



USAID
FROM THE AMERICAN PEOPLE



U.S. PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF MEDICAL INJECTION SAFETY PROGRAM, NAMIBIA: ANNUAL PROGRESS REPORT



OCTOBER 1, 2005 – SEPTEMBER 30, 2006

CONTRACT NUMBER
GHS-I-00-03-00029-00,
TASK ORDER NO. 001

SUBMITTED OCTOBER 11, 2006

This publication was produced for review by the United States Agency for International Development.
It was prepared by University Research Co., LLC.

U.S. PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF

**MEDICAL INJECTION SAFETY
PROGRAM, NAMIBIA:**

ANNUAL PROGRESS REPORT

OCTOBER 1, 2005 – SEPTEMBER 30, 2006

CONTRACT NUMBER GHS-I-00-03-00029-00, TASK ORDER NO. 001

SUBMITTED OCTOBER 11, 2006

DISCLAIMER

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

TABLE OF CONTENTS

I. Executive Summary	3
1. Policies and Guidelines:	3
2. Behavioral Change Communication:	3
3. Training of Health Care Workers:.....	4
4. PEP:.....	4
5. Commodities and Logistics:.....	4
6. New Technology:	4
7. Private Providers:	5
8. Dissemination:.....	5
9. Rational Use of Injectable Medication:.....	5
10. Scale-Up:.....	5
11. Participation in International Meetings and Conferences:	5
12. Networking:.....	5
13. Administration of the project:	6
14. Problems/Constraints Experienced this Period:	6
15. Focus for the Next Reporting Period:	6
II. USAID and Optional Indicators	7
III. Upcoming Events, Site Visits and Leave Schedule	9
IV. Budget and Expenditures	10

I. EXECUTIVE SUMMARY

For the period October 1, 2005 - September 30, 2006, key performance areas and achievements for the Medical Injection Safety Program in Namibia are summarised as follows:

1. Policies and Guidelines:

National Injection Safety Guidelines: URC started the process of revising the current Infection Control Guidelines to include injection safety and safe waste management. The process started during the last quarterly URC staff meeting, 25-28 September 2006. URC will submit the draft to the Ministry of Health and Social Services (MOHSS) by the second week of November 2006.

Safe waste Management: Regional guidelines: MOHSS was supported to develop interim guidelines for 6 regions (Karas, Kavango, Omaheke, Erongo, Oshana, and Omusati) out of a total of 13 regions in the country. Currently, these interim waste management guidelines are being utilized in the absence of National Guidelines and are implemented in all the districts within the mentioned regions.

The National Waste Management Policy: Development of this policy has been postponed a number of times for various reasons. One reason for the delay is because of the availability of the health Inspectors/environmental health officers, who are often deployed elsewhere at short notice as a result of health emergencies like the polio campaigns. A five-day workshop to commence developing the Policy is scheduled for 4-8 December 2006.

2. Behavioral Change Communication:

Community involvement in reducing the demand for unnecessary medical injections: URC managed to establish a partnership with NANASO (Namibia Network of AIDS Service Organisations) and attended the annual meeting with the theme “Learning and Sharing” (18 – 19 July 2006), attended by 350 representatives from grassroots organisations. Through this structure, URC accessed CBO’s and NGO’s like Development Aid People to People (DAPP), Namibia Men’s Planned Parenthood Network (NAMMPAN), and Namibia Red Cross Society (NRCS).

Twenty-five Community Educators were since trained in Injection Safety and Safe Waste Management. They will serve as Master Trainers who will in turn train all field officers and community volunteers who will all educate the community in injection safety and safe waste management (See Attachment). The same process will be followed with NAMMPAN in October 2006. Negotiations with Namibia Red Cross Society are still continuing.

Developing training manual for Community Health Educators: A training manual for communicators has been developed and will be distributed as soon as it is printed.

IEC Material developed: Four posters/job aids for waste segregation and safe sharps disposal have been developed and distributed.

Pamphlets on Injection Safety directed at the HCW: One pamphlet is currently being reviewed by MOHSS.

3. Training of Health Care Workers:

Developing Injection Safety Training Manual: This manual is now in final stages of development and the draft will be presented to the MOHSS, training institutions and other partners for comments and additions within the next months.

Training of Private Health Care Providers: This is ongoing in targeted regions. The project trained 176 health care workers for the first time during expansion of program interventions to the Hardap and Omusati regions. In addition, refresher courses were provided to healthcare workers in the facilities that are already part of the program during the PDSA workshops.

