 in Amuru district.

Quantitative date was collected at 20 high traffic community places and qualitative assessment was conducted in 4 out of 20 high traffic community places. Follow up assessment was submitted using Kobocollect tool. The process of data analysis ongoing.

Results:

A total of 7980 liters of ABHR were produced of which 7800 liters were distributed in Amuru and other districts. There was steady improvement on hand hygiene practices in Amuru district from 40% at baseline, 44% at midpoint and 50% during end-line assessment. Responses to COVID-19 and CCHF were timely following the MOH guidelines.

All 18 water sources samples (2 households and 16 water sources) in Elegu had coliform and 17 out 18 (2 households and 15 water sources) had E. Coli. Assessment and end user feedback data collected on management guidelines for hand washing stations in July and August 2023 quantitatively at 20 locations and qualitatively in 4 out of 20 locations are still being analyzed.

Conclusion:

Implementation of WASH activities in Amuru was a success as observed by high production and consumption of ABHR, steady hand hygiene improvement, Reducing the spread of outbreaks through good hand hygiene practices, surveillance of water quality and selection of Amuru for the pilot of management guidelines for hand washing stations.

Project Background

The project was a collaborative effort between the CDC WASH team, IDI, the Kabarole District Health Office (DHO), and IRC (International Water and Sanitation Centre) Kabarole, with the goal of conducting a comprehensive study in Kabarole. The primary objectives of this study were to evaluate the effectiveness of Alcohol-Based Hand Rub (ABHR) and assess the functionality and compliance of handwashing stations within 30 healthcare facilities in Kabarole.

The project had a phased approach to ABHR distribution. The initial study phase, which commenced in November 2018, focused on providing ABHR to the first 15 randomly selected healthcare facilities. Subsequently, a one-year sustainability phase followed, during which all 30 healthcare facilities received a consistent supply of ABHR. Notably, locally-produced ABHR was a crucial component of the study, developed by skilled laboratory personnel who were recruited and trained by IDI at a HCIV.

Within the first year of implementation, the project underwent both mid and end evaluations, with the results shared among stakeholders on January 22, 2020. Key findings from the evaluations included a noticeable improvement in hand hygiene compliance, primarily attributed to increased access to ABHR. While compliance had increased from baseline to the midpoint evaluation, there was a slight decrease at the endpoint. Nevertheless, significant enhancements were observed in ABHR usage, although improvements in handwashing compliance were comparatively smaller. Despite these gains, hand hygiene before patient contact remained at a low level.

Following the dissemination of the results, the project transitioned into a sustainability phase, ensuring the continued supply of ABHR to all 30 healthcare facilities. Additionally, in response to the Ebola outbreak spilling over from Congo to Uganda in 2019, the project expanded to Kasese district. A dedicated production unit was established at the Kasese District Health Office, tasked with producing and distributing ABHR to 125 healthcare facilities for an entire year.

The project's scope underwent further expansion

to include additional border districts, focusing on enhancing handwashing practices and increasing access to alcohol-based hand rubs. This expansion aligned with efforts to prevent Healthcare-Associated Infections (HAIs), particularly considering the challenges posed by the COVID-19 pandemic. Priority Points of Entry (P.O.Es) with high volumes of truck drivers and healthcare facilities within Tororo, Amuru, Kasese, and Kabarole were key areas of focus.

This report provides an overview of the project's achievements and activities over the last three years of its implementation, specifically in the WASH sector in Tororo district.

Tororo is a district in Eastern Uganda. It borders with the republic of Kenya to the east, Bugiri district to the west, Butaleja to the north and Busia to the south and Mbale to the North East. It is mainly comprised of Jopadhola. According to the Uganda Census 2014, Tororo has a population of 517,080 people with an area of 1,192 km² and density 501.3/km². The main physical features of the district include Tororo rock art site, River Malaba. The major Economic activities include; Agriculture, trade, transport, stone quarrying, mineral mining, construction industry, tourism and Industrial.

Goals and Objectives:

The project's goal was to scale up handwashing and alcohol-based hand-rub (ABHR) use in health facilities and community locations along truck routes and border crossings (POEs).

