Projet Santé pour le Développement et la Stabilité d'Haïti – Pwojè Djanm

FINAL REPORT
INFECTIONS PREVENTION AND WASTE MANAGEMENT - SDSH PROJECT

Santé pour le Développement et la Stabilité d'Haïti — Pwojè Djanm
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Introduction

Concerned with providing high-quality services in all aspects of the operation of service delivery points and in accordance with USAID requirements, Management Sciences for Health, as project manager for the *Santé pour le Développement et la Stabilité en Haïti (SDSH) "Pwojè Djanm"* / Quality Basic Health Services Support to Haiti Project, had a duty to help protect the environment by ensuring efficient and effective healthcare waste management by all health care institutions affiliated with the SDSH network. Thus, biomedical waste management and infection prevention were a concern at all service delivery levels throughout the five-year SDSH project implementation period.

The SDSH Project undertook a wide range of activities to improve health service delivery and health outcomes. Many of these activities, such as training, technical assistance, capacity building and community awareness-raising services, clearly had no impact on the environment and posed no threat to the health and well-being of the target population. Other initiatives, such as minor facility-level repairs and small-scale renovations, did have potential environmental impact. SDSH Project managers worked closely with the MSSP to take steps to ensure the implementation and enforcement of a number of measures designed to eliminate or limit the risk of environmental degradation. The SDSH project helped support the delivery of key health services through a network of 160 service delivery points across the country. These health facilities all generated medical waste, and the SDSH project worked with these sites, as well as through the appropriate Ministry structures, to strengthen waste management and infection control capacity and practices.

The SDSH Project joined forces with other donors or funding agencies to help partner service providers train healthcare providers, strengthen their solid and liquid biomedical waste management structures, and conduct continuing education and awareness-raising activities for members of target communities. Efforts at community level took on even greater importance in the wake of the devastating cholera outbreak in October, 2010.

In addition, the "waste management" component of the Expanded Minimum Management Package as defined by MSH was incorporated into MSH's terms of reference to strengthen and ensure the delivery of quality services throughout the SDSH Project network. The SDHS project collaborated actively with the MSPP through working groups and technical committees to help elevate the importance of medical waste management and infection prevention, and contributed to the development of national norms and standards.

Despite these efforts, much remains to be done to improve facility-level waste management, as reflected in the results of site visits and the end-of-project sample survey undertaken by SDHS.

Main Activities Conducted

Activities designed to ensure effective infection prevention and proper waste management were conducted in conjunction with the Health Promotion and Environmental Protection Office (DPSPE) of the Ministry of Public Health and Population (MSPP) at the central level, as well as with partner implementing agencies at the field level, at all 160 service delivery points. Not all service delivery points carried out waste management and infection prevention activities with the same degree of rigor, nor did they all attain and maintain national standards for these practices. Looking ahead, greater focus and more regular supervision will be required to ensure full compliance in this area, with commensurate budgetary allocation.

A- Support for the DPSPE/ MSPP

The SDSH project's Waste Management Officer provided technical assistance to the Health Promotion and Environmental Protection Office (DPSPE) of the Ministry of Public Health and Population for the revision of its waste management regulations and guide, as well as support for the distribution of the revised guide (manuel de gestion des dechets pour le reseau MSH) to all service delivery sites.

An SDSH Project representative attended quarterly meetings of the National Injection Safety Committee (CNSI) throughout the life of the project. The Committee's mission is to help better coordinate stakeholder support and assistance to the MSPP and create effective synergies through different activities for the promotion of injection safety and proper biomedical waste management. SDHS collaborated closely with the Making Medical Injections Safer (MMIS) project of JSI until MMIS ended. MSH worked closely with the DPSPE to coordinate installation work for the 47 incinerators provided by UNICEF and the Fondation Sogebank. The SDSH Project also helped coordinate the implementation of training activities for incinerator maintenance officers and assisted with the implementation of the action plan formulated by the National Injection Safety Committee, in conjunction with MMIS.

An entire advocacy campaign was mounted in an effort to persuade the MSPP's top management to include this focus area in the Ministry-supported management package. With the help of its partners, including MSH, the Ministry of Public Health and Population made "Infection Prevention

and Waste Management" a technical focus area within the sphere of competence of its Health Promotion and Environmental Protection Office (DPSPE) in the course of 2009. National standards and regulations were developed and submitted for approval by the MSPP Management.

B- Support for SDSH Network Health Care Institutions

The importance of infection prevention and waste management made it a high-priority area from the outset of the "*Pwojè Djanm*" Project, leading to the development of an evaluation tool which was incorporated into the « Service Delivery and Management Tool » (SDMA) and the conduct of a situational analysis of waste management conditions throughout the SDSH network. This on-site evaluation helped to pinpoint strengths and weaknesses and technical assistance needs and to identify a number of high-priority activities to be conducted, designed to improve infection prevention and waste management at project-supported health care institutions.