URC assisted with the induction of foreign medical and nursing personal that were recruited by the MOHSS. 60 health care workers were trained in injection safety during this period.

4. PEP:

Strengthening the workplace programme to support the reporting of needle stick injuries and access to PEP: All health care workers are aware of Post Exposure Prophylaxis and facilities where there is a doctor, and have PEP kits available.

Hepatitis B vaccination: URC created awareness of the importance of vaccination and the availability thereof to all health care workers. A circular has since been sent out to all regional directors to make the vaccine available to all health workers. Vaccinations are ongoing and URC will report on the percentage of HCW vaccinated in the third quarter of 2007. This activity will be spearheaded from the Karas region.

Reporting of needlestick and sharps injuries: Health care workers still do not report needle stick injuries as they should for reasons of confidentiality. They also say that colleagues watch to see if they go on PEP or not, as an indication of their status. There is a need for strengthening of the workplace programmes.

The Karas region is currently developing a project proposal to establish a sample workplace programme in the region. URC, MOHSS and the National Nursing Association were approached for support. They proposed an assessment of HCW needs and recommendations as an exit point.

5. Commodities and Logistics:

To date, 43,000 specified safe sharps disposal containers have been procured and distributed to support and ensure safe sharps disposal in the targeted regions. These containers are now available in 5 and 10 litre sizes. A local safe sharps disposal container producer has provided 100 boxes to the project. These boxes are now being tested in 3 regions for compliance to specifications. If they are compliant, procurement will then begin through the tendering process.

6. New Technology:

EPINET system and safety conversion facilitated by URC and Becton-Dickinson: Becton-Dickinson conducted Insyte Autoguard product trials at the Katutura and Windhoek Central Hospitals. Also, EPINET was introduced to the senior leadership.

7. Private Providers:

Dissemination meetings were held in the Khomas, Oshana and Erongo regions and 38 private health care providers which included private medical officers, pharmacists and the health inspector from the local authority were trained. Baseline Facility assessments and rapid anonymous needle stick injury surveys have been conducted in the mentioned regions and the data is attached to this report. Training of health care providers in the Erongo region is scheduled for the 4th quarter 2006.

Monitoring and Evaluation: A checklist for facility visits has been developed. (See attached copy.)

8. Dissemination:

The National Injection Safety Group (NISG) met 3 times during this period. These meetings were attended by representatives of MOHSS, CDC, City of Windhoek, National Health Training Centre and Katutura Sate Hospital. Project progress was presented. Other important subjects were discussed, including Regional Interim Waste Management Guidelines, The National Waste Management Policy, BCC, Safe sharps waste containers, the launching of the Assessment Report and hand over of equipment. The greatest concern of the meeting was National Waste Management Policy Development. The workshop to facilitate this process should be finalized as soon as possible.

9. Rational Use of Injectable Medication:

URC is in the process of collaborating with RPM+ to empower the therapeutic committees to spearhead the rational drug use project and monitor specific injection prescription practices. URC and RPM+ will partner to train, monitor and support these committees.

10. Scale-Up:

Hardap and Ohangwena regions were added to project coverage areas.

11. Participation in International Meetings and Conferences:

URC was represented at the Waste Management Workshop hosted by MMIS in Addis Ababa, Ethiopia from 23-26 October 2005 and at the SIGN Meeting in Viet Nam 14-16 November 2005. The report of the conference was circulated. URC was also represented at meeting of PEPFAR Implementers “Building on Success: Ensuring Long Term Solutions” held in Durban, South Africa 12 – 15 June 2006.

12. Networking:

URC is continuing to identify and use opportunities for networking and is currently networking with other partners like RPM+, BD, JHU and non-governmental organisations like NANASO, MAMMPAN, DAPP and BD.

13. Administration of the project:

The signing of the Memorandum of Understanding (MOU) between the MOHSS and URC has taken place on the 6th of March, 2006, at the Office of the Permanent Secretary for the MOHSS, Dr. K. Shangula. Dr. Shangula signed for the MOHSS, and Dr. Frantz Simeon, Chief of Party, URC

Staff matters

The Chief of Party, Dr. Frantz Simeon commenced duties December 2005.

