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SSQHNORD
SERVICES DE SANTÉ DE QUALITÉ POUR HAÏTI-NORD

SSQH-Nord

Services de Santé de Qualité Pour Haïti - Nord

Quarterly Environmental Mitigation Report
January 2015

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This report was prepared by the USAID SSQH-Nord Project, which is funded by the American People jointly sponsored by USAID and the Government of Haiti. The project is managed by University Research Co., LLC (URC) under the terms of Contract No. AID-521-C-13-00010. URC's subcontractors for the SSQH-Nord Project include Save the Children Federation, Inc., Abt Associates, FOSREF, and CDS.



Acronyms and Abbreviations

CAL	Centre de Sante avec Lits (Inpatient Clinic)
COR	Contracting Officer Representative
CSL	Centre de Sante sans Lits (Outpatient Clinic)
EMPR	Environmental Mitigation Plan and Report
GOH	Government of Haiti
IP	Implementing Partner
MSPP	Haiti Ministry of Health
MWM	Medical Waste Management
MWMP	Medical Waste Management Plan
NGO	Non-Governmental Organization
PIGD	Prévention des infections et gestion des déchets (Infection control and medical waste management)
QC	Quality Control
SSQH-Nord	Services de Santé de Qualité pour Haïti-Nord
TCG	The Cloudburst Group
USAID	United States Agency for International Development
URC	University Research Corporation, LLC

Quarterly Environmental Mitigation Report

USAID MISSION DO Title: **Health and Nutrition Status of the Haitian Population Improved**

Activity Number: **IR 3.1 Access to essential health, nutrition and family planning services increased**

Title of IP Activity: **Services de Santé de Qualité pour Haïti-Nord (SSQH-Nord)**

Contract : AID-521-C-13-0010

IP Name: **University Research Corporation, LLC (URC)**

Funding Period: Base: 09/30/13 - 09/29/16

Associated IEE: **LAC-IEE-11-03**

Resource Levels (US\$): Total: \$ [REDACTED] Base: \$ [REDACTED]

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Date of Previous EMPR: **November 27, 2013**

Summary

The *Services de Santé de Qualité pour Haïti-Nord* (SSQH-Nord) project is currently in Phase 2: Sub-Project Medical Waste Management (MWM) Preparation period as described in the Environmental Mitigation Plan and Report (EMPR) submitted on November 27th 2013. On December 11, 2013, we received provisional approval to proceed from the Contracting Officer Representative (COR) based on the draft EMPR submitted. On March 25th, 2014, we received communications to continue operating under the SDSH EMPR. We received conditional approval for the University Research Company (URC) EMPR from the COR pending updating of the IIE by United States Agency for International Development (USAID) on April 24th 2014.

As reported in the previous period, the Cloudburst Group (TCG) joined the SSQH-Nord team in Cap Haitien in August to host two MWM Training Workshops for the SSQH-Nord field staff and implementing partners' operational staff. The goal of these workshops was to train in basic MWM and in the development and implementation of a Medical Waste Management Plan (MWMP).

Since the workshops hosted by TCG, sixty collaborating institutions have formed MWM committees. SSQH-Nord delivered MWM materials to thirteen (13) sites and received Medical Waste Management Plans (MWMP) from eleven (11) institutions. Also during this period SSQH-Nord hosted two trainings of quality improvement collaborative coaches focused on medical waste management and hygiene in the North and Artibonite departments. During these trainings participants developed and adopted a format for evaluating medical waste management practices at their respective sites and a plan for monitoring the indicators of the quality improvement collaboratives. One challenge the SSQH-Nord team has encountered this quarter is a lack of personnel dedicated to MWM at each site, which can hinder the process of waste collection and removal. SSQH-Nord is in the process of recruiting a company to assist with this process at five facilities.