1. Institutional Strengthening

To mitigate the effects of the lax enforcement of basic principles of waste management observed at certain sites supported by the SDSH Project and ensure the close monitoring of waste management practices, the SDSH Project incorporated this focus area into the annual terms of reference submitted to both public and private health care institutions as a basis for the formulation of an annual action plan, whose implementation was monitored by the official in charge of this area within each organization. The management team of project-supported health care institutions helped improve the skills and knowledge of service providers by delegating this responsibility to a manager at each departmental facility. To improve their performance, service providers were trained both by the SDSH Project and by the Ministry's other partners. Information and briefing sessions on site were conducted, particularly for « surface technicians » in charge of maintaining incinerators, waste management equipment such as trash cans, storage sites, final incinerator ash disposal sites, and hazardous waste burial sites.

In addition to improved biomedical waste management, another focus of SDSH Project activities was infection prevention. To this end, the SDSH Project took it upon itself to sensitize managers in service delivery institutions to the importance of proper facility and equipment maintenance and, in particular, of the cleaning of latrines, water supply systems for service delivery points, the use of protective gear and equipment, and proper solid and liquid waste disposal, among other things. SDHS and project sites identified a number of needs for minor repairs based on the various recommendations made during the on-site evaluation process. These repairs were made by the health care institutions in question with project supervision, including the rehabilitation and repair of health center incinerators and plumbing and of wastewater disposal systems.

2- Support for Community-Based Organizations (CBOs)

MSH's work with community-based organizations (CBOs) during the SDSH Project led to the implementation of a « *Grant Under Contract (GUC) »* award for the creation of Municipal Health

Councils (CCS). However, in implementing this strategy, it became clear that there was a crucial need for grassroots awareness-raising and education activities for the promotion of proper hygiene, particularly in the face of the cholera outbreak. Among the needs expressed by CBOs was a request for education and awareness-raising activities on infection prevention and the use and maintenance of public marketplace tables and for community showers and latrines, reflecting the project's work in promoting compliance with environmental regulations.

In fact, a meeting was held with USAID's environment and health bureaus in an effort to better address these requests for the construction of community showers and latrines. Unfortunately, such requests could not be met due to a lack of necessary expertise on the part of the SDSH Project. However, in spite of this constraint, the project helped coordinate grassroots awareness-raising and education activities on the proper use and maintenance of latrines. This need identified at the grassroots level was corroborated by the nationwide cholera outbreak.

In addition, the SDSH Project provided special assistance to communities in metropolitan areas hit by the earthquake of January 12, 2010. MSH partnered with *Rescue International* to work with families living in camps, particularly in the area of infection prevention.

3- Supply of Materials and Equipment to Partner Organizations

Waste management and infection prevention are basic aspects of the delivery of quality services. To ensure the efficient and effective implementation of their work plans, SDSH Project-supported organizations were furnished with a total of $79,655.55 USD worth of supplies as part of efforts to improve service delivery.

To this end, the project drew up a plan for the distribution of materials and equipment based on the needs identified during the on-site evaluation process, including needs for protective equipment such as boots and gloves, wheelbarrows, trash cans, and shovels for site maintenance purposes. This equipment was delivered directly to the service delivery sites in question. The project also furnished health care institutions with educational and awareness-raising materials.

4- Public Awareness-Raising and Community Mobilization

One of the priorities of the SDSH Project was to build public awareness and get communities involved in maintaining local health centers. Efforts to mount a special cholera prevention campaign included the preparation of fact sheets on proper hand-washing and the sterilization of healthcare supplies and equipment in both French and Creole, as seen below.

5- Training

5.1 Training in Hygiene, waste management and infection prevention and control

Training in hygiene, waste management and infection prevention and control took place throughout the life of the project, including workshop-style courses, short orientation sessions, as well as on-the-job training and supervision. Training participants ranged from providers at project-supported sites to members of community groups. Examples include three-day sessions in hygiene and waste management, collaboration with CDC and I-TECH to train trainers in response to the October, 2010 cholera outbreak, and extensive training of community level workers (over 6,500 reached) again in response to the cholera epidemic.

As the SDSH project drew to a close and the new project (SDSH II) got underway, MSH recognized that additional training support was needed to ensure better performance in waste management and infection prevention. To this end, SDHS contracted the Institut Haitien de Sante Communautaire (INHSAC) to carry out back to back, six-day Training of Trainer sessions. The first session ran from August 20-25, 2012 and reached 15 people, while the second ran from August 27 to September 1, 2012 and reached 19 individuals. In each case, the course was delivered by INHSAC master trainers and the SDHS Project Training Officer. Participants included representatives of network-affiliated institutions and *Principal Program Associates* with the SDSH project. The participants trained from the network-affiliated institutions included representatives of each health department, representatives of a number of departmental hospitals, and representatives of departmental headquarters. A brief description of the course is attached to this report as Annex IV.

At the conclusion of the workshops, each representative drew up a draft action plan for the replication of training and awareness-raising activities for in-house staff members and members of the local community. This process helped strengthen the skills and knowledge of the officials in

charge of this area and the personnel involved in improving waste management practices in general.

5.2- Information and Briefing Activities for Administrative and Support Personnel and Community Awareness Raising Activities

Among the envisaged outcomes of the implementation of the action plans formulated by the various health care institutions was the appointment of an officer in charge of this area within each SDSH network-affiliated organization (see the list in Annex II). The role of these officers was to conduct regular briefing and awareness-raising sessions on infection prevention and waste management for service providers at health care institutions and, in particular, to oversee the implementation of established rules and regulations by all parties concerned, including patients visiting health centers. Their responsibilities also included the organization of information and briefing sessions for administrative managers and surface technicians (in-house training).