Recruitment of the regional coordinator for Caprivi and Kavango regions, Ms Ellah Munkonze commenced duty on 3 April 2006 and received induction at the head office in Windhoek until 5 May 2006.

Capacity building: The office Administrator, Ms Ida Bouwer attended a training programme in Coral Draw in Cape Town, 3-7 April 2006.

14. Problems/Constraints Experienced this Period:

National Waste Management Policy development: Postponement of this activity due to movement of staff and health crisis already mentioned.

Lack in capacity building of staff.

Proposed Solutions for the Constraints:

Supporting the development and ensuring availability of first draft before the end of this year.

Develop a programme for capacity building in identified areas.

15. Focus for the Next Reporting Period:

Policies and Guidelines:

- Development of the National Waste Management Guidelines: This important activity will now take place 4-8 December 2006
- Revision of the National Infection Control Guidelines to include Injection Safety
- Development of Interim Regional Waste Management Guidelines for Hardap, Khomas, Caprivi and Kunene regions
- Conducting an assessment of incinerators within the 32 districts of Namibia
- Commodities and Logistics: Continue to support local production
- Private health care providers: Continue training private health care providers in the Oshana region
- BCC: NAMMPAN and TCE Training in injection safety: Continue the process
- Finalize the Injection Safety Training Manual for Community Educators
- Finalize the Injection Safety Training Manual for Health Care Providers
- Scale up: Train health care providers in the Ohangwena region
- Net working: Finalize project for rational drug use with RPM+
- Launching of MOU scheduled for 15 November 2006
- Rational drug use: Training in Omusati region
- Administration: Capacity building for BCC: training in pace maker cartoons.

II. USAID AND OPTIONAL INDICATORS

No.	USAID INDICATORS	Number	Methodology, Risks & Assumptions
Prevention/Medical Transmission /Injection Safety			
1.1	<ul style="list-style-type: none"> ▪ # of persons trained in injection safety 	85	<p>Methodology: Three day sessions are conducted using the WHO Injection Safety training package which has since been adapted. The curriculum which includes Injection Safety, Quality Assurance in Injection Safety, Rational drug use, Prevention of Needle stick Injuries and Post Exposure Prophylaxis, Waste Management, Behavioral Change Communication, Commodity Management and Monitoring and Evaluation. Categories of Health Care workers trained include: Chief Medical officers, Chief and Control Nurses Control Nurses, Health Inspectors, Environmental Health Officers and Assistants, Pharmacists and Assistants, Primary Health Care Supervisors/Coordinators, Cleaners, Mortuary Attendants, Registered Nurses and Enrolled Nurses, Health Programme Administrator</p>
1.2	<ul style="list-style-type: none"> ▪ # of persons trained in injection safety 	147 (60 were Cuban and Kenyan HCWs) 109	<p>These are health care workers who received refresher training in Injection Safety One day refresher courses are conducted during PDSA, (Plan Do, Study, Act) workshops.</p> <p>Risks: The indicator does not measure the quality of the training, but the assumption is that knowledge will improve skills and change behavior. Impact of the training is measured by monitoring improvement against baseline data as well as observation of practice and behavioral changes.</p> <p>Health care workers were trained in safe waste management during development of the waste management guidelines over 3days</p>
2	<ul style="list-style-type: none"> • # of persons trained in injection equipment commodity management 	59	As in 1.1
3	<ul style="list-style-type: none"> ▪ # of persons trained on safe injection policy advocacy 	0	Infection Control Policy still in the process of being revised to include Injection Safety. Policy not yet available