Population movement across borders (POPCAB) Assessment:

Activities in Tororo district started with a POPCAB assessment. Cross-border transmission of COVID-19 is an increasing concern, particularly as countries begin to ease travel restrictions and lift border closures. Cross-border travel is essential to East Africa's economy and society. People on both sides of the borders in this region often share culture, familial ties and economic activity making movement across the borders inevitable. The points of entry (POEs) remain high risks for COVID-19 transmission with high numbers of cases among truck drivers as well as those with whom they have been in contact along their routes. Sex workers, border agents and service providers are on the other hand at a high risk.

Staff from the Infectious Diseases Institute (IDI, Uganda), traveled to, and conducted, Population Connectivity Across Borders (PopCAB) assessments in one eastern Uganda border district, Tororo that has been identified as priority due to the high volume of travellers via Malaba POE and as a way of responding to COVID-19, various mechanisms such as strengthening hand hygiene in the district is paramount. Objectives included use of focus group discussions, in addition to key informant interviews, each with participatory mapping to better understand migration patterns (such as the demographics, timing of, and rationale for, and mode of travel). A better understanding of these migration patterns would help inform decision on priority sites to support with Alcohol Based Hand sanitizer (ABHR).

Methods

Population movement assessments

The Population Connectivity Across Borders (PopCAB) method enables facilitated discussions to collect qualitative and spatial information on domestic and cross-border human mobility patterns. Key components of the PopCAB sessions included:

- Identified facilitator
- Dedicated note-taking staff to assist with data collection during the discussion in as verbatim nature as possible.
- Identified key informants (1 participant) and focus groups (with 6-10 participants in any given group) within communities that could provide information on patterns of migration or movement of individuals into, through, and out of the community. During the discussion orientation, all participants are reminded that their participation is voluntary and that there is no wrong answer. Additionally, they are asked to provide permission for the implementation team to take photos of or record the session.
- Map orientation, including a description of how to identify points or routes of interest on the map
- Facilitated 45-60 minute discussions to identify and describe, using the map, areas of high public health priority in Uganda, with specific attention to migration to and from Kenya (and potentially migration between Kenya, Uganda and Congo). Key points covered:
 - Why are these areas high priority?
 - Which of these sites is/are the most important? (Often asked for top 4 or 5)
 - For these highest priority locations: describe the characteristics of travelers who travel into/through/out of this area; why these people visit the area; where people come from when they visit this area and where do they go after they visit the area; how people reach the area;

How long do people stay when they visit this area?

- Also the tool included questions on the Hand hygiene including whether someone washes his/her hands, what he/she uses to wash hands, how often one washes his/her hands, whether one uses ABHR and the barriers to using ABHR
- Map annotated by the key informants and focus group attendees.
- Data captured using photographs of maps, and review of meeting notes by team following session
 - Visiting identified location for geocoding conducted where possible.
 - Data managed using existing project tool in Kobo