C. Monitoring and Evaluation

Supervisory visits organized by departmental headquarters and by the project's central headquarters helped ensure compliance with regulations and, thus, assist healthcare personnel to better monitor the implementation of action plans for waste management and infection control. This same approach was used at all levels, both for the project work plan and for the action plans presented by partner organizations.

1- Project Work Plan

At the very outset of the project, MSH submitted an EMPR (Environmental Mitigation Plan and Report) to USAID's environment bureau outlining established requirements for implementation of the project strategy and mitigating measures for strengthening environmental performance throughout the SDSH network. The EMPR also included a monitoring and supervision plan. The plan was approved by USAID and implemented, with variable success, by the project.

A detailed action plan and series of interim work plans were also drawn up. These plans were only partially implemented as a result of several factors—the impact of natural disasters (hurricanes, earthquake, cholera outbreak, for example) on project priorities, activities and budgets, major changes in project leadership and the overwhelming challenge of restoring basic health service delivery post-January, 2010.

2- Work Plans of Service Delivery Institutions – Development of an Evaluation Guide

The « waste management » component of the SDSH Project was designated a technical management area and incorporated in the annual terms of reference with service delivery institutions. SDSH developed a detailed checklist (evaluation guide—please see Annex III) to identify areas requiring improvement at facility level. The guide is organized around the three areas of Infection Prevention, Waste Management, and Environmental Compliance. All partner

organizations submitted action plans for improving infection prevention and waste management based on the analysis of the findings using the guide. Evaluation visits were made by departmental teams, and a final end-of-contract evaluation was conducted to establish the degree to which targets and the assistance needs of project partners were met. The end-of-project evaluation report and classification of health care institutions are attached to this report as Annex I.

3- Recommendations from Evaluations

The end-of-project evaluation confirmed that the majority of recommendations made to partner health care institutions were taken into consideration. However, experience has shown that regularly addressing the recommendations made by the project takes a special kind of close monitoring, continued focus and consistent follow up. Unfortunately, there was no such systematic monitoring undertaken by the project for reasons described above. This is an area for improvement in upcoming projects.

D. **Challenges**

The efforts under SDHS to help develop standards and guidelines, in collaboration with the MSPP and other partners, were generally successful. The training, awareness-raising, and information activities conducted under SDHS represented necessary but, ultimately, insufficient interventions in the areas of waste management and infection prevention and control. The project did not provide adequate on-site follow-up to ensure consistently good practices at every facility in the network especially in the last two years because of post-earthquake and cholera-response activities. The action plans developed by the facilities often were not fully implemented. The results of the final evaluation, as well as observations made during the course of field visits, point to several areas of remaining weakness, including a failure to sort wastes at the source, and a lack of waste storage sites, incinerators, and final waste disposal sites at certain locations.

These challenges are clearly priorities that need to be addressed as quickly as possible in order to make significant and lasting improvements in waste management at SDSH Project network-affiliated health care institutions.

E. Specific Environmental Mitigation Measures for Project-Financed Activities

Measures Implemented in Health Care Institutions:
At the beginning of the project, special trash cans for the disposal of organic wastes, contaminated wastes (with blood, pus, etc.) and non-contaminated wastes were distributed to project-supported sites for installation in examination and treatment rooms and other care delivery areas. Biosafety boxes were provided for service areas in which sharps are used. Final disposal of these collected wastes is ensured by an on-site incinerator, where those exist, or transported to another pre-arranged site for proper disposal.

With no new incinerators installed as part of the implementation of the SDSH Project, service delivery sites not equipped with incinerators are recommended to transport their medical waste to another properly equipped facility. Certain sites without incinerators have been burning or burying their wastes in an appropriate pit while others have not been consistently following the guidelines.

Ordinary trash is also collected and either burned in incinerators or buried in pits.

Measures Implemented at the Community Level:

At the beginning of the project, providers conducting outreach activities were trained in appropriate handling of medical waste. Healthcare wastes produced in the course of the implementation of front-line activities such as the operation of mobile clinics and staging posts were collected in trash cans and bio-safety boxes provided at the service delivery site at most sites. These wastes were then transported back to the health care institution in question for final disposal as described in the previous paragraph. Unfortunately, towards the end of the project, it was noted that the rigor in managing waste during outreach activities had declined. For example, there were instances where community health workers were burying needles at the rally posts sites after a vaccination session. These issues required a new impetus in trainings of this category of providers and closer monitoring and supervision from the site to ensure appropriate waste management. These trainings are a priority for the extension period of the project.

ANNEX I

RESULTS OF THE END-OF-PROJECT EVALUATION OF WASTE MANAGEMENT AT SDSH PARTNER NETWORK SITES

In line with the performance-based financing approach, all public and private SDSH Project-supported health care institutions were funded under PBF contracts in 2012. The contract obligating MSH and partner institutions to provide a basic service package for the project's target population ran from October 2011 to June 2012. The contract provided for the use of independent consultants to control the quality of the data reported by partner health care institutions during the reference period. The findings from the evaluation were to be used to verify the reported data prior the payment of performance bonuses.

Waste management was one of the focus areas of the end-of-project evaluation. The indicator used to measure compliance with national standards was:

- Waste treatment in accordance with MSPP (Ministry of Public Health and Population) regulations.