4	<ul style="list-style-type: none"> ▪ # of service outlets providing prevention services 	181	From 10 regions: Erongo, Karas, Omaheke, Oshana, Caprivi, Kunene, Khomas, Kavango Omusati and Hardap. Includes 24 hospitals, 27 health care centers and 118 clinics.
5	<ul style="list-style-type: none"> ▪ # of faith based service outlets providing prevention services 	4	Oshana region: Okatana Health Center Kavango region: Nyangana Catholic Hospital Omusati region: Oshikuku Hospital, Anamulenge Clinic
6	<ul style="list-style-type: none"> ▪ Average number of medical injections per person per year (WHO goal less than one injection per person per year) 	0.4	Methodology is random selection of patient and client files/records from hospitals/health centers and clinics. Data collected by instructed/trained facility staff. Assumptions are that data is correctly accessed through random selection of files. The figure reflects the trend of 9 regions (Omaheke, Oshana, Omusati, Caprivi, Karas, Omusati, Khomas, Kunene, and Erongo).
7	<ul style="list-style-type: none"> ▪ Behavioral Change Communication 		
7:1	<ul style="list-style-type: none"> ▪ # of programs/materials developed and distributed ▪ that provide mass media/BCC messages ▪ # of individuals reached and served by BCC services ▪ # of persons trained to provide BCC services ▪ % of population assessed for knowledge / attitudes on safe injection practices and needs for injections 	2 3 350 341	Job aids for safe sharp disposal developed and distributed(directed at health care workers) job aids for waste segregation developed and distributed (directed at health care workers) Community members reached :URC staff attended NANASO annual learning and sharing meeting and disseminated Injection Safety and Waste management information to 350 representatives from grassroots organisations Health care workers (As in 1.1 and 1.2)
8	<ul style="list-style-type: none"> ▪ # of facilities with adequate forecasting and procurement methods for injection equipment 	137	

9	▪ # of orders that include sufficient quantities for bundling		n/a
10	▪ # of local suppliers identified and strengthened	1	One local supplier identified to produce safe sharp waste disposal containers. MOHSS is currently testing safety containers in 3 regions
11	▪ # of health workers in compliance with safe injection standards ▪ # of facilities in compliance with safe injection standards	2395	
12	▪ Safe injection policy developed	0	Infection Control Policy still in the process of being revised to include Injection Safety
13	▪ Number of districts implementing safe injection policy	0	Infection Control Policy still to be revised to include injection Safety. Facilities are currently using the MOHSS Infection Control Guidelines that are available at all facilities.
14	▪ Number of facilities with safe disposal practices	169	Source: 2nd quarter data. Third quarter data not available
15	▪ District (regional) waste management plans developed	6	Regional waste management guidelines will direct waste management in the interim and in the absence of a National Policy.
16	▪ Waste Management policy developed	0	National Waste Management Policy developed workshop has been re-scheduled for the week 4-8 December 2006

III. UPCOMING EVENTS, SITE VISITS AND LEAVE SCHEDULE

- Launching of the Rapid Assessment Report and handing over of injection safety equipment to MOHSS.
- SIGN Meeting in Mexico; Dr. Simeon (URC COP, Namibia), Ms. C. Gordon (Senior Control Registered Nurse Quality Assurance, MOHSS), and Stacy Kancijanac (Program Associate, URC/HQ) will attend.
- Staff on leave : Dr. Frantz Simeon on leave 1 – 20 October, 2006.

ATTACHMENT A.

Injection Safety Training Programme

Monday 2.10.06

09.-09.15 Registration

09.15-09.20 Opening and welcome

(TCE)

09.20-09.30 Devotion

(TCE)

09.30-09.40 Workshop Objectives

(Ms Munkonze)

09.40 -10 .00 URC Project Background

(Lydia Nisbet)

10.-00-10.15 TCE Project Background

(TCE)

10.15- 10.45 Injection Safety

(Ms Munkonze)

10.45-10-55 Questions and comments

11.00 -11.20 **TEA TIME**

11.20-11.45 Health Care Waste Management

(Lydia Nisbet)

11..45- 12..00 Questions and comments

12.12.55 *Blood borne pathogens*

13.00-14.00 LUNCH

14.00- 15.00 Group work

1500- 15.30 Reporting

15.30-15.50 TEA TIME

15.50-16.30 Continue Reporting

16.30-17.00 Discussions

END OFF DAY ONE

Tuesday 3.10.06

08.00-8.10 Devotion

(TCE)

8.10-8.20 Recap day one

(Appointed Rapporteur)

8.20-9.20 Health Education/

9.20-10.00 Teaching methodologies

And Teaching aids

(Ms Munkonze)

10.00-10.20 TEA TIME

10.20-11.20 Communication

Behavior Change

(Lydia Nisbet)

11.20- 12.30 Community

Mobilization

Risk mapping

(Lydia Nisbet)

12.30.13.00 Discussions/comments

13.00-14.00 LUNCH

14.00-15.00 Monitoring and Evaluation

and Evaluation

(TCE M+E OFFICER)

15.00-15.30 Group work

15.30-15.50 TEA TIME

15.50-16.50 Reporting and prepare for FIELD ACTIVITY

17.00 END OF DAY 2

Wednesday 3.10.06

8.00.8.10 Devotion

8.10.9.00 Prepare for field visit

9.00- 16.00 FIELD ACTIVITY

AND MAPPING

EXERCISE

16.00-17.00 Report back to Base

17.00 Close of Day 3

Thursday 4.10.06

8.00-8.10 Devotion

8.10- 10.00 Groups Reporting

10.00-10.20 TEA TIME

10.20-12.00 Reporting cont..