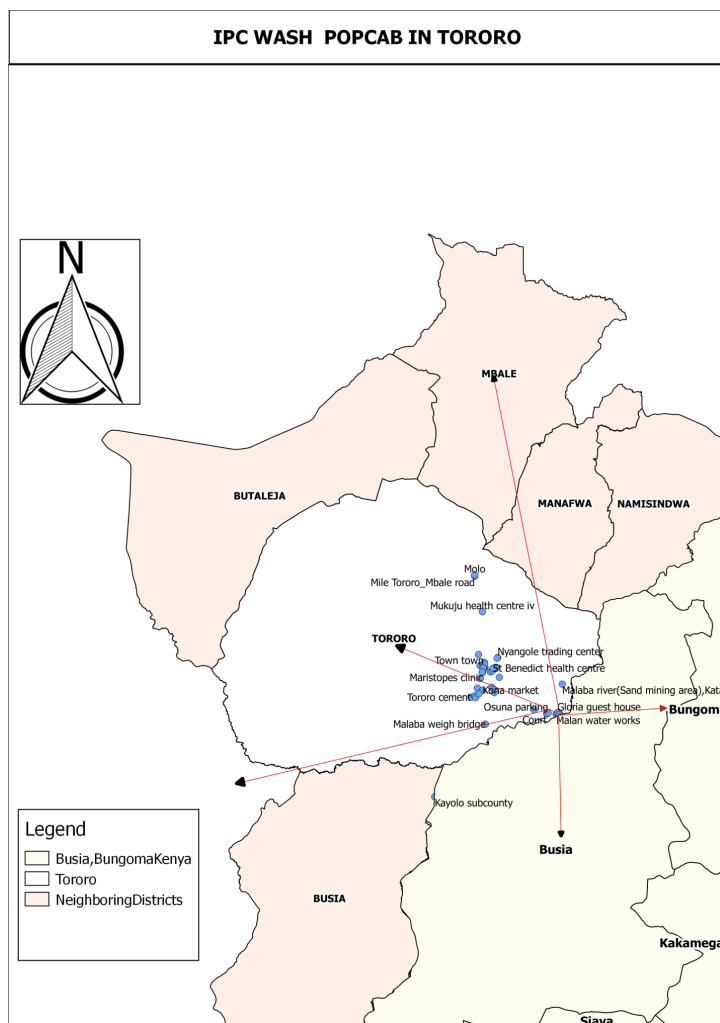
Results

Table 1. Summary of PopCAB, interview type, district, stakeholder, November 8th – 14th, 2020

Type of Interview	Target group
Key informant Interviews	District Health Office staff Malaba POE Immigration staff Border internal security officer District surveillance focal person Border internal security officer District Police Commander (DPC) District Internal Security Officer (DISO) Gloria 1 Lodge
Focused group Interview	Screeners, security, vendors, VHT, clearing agents Truck Drivers Malaba POE

Principle locations and population of interest, Tororo District (n= 27; 8 KII, 2 FGD)

Health Facilities with high volume attendance (8) <ul style="list-style-type: none"> • Tororo General Hospital • St Anthony Hospital • Malaba health centre III • Tororo Police Health Centre III • Mukuju HC IV • Rubonge Military Hospital • Devine mercy • Doctors' plaza 	Key priority schools/ Institution (4) <ul style="list-style-type: none"> • Tororo Girls • St Jude primary school • Tororo Progressive Academy • Rock View High school
Locations within the Malaba POE (6) <ul style="list-style-type: none"> • Impound shed • Entry gate before canopy • Parking yard for units • Weigh bridge, Port Health • Check point-Malaba • Malaba Police 	Lodges (5) <ul style="list-style-type: none"> • Gloria lodges • Home again lodge • Under 18 lodge • Bridge View lodge • Exotic lodge
Markets (6) <ul style="list-style-type: none"> • Malaba market • Malaba fish market • Corner market • Mile 8 Market • Osimiti market • Tororo central market 	Places of worship (4) <ul style="list-style-type: none"> • Healing centre Tororo • St. Peter's Cathedral • Sacred heart church • Masjid Noor
	Others (2) <ul style="list-style-type: none"> • Tororo Central Police • Malaba garden



During one of the FGD interview with Truck drivers



During one of the KII interview with District police commander (DPC)

Tororo district stakeholder engagement meeting.

Key district stakeholders were invited to a stakeholder meeting on 23rd March 2021, where baseline results were disseminated and an MOU signed between IDI and Tororo district Local government.

Renovation of ABHR production unit

The Tororo district allocated space within Tororo General Hospital for renovation, a project undertaken in collaboration with the Infectious Diseases Institute (IDI). The renovation primarily involved extensive refurbishments, including painting and electrical upgrades for the Tororo Production unit. Work commenced promptly and proceeded to completion under the oversight of the District Engineering Department.

Training of ABHR producers/quality controllers

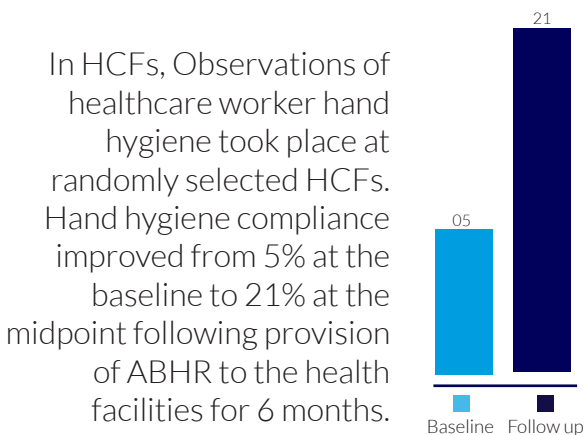
We organized training sessions for a total of four district staff members to be proficient in ABHR production techniques. Additionally, we provided training to two district staff members on conducting External Quality Assessments (EQA) for ABHR.