Status of Phase 2: Sub-Project MWM Preparation Period

This phase covers a five to six-month period starting with the release of the Request for Proposal (RFP) for SSQH-Nord first round of competitively selected health services subcontracts and ending with awarded subcontractors submission and SSQH-Nord approval of sub-project medical waste management plans. Its purpose is to ensure that all subcontracts have a Reg 216 compliant MWMP and to give all potential offeror's a level playing field in terms of understanding the environmental compliance and medical waste management expectations, practices and requirements of SSQH.

As approved on October 23 and November 4, 2014, by USAID, the bridge period with the eight service NGOs (Hopital Albert Schweitzer, Clinique Dugué, Konbit Santé, Centre pour le Développement et la Santé, Centre Medical Beraca, Comité Bienfaisance de Pignon, Hopital Claire Heureuse, and Centre de Santé de Pierre Payen) was extended to run through to September 30, 2015.

Actions Taken in Period

Two trainings of quality improvement collaborative coaches focused on infection prevention, medical waste management, and general hygiene at sites supported by the project were held in the North and Artibonite departments between December 3-5, 2014 and December 10-12, 2014, respectively. Thirty-six (36) representatives from various health facilities attended the training in the North and forty-four (44) representatives participated in the training in Artibonite. Each training followed the same agenda and covered the same material: the concepts of quality improvement, the collaborative approach, tools used in quality management and improvement, team building, infection control, medical waste management, and developing medical waste management plans. During these trainings a format for a MWMP (Appendix A) and a plan for monitoring quality improvement indicators (Appendix B) were developed and adopted. A follow-up training is anticipated in three months.

Following the various efforts to train and prepare our partners to implement these MWMPs, SSQH-Nord has received preliminary plans from the following institutions: Hôpital Bienfaisance de Pignon, CSL La Victoire, CSL de Grison Garde and CAL de Borgne in the North, and Hopital ND des Palmists, Dispensaire aux plaines, Dispensaire Marouge, Dispensaire Meance, CSL Marie Curie, Dispensaire La Vallée, and Hôpital Beraca in the North West. The plans submitted were not in the standard format, therefore SSQH-Nord is working with each of these sites to finalize their plans.

The following infection control and waste management materials were distributed to thirteen partner sites. This distribution was based on the needs identified at each site by the SSQH-Nord team for facilities that had participated in TCG trainings in August 2014.

Site	55 Gallon Trash Can	Pedal Trash Can	Wheel-barrow	Shovels	Strainer	55 gallon bags	Bags for pedal trash cans	Cleaning gloves	Cleaning shoes	Face masks
Marmelade	1	3		1	1			5 pairs	3 pairs	12
CAL de Borgne	2	1	1	1	1	50	50	5 pairs	3 pairs	
Saint Michel de l'Attalaye	2	3	1	1	1	100	100	5 pairs	3 pairs	12
Ouanaminthe	2	2	1	1	1	100	100	6 pairs	3 pairs	12
CSL Jacquozyl	2	2	1	1	1	50	50	3 pairs	1 pairs	
CSL K-soleil	1	1	1	1	1	50	50	3 pairs	2 pairs	
Mont organise	2	1	1	1	1	100	100	5 pairs	2pairs	
CAL Monbin Crochu	2	1	1	1	1	100	100	5 pairs	2 pairs	
Disp. Marmont	1	1	1	1	1	50	50	2 pairs	1 pairs	
Disp. Lacedras	2	1		1	1	50	50	2 pairs	1 pairs	
Disp. Bas de sault	1	1		1	1	50	50	2 pairs	1 pairs	
Raboteau	2	3	1	1	1	100	100	5 pairs	3 pairs	12

Finally, sixty (60) partner institutions currently have in place MWM committees. Please see Appendix C for a full list of sites with MWM committees currently in place, and which of those sites have also submitted MWMPs.