This is a mandatory indicator and, thus, was not randomly selected as in the case of the other five (5) service delivery indicators used to evaluate the performance of partner health care institutions.

A firm and a consultant were selected to conduct the 2012 data verification survey at a sample of 88 sites out of the 160 sites affiliated with the SDSH network. The sites were visited over the period from August 19th through September 5, 2012. The evaluation form used in this operation contains questions on the cleanliness of buildings, courtyards, and examination and treatment rooms, the existence of waste storage facilities, the existence of adequate excreta disposal facilities, the availability of educational materials, final waste disposal methods, waste sorting prior to storage, proper waste containment in examination and treatment rooms, and the availability of running water in these rooms.

RESULTS

The findings from the evaluation are presented in the following table. They reflect conditions at the site in question at the time of the visit by corresponding interviewers. The results were weighted according to the importance of each item evaluated. The maximum target score for each service delivery site ranges from 18 to 20 and from 18 to 60 for each health care institution, depending on the number of sites managed by the institution in question. The waste management systems of any organizations with overall scores of less than 75 percent of their target score are classified as unsatisfactory. The evaluation revealed major weaknesses in the waste management systems of just over a quarter of the sites visited (23 of 88 sites), including a lack of proper waste containment and disposal facilities, among other problems.

RESULTS OF THE WASTE MANAGEMENT SURVEY OF SDSH PARTNER NETWORK SITES

HEALTH CARE INSTITUTION OR NGO	SERVICE DELIVERY POINT(S)	ACTUAL SCORE	TARGET SCORE	OVERALL SCORE
SADA		**32**	**40**	**80 %**
	Pont Matheux	18	20	
	Bélanger	14	20	
FONDEFH		**44**	**56**	**79 %**
	Canapé Vert	16	19	
	Delmas 75	15	19	
	Bizoton	13	18	
St Paul's Clinic		**17**	**20**	**85 %**
	St Paul's Clinic	17	20	
Sisters of Charity		**16**	**20**	**80 %**
	Lucélia Bontemps	16	20	
Sisters of Charity		**19**	**20**	**95 %**
	CNRR	19	20	
ICC		**17**	**20**	**85 %**
	GCH	17	20	
OBCG		**17**	**20**	**85 %**
	OBCG	17	20	
OBDC		**14**	**19**	**74 %**
	OBDC	14	19	
Fermathe Hospital		**29**	**39**	**74 %**
	Fermathe Hospital	17	20	
	Greffin	12	19	
FOSREF		**30**	**38**	**79 %**
	CEGYPEF	15	19	
	Christ Roi	15	19	
Ste Croix Hospital		**28**	**40**	**70 %**
	Ste Croix Hospital	13	20	
	Trouin Clinic	15	20	
MSPP West		**12**	**20**	**60 %**
	Cornillon	12	20	
MSPP West		**16**	**20**	**80 %**
	Aurore du Bel Air	16	20	
MSPP West		**12**	**19**	**63 %**
	Tayfer	12	19	
MSPP West		**9**	**20**	**45 %**
	St Martin's Health Center	9	20	

HEALTH CARE INSTITUTION OR NGO	SERVICE DELIVERY POINT(S)	ACTUAL SCORE	TARGET SCORE	OVERALL SCORE
La Fanmiy Clinic		**16**	**19**	**84 %**
	La Fanmiy Clinic	16	19	
MEBSH		**43**	**54**	**80 %**
	Lumière HC	14	18	
	Changieux Clinic	15	18	
	Labiche Clinic	14	18	
MSPP South		**17**	**20**	**85 %**
	Les Anglais HC	17	20	
MSPP South		**15**	**20**	**75 %**
	Ile à Vache HC	15	20	
MSPP Nippes		**13**	**17**	**76 %**
	Petit Trou HC	13	17	
MSPP Nippes		**27**	**38**	**71%**
	Asile Community Referral Hospital	17	20	
	Changieux Clinic	10	18	
MSPP Nippes		**23**	**38**	**61%**
	Anse à Veau's Jules Fleury Hospital	10	18	
	Arnaud HC	13	20	
Sacred Heart Health Center		**12**	**19**	**63 %**
	CSST	12	19	
MSPP Southeast		**30**	**57**	**53 %**
	Bainet Inpatient HC	10	20	
	Bahot Clinic	9	18	
	De Saurel Clinic	11	19	
MEDISHARE		17	20	85 %
	MEDISHARE	17	20	
Save the Children		**23**	**37**	**62 %**
	Bourg de Maissade	14	19	
	Ossenande	9	18	
MSPP Center		**19**	**20**	**95 %**
	Tilory Clinic	19	20	
MSPP Center		**12**	**19**	**63 %**
	Savanette	12	19	