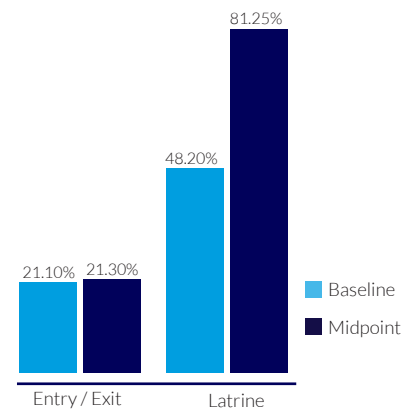
Training of the Tororo district Local government team on ABHR production.

The trainees for ABHR production included three laboratory technicians and one nurse. The EQA team, on the other hand, comprised the Health Inspector and the District Infection Prevention and Control (IPC) Focal Person.

Hand Hygiene Base-Line, Mid-Line and End-Line Assessments



There was marked improvement in adherence to hand hygiene in the supported locations, especially for latrine use. The hand washing at entrances and exits improved by 0.3% requiring behavioural change intervention.



Hand hygiene observations of healthcare workers were performed in all 12 healthcare facilities. Five doctors, 9 midwives, 17 nurses, 11 clinical officers, and 11 laboratory technicians (n=53) were observed for use of gloves, water, soap, and ABHR.

A total of 442 observations (221 before patient encounter, 221 after patient encounter) were performed. Overall, doctors were the most likely type of healthcare worker to perform hand hygiene (67.5%, n=40) while nurses and laboratory technicians were the least likely (29.3%, n=92 and 29.9%, n=144, respectively). Focusing on only before patient interaction, laboratory technicians have a very low rate of hand hygiene at 4.4%, likely because they were most likely to only don gloves before a patient interaction, without handwashing or using ABHR. Hand hygiene adherence was twice as likely to occur after a patient encounter than before.

Encounter	Before	After	Combined
Tororo adherence	37 (24.3)	75 (49.3)	112 (36.8)

Strengthening internal and external quality control measures for Alcohol Based Hand Rub (ABHR) production in Tororo.

The table shows a summary of ABHR production and quality control throughout the project implementation at Tororo General Hospital Production unit.

FYI	ABHR PRODUCED (LITRES)	PASSED IQC	PASSED EQC
2020/2021	Quarter 1	0	0
	Quarter 2	2980	25
	Quarter 3	3160	30
	Quarter 4	2640	31
2020/2022	Quarter 1	3160	44
	Quarter 2	2640	24
	Quarter 3	1680	4
	Quarter 4	1200	10
2022/2023	Quarter 1	400	10
	Quarter 2	500	31
	Quarter 3	760	0
	Quarter 4	840	20

Distribute ABHR to prioritised health facilities in Tororo district.

Indicator 1.3 Distribute ABHR to prioritized community locations, truck routes, patrol teams and security points on truck routes in Amuru and Tororo districts.

ABHR Distributed to facilities in the last (2021-2023)			
Facilities	2021	2022	2023
Health Centres	4400	4120	1480
Market	1200	1140	180
Place of Worship	680	540	140
Guest Houses	640	640	80
POE	540	660	120
Checkpoint	280	340	60
Police	360	440	120
School	680	800	320
Total	8780	8680	2500

Indicator 1.2:

Distribute ABHR to prioritized health facilities in Tororo districts.

The report mentions that ABHR distribution was made to prioritized health facilities, but specific quantities or details regarding the distribution are not provided in this section.

Indicator 1.3:

Distribute ABHR to prioritized community locations, truck routes, patrol teams, and security points on truck routes in Tororo and Tororo districts. The report also notes that the Production Unit supported the Point of Entry in Busia during this month, increasing the uptake of ABHR by the Point of Entry.

Other Activities Supported

WASH End Line Assessment in Tororo District

IDI conducted comprehensive end-point assessments across all healthcare facilities and community locations supported by IDI in Tororo district. These assessments were conducted through the utilization of both digital data collection using KoboCollect and traditional hard copies of hand hygiene observation assessment tools.