Next Steps

- *Preparation of final plans.* We have received plans from eleven sites. We will continue finalizing these plans and expect plans from the remaining seventy-three (73) sites during the next reporting period. The plans will contain the minimum elements of a complete waste management program as described in the USAID Sector Guidelines for Healthcare Waste.¹ They will identify specific practices, personnel plans, capacity building, equipment, supplies, materials, and infrastructure requirements and procurement plans. SSQH-Nord quality improvement advisor will recommend approval to the Chief of Party who will have final approval authority.
- *Monitoring of MWMP implementation:* SSQH-Nord will monitoring medical waste management implementation through ongoing routine quality control inspections performed by SSQH-Nord and MSPP staff. They will be trained in MWM best practices and provided a checklist for inspections. Sites that consistently are receiving unsatisfactory rating will be provide additional technical assistance to determine the source of the problem and SSQH-Nord will work with the subcontractor to remedy these. The second approach will be through the SSQN-N performance award process where subcontractors' reimbursement in part depends on quality improvement. The process for determining MWM performance incentives will follow the overall SSQH-Nord model and be integrated into as a scoring sub factor.

APPENDICES

- A. Format for medical waste management plans*
- B. Quality Improvement Collaborative indicators*
- C. Sites with MWM committees and the status of their MWMPs*

¹ USAID Sector Environmental Guidelines Health Care Waste. March 2013

Appendix A: Format for medical waste management plans

1) Facility Information

Name of site:		Supervisor:	
Population :		Department :	
Contact:		Email:	
Telephone :		Date:	
Average # of client visits per day:			
# of Personnel	Doctors: ____ ; Nurses: ____ ; Assistants : ____ ; Admin: ____ ; ASCP: ____		
Space available for services	Administrative room(s) : ____ ; Consulting Room(s) : ____ ; Lab : ____ ; Pharmacy : ____ ; Operating Room(s) : ____ ; Maternity Ward(s) : ____ ; Hospitalization room(s) : ____ ; Laundry: ____ ; Kitchen(s): ____ ; Toilets(s) : ____ ; Latrine(s) : ____		

2) Quality Improvement Infrastructure

Permanent Quality Improvement Committee	
Subject : Quality Improvement Collaborative	Subject : Quality Improvement Team

3) Assessment

- a) State of the building (wall, courtyard, ceiling, roof, flooring, walls, toilets, plumbing)
- b) Availability of materials and equipment :
 - 33-55 Gallon trashcans for the courtyard
 - 13-Gallon covered trash cans for non-medical waste
 - 13-Gallon covered pedal trash cans for medical and/or contaminated waste
 - Appropriate bags for each kind of trash can
 - Trash cans for sharps
 - Sanitation materials (plastic bowls and ladles)
 - Autoclave
 - Wheelbarrows, shovels, rakes, brooms, strainers

- Individual protection (gloves, masks, protective glasses, disposable sanitary shoe covers, plastic aprons, surgical caps)
- Detergents and antiseptics
- c) Medical Waste Management Procedures
 - Reduction
 - Separation
 - Collection
 - Stock
 - Transport
 - Treatment
 - Elimination
- d) Application of standard universal precautions (hand washing, treatment of contaminated instruments, correct use of personal protective gear, management of accidental needle pricks)
- e) Training of personnel
- f) Availability of reference materials (standard operating procedures, posters, flyers, informational pamphlets)
- g) Availability of budget and spending information

4) Major needs or negative practices identified in the following categories:

- General hygiene and cleanliness of the facility
- Availability of materials and equipment
- Medical Waste Management practices and standards
- Universal precautions
- Training of personnel
- Availability of reference materials

5) Action plan for Improvement

Observations	Corrective Measures	Expected Results/Outcomes	Start Date	End Date	Responsible Party	Necessary Resources

DRAFT

6) Follow-up

Appendix B: Quality Improvement Collaborative Indicators

Plan for Monitoring Quality Improvement Collaborative Indicators for Infection Control and Medical Waste Management at SSQH Partner Institutions