HEALTH CARE INSTITUTION OR NGO	SERVICE DELIVERY POINT(S)	ACTUAL SCORE	TARGET SCORE	OVERALL SCORE
MSPP Center		**12**	**20**	**60 %**
	Belladère Hospital	12	20	
Pierre Payen Clinic		**14**	**18**	**78 %**
	P. Payen Clinic	14	18	
HAS		**29**	**37**	**78 %**
	Deschapelles HC	13	18	
	Liancourt HC	16	19	
HCH		**42**	**57**	**74 %**
	Claire Heureuse Hosp.	16	20	
	Déseaux Clinic	11	17	
	Sanoix Clinic	15	20	
MSPP Artibonite		**44**	**60**	**73 %**
	Bon Berger	17	20	
	Ka Soley	13	20	
	Bayonnais	14	20	
MSPP Artibonite		**36**	**59**	**61 %**
	De Marmont Clinic	10	19	
	Lalomas Clinic	13	20	
	St Michel HC	13	20	
MSPP Artibonite		**17**	**20**	**85 %**
	Marmelade HC	17	20	
MSPP Artibonite		**11**	**18**	**61 %**
	Berée de Drouin	11	18	
Pep Bondye Clinic		**17**	**20**	**85%**
	HHF	17	20	
Sainte Helene				
	Sainte Helene HC	**17**	**20**	**85%**
		17	20	
AEADMA				
	AEADMA	**17**	**20**	**85%**
		17	20	
Léon Coucou		**17**	**20**	**85%**
	Léon Coicou HC	17	20	
MSPP Grand Anse		**12**	**20**	**60%**
	Corail HC	12	20	

HEALTH CARE NSTITUTION OR NGO	SERVICE DELIVERY POINT(S)	ACTUAL SCORE	TARGET SCORE	OVERALL SCORE
MSPP Grand Anse		**14**	**19**	**74%**
	Les Abricots HC	14	19	
Dugué Medical and Surgical Clinic		**15**	**20**	**75%**
	Dugué Medical and Surgical Clinic	15	20	
Konbit Sante		**17**	**20**	**85%**
	Fort St Michel HC	17	20	
CBP		**29**	**38**	**76%**
	Bienfaisance de Pignon Hospital	17	20	
	Ranquitte HC	12	18	
MSPP North		**13**	**20**	**65%**
	Borgne HC	13	20	
MSPP North		**40**	**59**	**68%**
	Notre Dame de la Nativité HC in Acul du Nord	13	20	
	Chrétien de Pillatre Municipal HC	14	19	
	Camp Louise Clinic	13	20	
MSPP North		**16**	**19**	**84%**
	Dondon HC	16	19	
MSPP North				
	St Raphael HC			
MSPP Northeast		**15**	**20**	**75%**
	Sainte Suzanne HC	15	20	
MSPP Northeast		**14**	**20**	**70%**
	Mombin Crochu HC	14	20	
MSPP Northeast		**13**	**20**	**65%**
	Carice HC	13	20	
MSPP Northeast		**14**	**18**	**78%**
	Les Perches Clinic	14	18	
MSPP Northeast		**15**	**20**	**75%**
	Vallieres Clinic	15	20	

HEALTH CARE INSTITUTION OR NGO	SERVICE DELIVERY POINT(S)	ACTUAL SCORE	TARGET SCORE	OVERALL SCORE
CDS		**45**	**59**	**76%**
	CMS La Fossette	14	19	
	Capotille clinic	14	20	
	Fort-Liberté Hospital	17	20	
Beraca		**13**	**18**	**72%**
	Beraca La Pointe Hospital	13	18	
MSPP Nord-ouest		**38**	**57**	**67%**
	Notre Dame des Palmistes Hospital	11	17	
	Marie Curie HC	15	20	
	La vallée Clinic	12	20	
MSPP Nord-ouest		**30**	**40**	**75%**
	Anse a Foleur HC	17	20	
	Dity Clinic	13	20	
MSPP Nord-ouest		**32**	**40**	**80%**
	Baie de Henne HC	17	20	
	La Source Clinic	15	20	

A continual effort was made throughout the project implementation process to sustain achievements by the MSPP under the MMIS (Making Medical Injections Safer) Project and ensure the enforcement of regulations and procedures disseminated by the Ministry. However, it was difficult to evaluate the longer-term impact of accomplishments by the SDSH project. MSH intends to conduct an assessment of the waste management practices in the network during the course of the SDSH II Project.

Conclusion

The improvement of healthcare waste management and infection prevention at SDSH network sites is an issue of major concern to USAID and MSH. While some initial progress was made, as detailed in this report, more should have been done to ensure greater and lasting uptake of good waste management and infection prevention policies and practices at facility level. However, problems such as equipment wear and tear and the high turnover of personnel trained in infection prevention and waste management are continuing challenges, which need to be addressed.