Healthcare Facilities Assessments

A team comprising six experienced assessors utilized the assessment tool jointly developed by CDC and IDI for evaluating healthcare facilities and community locations.

These assessments encompassed both digital data collection via KoboCollect and traditional hand hygiene observation assessments. The assessment team meticulously evaluated all designated healthcare facilities and community locations within the Tororo district.

Social behavior change communication on hand hygiene in Tororo district from 5th to 18th 2022 February

To conduct social behavioural change communication to increase hand hygiene compliance among the communities of selected sub-counties in Tororo district

Specific objectives

- i. i. To conduct district entry meetings with relevant stakeholders
- ii. ii. To develop and review key hand hygiene messages
- iii. iii. To conduct refresher orientations for influencers
- iv. iv. To disseminate Hand hygiene IEC materials to public places with hand washing facilities
- v. v. To conduct radio talk shows, DJ mentions, and radio spot messages on hand hygiene

The WASH team held a meeting with the district-level stakeholders (District Health Officer, Assistant District Health Officer Maternal, Assistant District Health Educator, Assistant Chief Administrative Officer Health, and Deputy Resident District Commissioner) to introduce the concept and solicit the inclusion of hand hygiene.

The DHT led by the DHE together with the IDI team developed and reviewed key messages on hand hygiene such as messages for hand hygiene champions, radio spot messages, DJ mention. RDC Tororo offered his office radio airtime at two radio stations.

These were Rock Mambo at 100.6FM from 08:30 pm to 09:00 pm Friday 10th February and East FM from 08:00 pm to 09:00 Wednesday 15th February 2023. The panelist was the ADH-E and a Health Inspector.

Sub-county level

The DHE and the IDI team conducted the orientation of hand hygiene champions (LC III, Sub-county chief, secretary of health, cultural leaders, and religious leaders) on hand hygiene in Nagongera, Malaba, and Osukuru Town Councils. The hand hygiene champions then started to disseminate hand hygiene messages to their communities.

Community's public places

The village health teams disseminated the key messages and IEC materials on hand hygiene to the community's public places (Markets, trading centres, and places of worship). The IEC materials were placed in hand-washing facilities.