Indicators	Numerator	Denominator	Source	Frequency of Evaluation
Percentage of rooms with hand washing materials available	# of rooms with hand washing materials and area available	# of rooms in the health facility	Observation tools	Monthly
Percentage of rooms with appropriate trash cans for the disposal of non-contaminated materials	# of rooms with appropriate trash cans for the disposal of non-contaminated materials	# of rooms in the health facility	Observation tools	Monthly
Percentage of rooms with appropriate trash cans for the disposal of contaminated materials and sharps	# of rooms with appropriate trash cans for the disposal of contaminated materials and sharps	# of rooms in the health facility	Observation tools	Monthly
Percentage of rooms with clean, labeled trash cans in the facility, lined with appropriate bags	# of clean, labeled trash cans in the facility, lined with appropriate bags	# of trash cans in the facility	Observation tools	Monthly
Percentage of rooms with sanitary gloves, disposable smocks, protective eyewear, plastic aprons, and masks	# of rooms well-stocked with sanitary gloves, disposable smocks, protective eyewear, plastic aprons, and masks	# of rooms in the health facility	Observation tools	Monthly
Percentage of rooms with chlorox for cleaning and decontamination	# of rooms with chlorox for cleaning and decontamination	# of rooms in the health facility	Observation tools	Monthly
Percentage of rooms that are clean and comfortable, with stable ceilings and quality painted surfaces	# of rooms that are clean, well-maintained, organized, and with sound roofing and painted surfaces	# of rooms in the health facility	Observation tools	Monthly
Percentage of rooms with metal IV stands, metal tables, and metal cabinets in good condition	# of rooms with metal IV stands, metal tables, and metal cabinets in good condition	# of rooms in the health facility	Observation tools	Monthly
Percentage of personnel informed of medical waste management procedures and policies	# of personnel trained or updated on medical waste management at the facility	# of personnel in the facility	Attendance sheets, training report	Monthly

Monthly Checklist for Monitoring Quality Improvement Collaborative Indicators, PIGD-SSQH

Region : _____

District : _____

Site : _____

Year : _____

Indicators	Before Collab			During Collaborative Intervention															
	J	A	S	O	N	D	J15	F	M	A	M	J	J	A	S	O	N	D	
# of rooms with hand washing materials and area available																			
# of rooms in the health facility																			
1. Percentage of rooms with hand washing materials available																			
# of rooms with trash cans for the disposal of non-contaminated materials																			
# of rooms in the health facility																			
2. Percentage of rooms with appropriate trash cans for the disposal of non-contaminated materials																			
# of rooms with appropriate trash cans for the disposal of contaminated materials and sharps																			
# of rooms in the health facility																			
3. Percentage of rooms with appropriate trash cans for the disposal of contaminated materials and sharps																			
# of clean, labeled trash cans in the facility, lined with appropriate bags																			
# of trash cans in the facility																			
4. Percentage of rooms with clean, labeled trash cans in the facility, lined with appropriate bags																			

Indicators	Before Collab			During Collaborative Intervention															
	J	A	S	O	N	D	J15	F	M	A	M	J	J	A	S	O	N	D	
# of rooms well-stocked with sanitary gloves, disposable smocks, protective eyewear, plastic aprons, and masks																			
# of rooms in the health facility																			
5. Percentage of rooms with sanitary gloves, disposable smocks, protective eyewear, plastic aprons, and masks																			
# of rooms with Clorox for cleaning and decontamination																			
# of rooms in the health facility																			
6. Percentage of rooms with Clorox for cleaning and decontamination																			
# of rooms that are clean, well-maintained, organized, and with sound roofing and painted surfaces																			
# of rooms in the health facility																			
7. Percentage of rooms that are clean and comfortable, with stable ceilings and quality painted surfaces																			
# of rooms with metal IV stands, metal tables, and metal cabinets in good condition																			
# of rooms in the health facility																			
8. Percentage of rooms with metal IV stands, metal tables, and metal cabinets in good condition																			
# of personnel trained or updated on medical waste management at the facility																			
# of personnel in the facility																			
9. Percentage of personnel informed of medical waste management procedures and policies																			