ANNEX II

LIST OF NGO WASTE MANAGEMENT OFFICERS

HEALTH CARE INSTITUTION/NGO	OFFICER	TELEPHONE	EMAIL
AEADMA	Lude Schelly Jean François	3-424-8433	pmantoine@yahoo.fr
CBP	Maseline Benjamin	3-431-8040	Maseline872@hotmail.com
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Sacré Coeur de Thiotte Health Center	Rev. Francois Simon		caritasjacmel@caritashaiti.org
Léon Coicou Health Center	Rev. Joachim Samedi		
Lucelia Bontemps Health Center – Sisters of Charity	Yves Baron Muccène Toussaint		luceliabontemps@yahoo.fr
Pierre Payen Health Center	Dr. Ronald Chalestin	3-557-3332 2-279-4269	
Ste Hélène Health Center	Mona Richemé	3-707-4132	helnaj2008@yahoo.fr
BERACA Medical Center	Dr. Mozart Chérubin	3-721-0884 3-761-2077	cherubinmozart@yahoo.fr
La Fanmy Clinic	Rose Maguy Thomas	3-721-2992	may752ph@yahoo.fr
Dugué Medical and Surgical Clinic	Monyme Benoit	3-446-6319	
Saint Paul's Clinic	Elider Dorleyant	3-768-3003	cliniquesaintpaul@yahoo.fr
Rosalie Rendu Health and Nutrition Center – Sisters of Charity	Sister Maria Aparecida Scatolin	3-420-5633 3-816-6408 / 3-816-6411	mascatolin2005@yahoo.fr cnsrr2006@yahoo.fr
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FONDEFH	Miss Clairna Philomé	2-513-8218	Fondefhsecretariat@yahoo.fr
FOSREF	Pierre Charles Lamarre	2-245-0423 / 3-458-5988	pcelamarre@yahoo.fr
HAS	Iphonide Dolciné	3-797-4276	Clivens202@yahoo.fr idolicine@hashaiti.org
HHF	Iguette Jean Louis		maryann@haitianhealthfoundation.org
Claire Heureuse Hospital	Joliette Pierre	3-552-5630 / 3457-1259 2-274-2766 / 2-550-	Joliettepierre246@hotmail.com

		3046	
Fermathe Hospital	Dr. Gérard Agémor	2-255-9807 2-255-7488	agenorf@hotmail.com
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ANNEX III

GUIDE FOR EVALUATING CONDITIONS, WASTE MANAGEMENT, AND INFECTION PREVENTION AT SDSH NETWORK FACILITIES

Date: _____

Health Care Institution/NGO: _____

Service Delivery Point: _____ Services Provided: _____

Pwojè Djanm Representative Performing the Evaluation: _____

Signature: _____

Partner Organization/Institution Representative: _____

Signature: _____

Evaluation Methodology: Observation, Interviews, Document Consultation

- Availability of personnel trained in waste management and infection prevention
- Availability of a (0.5%) chlorine solution for equipment disinfection purposes
- Availability of running water
- Availability of necessary infection prevention and proper waste management supplies and equipment
- Availability of proper disposal facilities for solid and liquid wastes and sharps (waste sorting)
- Sterilization method
- Final waste disposal (incinerators and type of incinerator, underground burial, open burning in a corner of the courtyard of the service delivery point, waste collection by a cleaning company, etc.) In the latter case, is the health care institution or service delivery point involved in the final waste disposal process used by the company in question?

A- Infection Prevention

				RECOMMENDATIONS
Has the staff been trained?	Yes: _____ No: ____ Number: _____ Other: _____	Staff members receiving training: Care providers: ____ Administrative personnel: ____	Care providers: Physicians: ___ Nurses: ___	
Was the training dispensed and replicated in other service delivery points:	Yes: _____ No: ____ Date of the most recent training activity: _____	Staff members receiving training: Care providers: ____ Administrative personnel: ____ Surface technician: ____	Care providers: Physicians: ___ Nurses: ____ Midwives: ___ Health workers: ____ Community: __	
Does the health care institution/service delivery point have running water?	Yes: _____ No: ____	Water supply: Municipality: _____ Rainwater: ___ Purchased water: ___ Other (specify water source): _____ _____	Classification of tap water: Potable: ____ Clean: ____ Treated: ____ Dirty: ____ Muddy: ____ Contaminated: ____	
Is there a water tower/reservoir?	Yes: _____ No: ____	Operational water tower: Yes: _____ No: ____	Classification of the water supplied by the water tower: Potable: ____ Clean: ____ Treated: ____ Dirty: ____	

			Muddy: ____ Contaminated: ____	
Is there a water pump?	Yes: _____ No: ____	Operational water pump: Yes: _____ No: ____	If not, since when?	
Are there wash basins in the examination and treatment rooms?	Yes: _____ No: ____	Functioning wash basin: Yes: _____ No: ____	Condition of the wash basin: Clean: ___ Dirty: ___	
Is there water in the staff restroom?	Yes: _____ No: ____	If so, how is it supplied? _____ _____ _____	Condition of the restroom: Clean: ___ Dirty: ___	
Is there water in the patient restroom/latrine?	Yes: _____ No: _____	If so, how is it supplied? _____ _____ _____	Condition of the restroom/latrine: Clean: ___ Dirty: ___	
How often is the center cleaned?	Twice a day: ____ Every day: ____ Every other day: ____ Twice a week: ____ Every week: ____ Rarely: _____ Never: _____ Other:_____			
How often are the restrooms/latrines cleaned?	Twice a day: ____ Every day: ____			

	Every other day: ____ Twice a week: ____ Every week: ____ Rarely: _____ Never: _____ Other: _____			
Are disinfection instructions posted in plain sight?	Yes: _____ No: _____			
Are hand-washing instructions posted in plain sight?	Yes: _____ No: _____			
How is the equipment disinfected?	Sterilizer: _____ Other: _____			
Is the 0.5% chlorine solution properly prepared and used?	Yes: _____ No: ____	If not, make recommendations.		
Is the person in charge of disinfecting the equipment properly outfitted (with housekeeping gloves, an apron, a mask, a cap, goggles, etc.)?	Yes: _____ No: _____	If not, what is missing?		
Conclusions :				