Outcomes

Meetings with Tororo district leadership

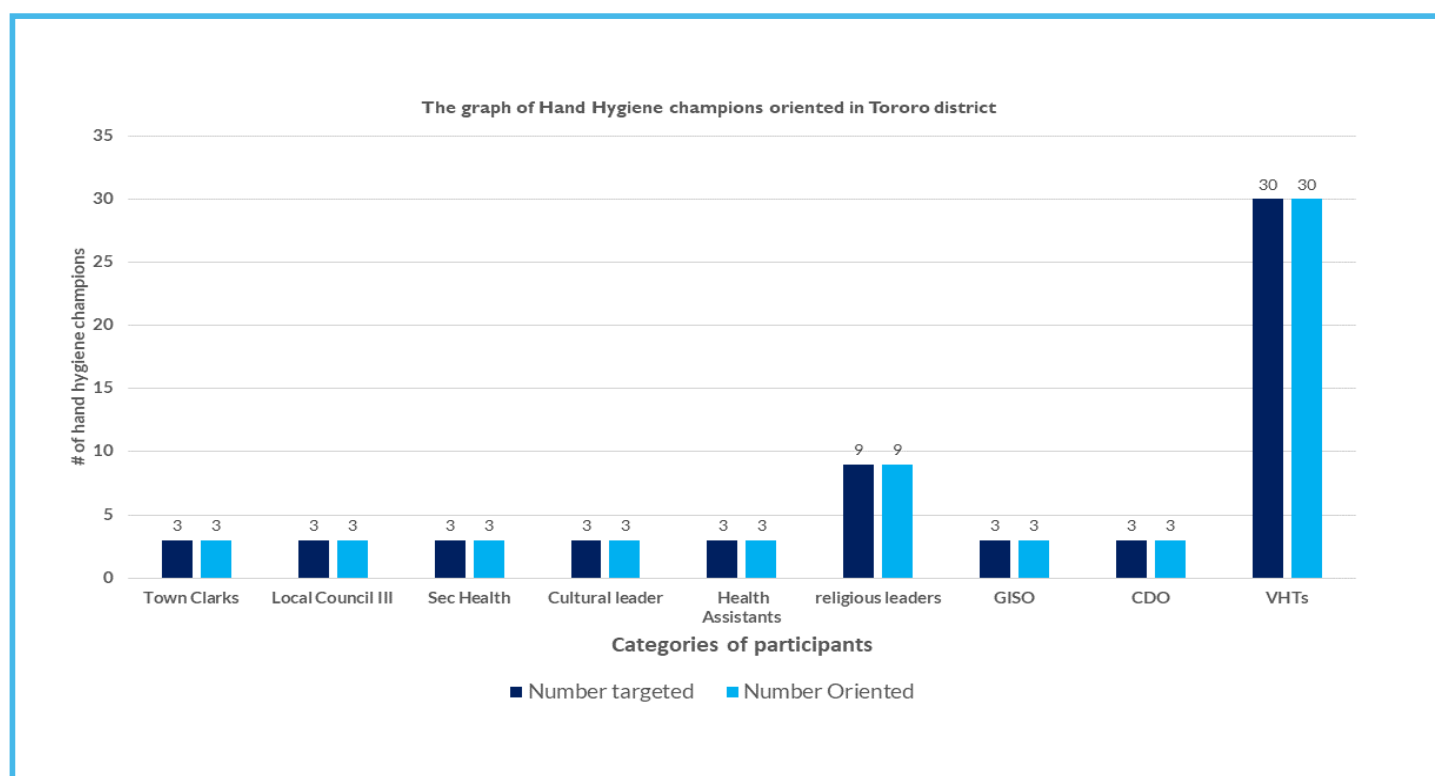
The WASH team held a meeting with the district-level stakeholders (Assistant District Health Officer Maternal, Assistant District Health Educator, Assistant Chief Administrative Officer Health, and Deputy Resident District Commissioner to introduce the concept and solicit the inclusion of hand hygiene.

Key messages on Hand Hygiene

The DHT led by the DHE together with the IDI team developed and reviewed key messages on hand hygiene such as messages for hand hygiene champions, radio spot messages, and DJ mention.

Orientation of hand hygiene champions

DHE team and IDI carried out the orientation of 30 VHTs, 3 town Clarks, 3 LC IIIs, 3 Secretary Health, 3 Health Assistants/inspectors, 3 cultural leaders, 9 religious leaders, 3 GISOs, and 3 CDOs.



Dissemination of Hand hygiene IEC materials to community's public places

A total of 210 copies of hand-wash posters were distributed to the three town councils. Each town council received 70 copies of hand-wash posters. VHTs put hand wash posters at all points with public hand washing stations.

Radio talk shows, DJ mentions, and radio spot messages on hand hygiene

A radio talk show was held on Rock Mambo 100.6FM from 08:30 pm to 09:00 pm Friday 10th February 2023. The panellist was the Assistant District Health Educator and a Health Inspector. Another radio talk show was scheduled on East FM from 08:00 pm to 09:00 Wednesday 15th February 2023 however this talk show was postponed due to conflicting radio programs.

Observations

- Some community locations like Malaba market had functional hand washing stations that were even filled with water.
- Some community locations like churches had gone ahead to improve and modify (concrete to fasten the stand) their hand washing stations.
- Most of the hand washing stations at the community's public places were non-functional.
- Some of the community's public places had got no hand washing station(s)
- No soap placed at most of the hand washing stations in the community's public places
- Most of the hand washing facilities had no water.
- Most of the hand washing facilities had no IEC materials.
- During the spot checks at community locations, little hand hygiene practices were observed.

