## SOME DRIVERS FOR BEHAVIOURAL CHANGE

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## RISK (THREAT) BECOME REAL?

- Recognising risk to self, family or loved ones as a reality (*me and mine*)
- This risk is perceived as greater than risk to others (patients?)
- What can I get away with even if I know better?

## **RISK ASSESSMENT IN HEALTHCARE**

Evaluating risk in a given situation is based on

- Knowledge IPC
  - Evidence based
  - Fear based
  - Rumour based
- Infrastructure available (WASH provision)
- Application of safe practice-(PPE)



# TAKING RESPONSIBILITY FOR ONE'S ACTIONS;

# Related to accountability



## ACCOUNTABILITY

## What happens if

- I do not do what I have to? (personal)
- I do not do what society demands of me? (social)
- My organisation expects more of me? (*output*)







- Link between output and financial reward is tangible
  - Get paid to work
  - Will only work for as long as one is paid
  - Will perform as required if there are penalties for not doing your job!
- Per diem distorts healthcare delivery in Africa(World Bank Report, 2015)
- Permanent posts- no need to improve performance





## THE WORK ENVIRONMENT FORCES CHANGE-PENALTIES AND REWARDS

 In the absence of knowledge (empowerment) or evidence, information and therefore behaviour becomes distorted and mistakes are made

## **EMPOWERMENT IS PIVOTAL!**

- Education and evidence based training.
- Give reasons for why certain activities are done
- How?
  - Face to face teaching
  - Demonstrate? visual
  - Discussion? Is it allowed
  - Debate?
  - Modify?



### YOUTH AS LEADERS OF CHANGE-WASTE SEGREGATION

 First recycling programmes started with children who came home and educated parents





## **COMMUNITY INVOLVEMENT**

- The community was not included in containing EVD.
- There is indigenous knowledge which is not used
- Learn from the community and include them as part of the solution this traditional healer is part of an

# She is part of the AMS- IPC programme!

This traditional healer is part of an advisory board for a rural area. She takes the information back to the community

 She is powerful; the community trusts her



## WHO INTERIM IPC GUIDANCE FOR EVD

Interim Infection Prevention and Control Guidance for Care of Patients with Suspected or Confirmed Filovirus Haemorrhagic Fever in Health-Care Settings, with Focus on Ebola

September 2014

- General guidelines for containment of Ebola
- Produced rapidly!
- Widely circulated
  - Adapted by ICAN



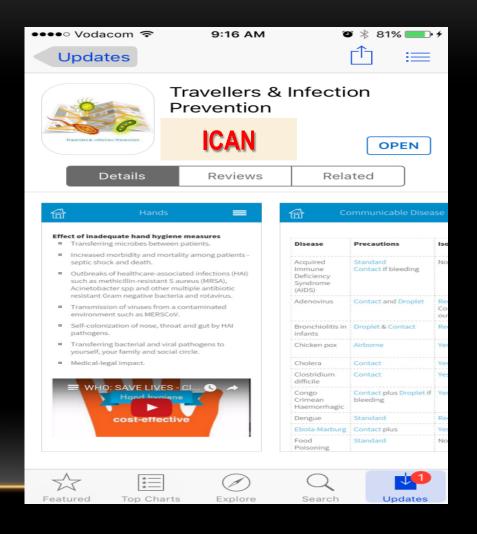
## DOES THE WRITTEN WORD CHANGE BEHAVIOUR?

- Too much written instruction including guidelines
- Language barriers
- WORD FATIGUE!
- Talking and discussing helps to convince the audience

IMPORTANT PUBLIC HEALTH GUIDELINES FOR THE U.S. REGARDING **EBOLA VIRUS DISEASE** 1) Stay home if you are sick 2) Wash your hands regularly 3) Do not eat fruit bats 4) Do not fondle the dead 5) Do not kill healthcare workers

## MAKE IT EXCITING!

- Immediate access to evidence based information.
- Use technology effectively
- Use smartphones!







## LINK BETWEEN OUTCOME AND PERSONAL REWARD-INTANGIBLES

- Personal satisfaction
- Feel good
- Recognition by peers

## EXAMPLE of Applying knowledge

## CONNAUGHT HOSPITAL SIERRA LEONE

## **BY CHRISTINE KALLON**



# Background: Infection Prevention Control (IPC)

- The IPC Unit was fully operational on the 16<sup>th</sup> March 2015
- Office space furnished by the Hospital Management of Connaught Hospital
- Working in partnership with Kings
- Hospital bed capacity of 279
- Total staff 1200





## CHALLENGES

- Health care workers adherence to IPC practices
- Sustaining supply of biohazard and general waste bags
- Irregular supply of liquid soap.
- Insufficient copies of in patient screening forms
- Insufficient supply of gloves from central medical stores

## IPC IMPLEMENTATION 1. DECONGESTION OF WARDS

#### Before



After



## 2. SHARPS SAFETY

### Before



After







## **3. INCREASED HAND WASHING STATIONS**



## 4. SUPPLY OF WASTE BINS IN ALL UNITS

### Supply for wards



### Supply for the entrances



## 5. WEEKLY SUPPLY OF BIOHAZARD BAGS

#### SUPPLY



WASTE BINS



## 6. PROPER WASTE SEGREGATION

### BEFORE

AFTER







## CONCLUSION

- The main drivers for change are empowerment and education.
- Understanding the science behind the activity
- This knowledge can help to modify to activities to some extent even in the absence of infrastructure
- Use all the available facilities to teach and improve knowledge
- Think of innovative ways of transferring knowledge!





# Thank you!

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