B- Waste Management

Has the center staff been trained?	Yes: _____ No: ____ Number: _____ Other: _____	Staff members receiving training: Care providers: ___ Administrative personnel: ____	Care providers: Physicians: ____ Nurses: _____	
Was the training dispensed and replicated in other service delivery points?	Yes: _____ No: ____ Date of the most recent training activity: __ _____	Staff members receiving training: Care providers: ___ Administrative personnel: ____ Cleaning staff: _____ Surface technician: ____	Care providers: Physicians: ____ Nurses: _____ Midwives: _____ Health workers: ____ Community: ___	
Are there trash cans in service delivery areas?	**YES** Examination and treatment rooms: ___ Laboratory: ___ Waiting room: __ Courtyard: ____ (# ____) Cafeteria: ____ Restroom/ latrine: ____	**NO** Examination and treatment rooms: ___ Laboratory: ___ Waiting room: ____ Courtyard: ____ Cafeteria: ____ Restroom/ latrine: ____		
Are there Destruclips/safety boxes available in vaccination rooms, in the laboratory, and in any other areas where they are needed?	Yes: _____ No: _____	If so, what is the final disposal method for the Destruclips/safety boxes for used needles?		
Are the Destruclips/ safety boxes being properly used?	Yes: _____ No: _____			

Are wastes being sorted?	Yes: _____ No: _____	If so, are they being properly sorted? Yes: _____ No: _____	How? At the source: _____ Other: _____	
Are wastes collected on a regular basis?	Yes: _____ No: _____			
Are wastes destroyed on a regular basis?	Yes: _____ No: _____			
Is final waste disposal done properly and on a regular basis?	Yes: _____ No: _____			
Does the facility have necessary supplies and equipment for the collection, destruction, and final disposal of its wastes (shovel, wheelbarrow, bags for trash cans, etc.)?	Yes: _____ No: _____			
Does the facility have an incinerator?	Yes: _____ No: _____	If so, what model? #1 (drum): ____ #2 (with firebox):____		
Is the incinerator clearly marked and well protected?	Yes: _____ No: _____			
Are liquid wastes properly collected?	Yes: _____ No: _____			
Is there a functioning wastewater system?	Yes: _____ No: _____			
Conclusions:				

C- Environmental Compliance

General condition of the service delivery point (interior and exterior)	Excellent: ___ Good: ___ Dirty: ___			
Is the incinerator properly positioned from an environmental standpoint?	Yes: _____ No: _____			
Does smoke from the incinerator or do odors from the wastes drift onto neighboring properties?	Yes: _____ No: _____			
Is the incinerator positioned close to the reservoir, a service delivery area, a spigot, or neighboring properties?	Yes: _____ No: _____			
Is the center walled or fenced in?	Yes: _____ No: _____			
Is the center's courtyard used to house pets or farm animals?	Yes: _____ No: _____			
Is the waste storage site cleaned on a regular basis?	Yes: _____ No: _____			
Does the center have any close neighbors?	Yes: _____ No: _____			
Is wastewater from the latrines dis-charged into the center's courtyard, onto neighboring properties, or into the street?	Yes: _____ No: _____			

Is there a final disposal site for the incinerator ash?	Yes: _____ No: _____	If so, where?		
Is the final waste disposal site clearly marked and protected?	Yes: _____ No: _____			
Conclusions :				

Summary of Findings and Recommendations

Date: _____

Health Care Institution/NGO: _____

Service Delivery Point: _____

Evaluator: _____ **Signature:** _____

Organization/Institution Representative: _____

Signature : _____

1- Identified Strengths

Strengths	Recommendations

2- Weaknesses to be Improved

Weaknesses	Recommendations

ANNEX IV

INSTITUT HAITIEN DE SANTE COMMUNAUTAIRE

INHSAC

FORMATION DE FORMATEURS EN PREVENTION DES INFECTIONS, GESTION DES DECHETS ET AMMENDEMENT TIARHT

But

Le but de la formation est de permettre aux participants de :

1. Actualiser et renforcer leurs connaissances en « Prévention des infections (PI), Gestion des déchets (GD) Amendement Tiarht (AT) »
2. Discuter des principes d'apprentissage pour adultes, présenter quelques méthodes et techniques de formation et donner l'opportunité d'une réplique immédiate par la dispensation d'une partie de cours relative à la PI, GD, AM

Objectifs généraux

A la fin de la formation, les participants/formateurs seront en mesure de maitriser et de :

- Former leur personnel aux techniques et mesures :
  a. de prévention des infections
  b. d'assurer une bonne gestion des déchets
  c. se familiariser aux exigences de l'amendement Tiarht

Objectifs spécifiques

Présentation des objectifs spécifiques par module.