Successes

- Willingness of the District Stakeholders to support in the Implementation of SBCC in the three selected sub-counties in Tororo.
- Radio airtime offered by the office of the Resident District Commissioner (RDC) to pass hand hygiene messages to the public
- All hand hygiene champions identified and taken through hand hygiene.
- The hand hygiene champions were positive and committed to being ambassadors of hygiene in their communities.
- Hand hygiene IEC materials were distributed at the targeted community's public places

Rollout of the management guidelines for handwashing facilities in high-traffic public settings in Tororo district

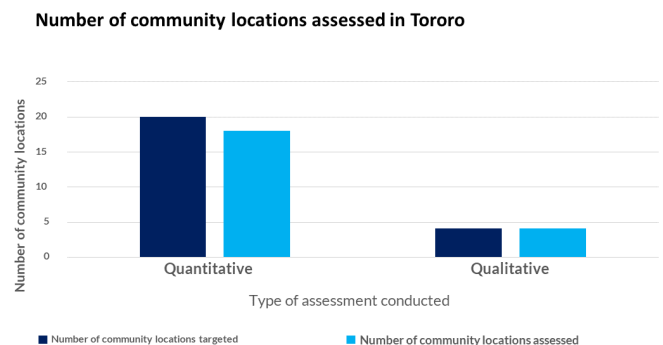
Follow up assessment and collecting end user feedback was conducted using using two methods, the quantitative by use of Kobo collect tool where all the 20 high traffic community locations in Tororo district were to be assessed from the 14th to 18th August 2023.

Qualitative assessment was conducted in 4 out of 20 high traffic community locations. All the quantitative data collected on kobo collect tool was submitted on 30th August 2023 this will be analyzed and reported.

Outcomes

Follow up assessment of management of handwashing stations

Follow up quantitative assessment was conducted in 18 community locations and qualitative assessment in 4 community locations as targeted as shown in the graph below.



Success

18 community locations were followed up and assessed.

Community locations are adapting cleaning and disinfection of hand washing stations.

Community locations that kept their hand washing stations before the rollout either because they were faulty or because there is no covid, had repaired and re-established their hand washing stations after the training.

Challenges

No major challenges were encountered during the pilot of MGHWS.

Two community locations were not assessed because they had no hand washing station and no representative attended the rollout that is corner market and St. peters church respectively. Chlorine accessibility and usability is a challenge in community locations hence limiting disinfection of hand handwashing stations.

Achievements and Deliverables:

Success story, achievements

1. Enhanced ABHR Utilization:

Community locations and health facilities are effectively utilizing ABHR at various stations. Notably, schools have creatively developed Information, Education, and Communication (IEC) materials, as exemplified by Tororo Progressive School's pictorial representations, which encourage sanitizer use.

In places like Malaba market where ABHR holders were insufficient, clients have resorted to using sanitizer bottles on their stalls.

2. Strengthened Human Resources Capacity:

The training of district local government staff has bolstered the human resources capacity at the production unit.

This capacity-building effort was undertaken in anticipation of a potential resurgence of COVID-19 cases in the district, where there is a heightened demand for ABHR. The training has established a more sustainable approach for maintaining the production unit.

3. New Facilities:

The addition of new facilities to the ABHR supply chain has been a positive development. The District Health Officer (DHO) extended an introductory letter to these new facilities, and they warmly embraced their inclusion.

All the newly added facilities expressed enthusiasm about becoming part of the ABHR supply chain, further enhancing access to hand sanitizers in the community.

Sustainability and continuity plan

- Human Resources: The district has allocated trained staff for ABHR production, ensuring that production continues efficiently.
- Budgeting for ABHR Sustainability: Adequate budgeting at the district level is in place to ensure the long-term sustainability of ABHR production.
- Partnership for Support: Collaborating with implementing partners to secure ABHR ingredients, support producers, and maintain and repair equipment is a key strategy.
- Efficient Raw Material Procurement: The use of Primary Healthcare Centers (PHC) and National Medical Stores (NMS) order lines streamlines the acquisition of raw materials for ABHR production.
- Effective Distribution: NMS trucks are utilized for ABHR distribution during their routine cycles, with community locations picking up supplies from nearby healthcare facilities upon delivery.
- District Medicine Store Access: Both healthcare facilities (HCFs) and community locations have access to ABHR from the district medicine store on-demand.
- District Vehicle Transport: District vehicles are employed in transporting ABHR to community locations and healthcare facilities as part of their routine activities, ensuring widespread distribution.