Note : This checklist will be kept at the site and updated each month during the Quality Improvement Collaborative visit

Appendix C: Sites with MWM committees and the status of their MWMPs

Department	District	Facility	Committee	MWMP	Comments
North East 6 sites	Ferrier	CSL de Ferrier	Yes	No	
	Ouanaminthe	CAL de Ouanaminthe	Yes	No	
	Mont-Organise	CAL de Mont-Organise	Yes	No	
	Caracol	CSL de Jacquesyl	Yes	No	
		Disp de Caracol	Yes	No	
	Mombin Crochu	CAL de Mombin crochu	Yes	No	
North 16 sites	Cap- Haïtien	CSL Lafosette	Yes	No	
	Cap-Haitien	CAL de Fort Saint Michel	Yes	No	
	Plaine du Nord	CMC Dugué	Yes	No	
	Pignon	Hôpital Bienfaisance de Pignon	Yes	Yes	Not in standard format
	La victoire	CSL La victoire	Yes	Yes	
	Saint Raphael	CAL de Saint Raphael	Yes	No	
	Dondon	Dondon	Yes	No	
	Ranquite	CSL de Ranquite	Yes	No	
	Acul du Nord	Disp Camp Louise	Yes	No	
		Disp de Pillatre	Yes	No	
		CSL Nativite	Yes	No	
		Disp Labruyère	Yes	No	
		Disp de Thovar	Yes	No	
		CSL de Grison Garde	Yes	Yes	Not in standard format
	Borgne	CAL de Borgne	Yes	Yes	
		Disp de petit Bourg	Yes	No	
Artibonite 29 sites	Marmelade	CAL de Marmelade	Yes	No	
	Saint Michel de l'Attalaye	CAL de Saint Michel	Yes	No	
		Disp de Camathe	Yes	No	
		Disp de Bas de sault	Yes	No	
		Disp de lacidras	Yes	No	
		Disp de lalomas	Yes	No	
		Disp de l'Ermite	Yes	No	
		Disp Savanne Dianne	Yes	No	
		Disp de Marmont	Yes	No	
	Gonaïves	K-Soleil	Yes	No	
		CAL de Raboteau	Yes	No	
		Disp de Poteau	Yes	No	
		Disp de pont gaudin	Yes	No	
		Disp de Bayonnais	Yes	No	

		Disp de Labranle	Yes	No	
		Disp de bassin	Yes	No	
	Grande Saline	CAL de Grande Saline	Yes	No	
	Marchand Dessalines	Hopital de Claire Heureuse	Yes	No	
		Disp de Celio	Yes	No	
		Disp de Niel	Yes	No	
		Disp de Deseau	Yes	No	
		Disp de Sanoix	Yes	No	
		Disp de coupe à l'Inde	Yes	No	
		Disp de poste Pierrot	Yes	No	
	Saint Marc	CAL de Pierre Payen	Yes	No	
	Verrettes	HAS	Yes	No	
		CSL Liancourt	Yes	No	
		CSL Bastien	Yes	No	
CSL Tienne		Yes	No		
North West 9 sites	La Tortue	Hopital ND des palmistes	Yes	Yes	Not in standard format
		Disp aux plaines	Yes	Yes	Not in standard format
		Disp Marouge	Yes	Yes	Not in standard format
		Disp Meance	Yes	Yes	Not in standard format
		CSL Marie Curie	Yes	Yes	Not in standard format
		Disp La Vallée	Yes	Yes	Not in standard format
	Port de Paix	Hôpital Beraca	Yes	Yes	Not in standard format
	Baie de Henne	CSL de baie de Henne	Yes	No	
	Anse à foleur	CAL de Anse Foleur	Yes	No	