Module I : Prévention des infections (Dr André Emmanuel Meggie)

Séance 1.1 Cinq Mesures Clé de prévention des infections

1.1.1 Citer les mesures clé de prévention des infections

Séance 1.2 Prévention des infections (PI)

1.2.1 Prévenir les infections postopératoires pendant la prestation de méthodes de contraception chirurgicales

1.2.2 Minimiser le risque de la transmission de graves infections (par exemple : VHB, VIH/SIDA) des ou aux clients, prestataires de services et autres membres du personnel, y compris le personnel de nettoyage et d'entretien

Séance 1.3 Le prestataire de soins sanitaires et la prévention des infections

1.3.1 Citer les dangers biologiques
1.3.2 Indiquer les dangers de travailler dans un hôpital
1.3.3 Indiquer les degrés de risque d'attraper des infections
1.3.4 Décrire les stratégies de précautions barrières
1.3.5 Expliquer l'efficacité des méthodes de traitement des instruments

Séance 1.4 Prévention des infections dans le cadre de la formation ARV/IO

1.4.1 Enumérer au moins 4 précautions standard de la prévention des infections
1.4.2 Expliquer sans erreur les principes du lavage des mains
1.4.3 Décrire les différentes étapes du processus de port des gants
1.4.4 Expliquer les différents procédés de désinfection du matériel sanitaire

Module 2 : Gestion des déchets (Dr Meggie et Mme Adeline Aly)

Séance 2.1 Gestion des déchets

2.1.1 Définir « déchets médicaux »
2.1.2 Indiquer les avantages d'une bonne gestion des déchets médicaux
2.1.3 Indiquer les catégories et Types de déchets
2.1.4 Décrire le processus de gestion des déchets médicaux
2.1.5 Identifier les poubelles dans le cadre de la gestion des déchets
2.1.6 Décrire la Méthode d'élimination des déchets
2.1.7 Indiquer le matériel de gestion de déchets

Module 3 : Amendement Tiarht (Dr Meggie et Mme Adeline Aly)

Séance 3.1 Amendement Tiarht

3.1.1. Expliquer le but de l'Amendement Tiarht
3.1.2. Définir l'Amendement Tiahrt - définition
3.1.3. Décrire les principes et exigences de l'Amendement Tiarht
3.1.4 Citer les types de projets régis par l'Amendement Tiahrt
3.1.5 Indiquer les autres lois connexes avec l'Amendement Tiarht
3.1.6 Décrire les irrégularités/Violation de l'Amendement Tiarht
3.1.7 Indiquer les principes de surveillance de la conformité

Module 4: Apprentissage des adultes (Mme Gardénia Monrose)

Séance 4.1 Principes d'apprentissage des adultes et d'enseignement efficace

4.1.1 Expliquer l'importance de l'Andragogie dans la formation des adultes
4.1.2 Nommer les principes d'apprentissage des adultes
4.1.3 Décrire le processus de l'apprentissage des adultes
4.1.4 Définir les caractéristiques d'un bon formateur
4.1.5 Expliquer comment créer un environnement d'apprentissage de soutien
4.1.5 Définir la co-formation
4.1.6 Décrire les avantages et les inconvénients de la co-formation
4.1.7 Expliquer les principes de la co-formation

Quelques Techniques d'apprentissage

Séance 4.2 Brainstorming/Question-réponse/Exposé

4.2.1 Etablir la différence entre Brainstorming et Question-réponse
4.2.2 Décrire les principes d'un exposé et d'une discussion de groupe efficaces
4.2.3 Elaborer le contenu de l'exposé
4.2.4 Dispenser un cours en utilisant les techniques présentées ci-dessus

Séance 4.3 « Jeu de rôle »

4.3.1 Définir le concept « Jeu de rôles »
4.3.2 Décrire les principes et techniques du Jeu de rôles
4.3.3 Identifier les étapes menant au jeu de rôle
4.3.4 Créer leur propre jeu de rôles.
4.3.5 Diriger le jeu de rôle et la discussion lors d'une session de formation

Séance 4.4. « Démonstration »

4.4.1 Décrire les principes de la technique de la « Démonstration »
4.4.2 Utiliser la technique de la « Démonstration » lors d'une séance de formation appropriée

Séance 4.5 « Etude de cas et Discussion en petits groupes »

4.5.1 Décrire les principes pour diriger une étude de cas
4.5.2 Dispenser un cours en utilisant les techniques présentées ci-dessus

Agenda

20 au 25 août et 27 août au 1er septembre 2012

Heure	Lundi	Mardi	Mercredi	Jeudi	Vendredi	Samedi
9h	Introduction à la formation Généralités PI Cycle de transmission des maladies	Evaluation Récapitulation Gestion des déchets	**Déjeuner** Gestion des déchets Départ pour une visite d'observation	Evaluation Récapitulation Principes d'apprentissage des adultes	Evaluation Récapitulation d. Démonstration	Evaluation Récapitulation Restitution
10 h 30	**Pause-café**			**Pause-café**		
11h	PI Cinq (5) mesures clés en PI	Gestion des déchets	Visite d'observation	Principes d'apprentissage des adultes	e. Etude de cas	Restitution
12h	PI Lavage simple et chirurgical des mains	Gestion des déchets	Visite d'observation	Techniques d'apprentissage a. Brainstorming et question-réponse	Préparation des séances	Restitution
1h	**Pause-diner**					
2h	PI Barrières de rentrée physique et chimique	Amendement Tiarht	Rapport d'observation	b. Exposé	Préparation des séances	Restitution
3h	PI Traitement des instruments	Amendement Tiarht	Présentation rapport d'observation et discussion	c. Jeu de rôle	Restitution	Evaluation de la formation Clôture
4h	**Evaluation de la journée/Départ**					