Budget

Item Description	Pack size	Qty	Unit Price UGX
Hydrogen Peroxide 3% 200ml	Bottles	7736	3,650
Glycerol 98% 5 Litre	Bottle	108	78,000
Distilled water 20 Litre	Jerrycans	205	29,500
Plastic white 20l jerrycan with stopper (Ethanol)	Jerrycan	1620	8,500
Plastic tank (white) 50 litre	Piece	8	45,500
Plastic tank 140 litre	Piece	2	110,000
Wooden paddles	Piece	8	36,000
Plastic measuring cylinder (200ml)	Piece	8	24,000
Measuring jug (1 litre)	Piece	8	10,500
Measuring jug (2 litre)	Piece	8	37,500
1 Ltr Alcohol dispensers	Piece	3239	10,500
Dispensers for Alcohol Hand sanitizer (60ml)	Piece	9080	2,900
Alcoholmeter	Piece	12	52,500
Plastic funnel (20cm)	Piece	10	3,000
Bucket Blue (50 litre)	Piece	8	40,000
Wall mounts (for 1 Litre Alcohol dispenser)	Pieces	400	7000
Packaging			
60 ml bottles	Piece	10000	1200
1 Litre bottles	Piece	500	4500
20 Litre Jerrycans	Piece	850	8500
Plastic measuring cylinder (1000mls)	Piece	8	49,000



Delivery of ABHR supplies to Tororo District

Operational Costs

Budget Item (In reference to the budget categories listed in the master budget)	No of staff	No of days/ Month	Unit cost (ushs)	Total (ushs)	Narrative
Quarterly Office overhead costs(1 production units*1 month)	1	3	150,000	450,000	Costs include casual labour, transport for the project staff for meetings with partners, district health office and printing cost
Monthly Airtime for district staff coordination (2 people *1 districts*3 months)	2	3	20,000	120,000	The District IPC focal person actively be involved in the coordination of WASH project activities hence will be a link to the other district health workers based at facilities.
SDA for district staff to conduct production (4 staff* 2 days of production * 3 months)	4	6	50,000	1,200,000	4 district staff that will support ABHR production for three month for 2 days
SDA for district staff to conduct Quality control (2 staff* 3 productions *3 times* 3months)	2	3	50,000	300,000	2 district staff are supported to conduct EQC on every batch produced
TOTAL				2,070,000	

Distribution of Hand washing Stations

Priority area	Handwashing stations
Health Facilities with high volume attendance	
Tororo General Hospital	3 large
St Anthony Hospital	3 large
Malaba health centre III	3 large
Tororo Police Health Centre III	3 large
Mukuju HC IV	3 large
Rubonge Military Hospital	3 large
Devine mercy	3 large
Doctors' plaza	3 large

Priority area	Handwashing stations
Locations within the Malaba POE	
Impound shed	
Entry gate before canopy	1 large
Parking yard for units	2 large
Weigh bridge, Port Health	
Malaba garden	
Malaba market	1 large
Malaba fish market	
Check point-Malaba	1 small
Malaba Police	1 small
Community Locations frequented by truck drivers & Others	
Gloria lodges	1 small
Home again lodge	1 small
Healing center Tororo	1 large
St. Peter's Cathedral	1 large
Sacred heart church	1 large
Masjid Noor	1 large
Tororo central market	3 large
Corner market	1 small
Mile 8 Market (Mbale Road)	1 small
Under 18 lodge	1 small
Bridge View lodge	1 small
Tororo Central Police	1 small
Key priority schools/ Institution	
Tororo Girls	2 large, 2 small
St Jude primary school	2 large, 2 small
Tororo Progressive Academy	2 large, 2 small
Rock View High school	2 large, 2 small
Rock View primary school	2 large, 2 small

Pictorial



Grand opening of the Tororo District ABHR production unit



Tororo district stakeholder meeting



Hand Hygiene Behavioral Change activity



Hand Hygiene promotion in schools



ABHR distribution at a police station



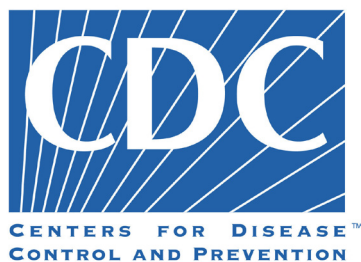
Distribution of hand washing stations.



Placing IEC materials on hand washing stations



Delivery of hand washing stations at health facilities



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