12.00-13.00 Frame work for planning

(Lydia Nisbet)

13.00-14.00 LUNCH

14.00- 15.30 PLANNING Next steps

(Whole team)

15.30 - 15.50 TEA TIME.

15.50-17.00 Planning cont....

17.00 END OF DAY 4

Friday 6.10.06

08.30-8..40 Devotion

09.10-.30 Continue PLANNING.

10.30-10.50 TEA TIME

10.50-12.55 Report back

13.00 -14 Lunch

14.00-15.30 Present the Plans

15.30-16 .00 CLOSURE



Oshana Region

Injection Safety Training

2-6 October 2006

TCE: Oshakati



ATTACHMENT B.

Checklist for Regional Supervisory Support Visits



University Research Co., LLC (URC)
 Medical Injection Safety Program

CHECKLIST FOR REGIONAL SUPERVISORY SUPPORT VISITS 2006

Name of Facility:

Date of visit:

District & Region:

Quarter:

SECTION A: GENERAL INFORMATION

Catchment population for facility 3

Number of staff in the facility

Categories: Dr: RN:..... EN:..... *PEN:..... *IW:..... Pharmacist:..... RadioG:..... Other:.....

General cleanliness of facility Very clean Clean Not so clean

Staff Training

No. of staff trained in injection safety 2

Training Needs Assessment

No. of staff who need injection safety training

SECTION B: PHYSICAL FACILITY ASSESSMENT / OBSERVATION

Policy & Planning

National / Regional Waste Management Policy / Guideline Yes No 3

National Post Exposure Prophylaxis (PEP) Guidelines Yes No 3

Infection Control Guidelines Yes No 3

Standard Treatment Guidelines / Manuals Yes No 3

Commodity Management

Sufficient needles, syringes and safety boxes in stock Yes No 6

Stock cards in place	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	2
Any stockouts of oral antibiotics	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	3
Personal Protective Equipment/Clothing (PPE/PPC)					
Does the facility have PPE/PPC for incinerator handlers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	2
Waste Management					
Relevant colour coded bags available	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	3
Sharps containers according to standard	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	3
Sharps containers replaced when 3/4 full	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	3
Reuse of sharps containers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	2
Safe storage of full sharps containers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	2
Access to functional incinerator	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	3
Sharp waste completely combusted to ashes by incinerator	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	3
Used needles, blades, etc. seen outside the facility	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	3
Used needles, blades, etc. seen outside the sharps container	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	3
Injection process					
Use of sterile needle & syringe for each injection	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	2
Removal of needles from used vials	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	2
Injection / medicine trollies clean without any cover	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	2
Injections reconstituted according to standard	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	2
Use of barriers to open vials/ampoules	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	3
Washing of hands before and after procedures	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	3
Disposal of used needles without recapping	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	3
Post Exposure Prophylaxis (PEP)					
PEP Flow chart in facility	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	3
Post Exposure Prophylaxis (PEP) Kit available	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	2

If not, name of nearest facility where PEP available
Distance / kilometers to abovementioned facility

Yes No
.....km's

SECTION C: INJECTION PRESCRIPTION DATA

Treatment register available

Yes No

2

Recordkeeping in register accurate and complete

Yes No

2

SECTION D: TESTING OF GENERAL KNOWLEDGE

Note answers given and give correct information, if needed.

Ask any staff member about the steps (procedures) to be followed in case of sharps related injury!

10

Ask any staff member about three changes that has taken place since the project has been implemented.

3

Ask any staff member about three universal precautions.

3

SECTION E: COMMENTS / QUESTIONS / QUERIES

Any questions, comments from facility staff?

.....

.....

Facility Score: _____

100

*IW =Institutional Workers

*PEN = Pupil Enrolled Nurse





Namibia

MEDICAL INJECTION SAFETY PROGRAM, NAMIBIA

Channel Life Tower, M2

Post Street Mall

Windhoek, Namibia

Tel: 264-61-237-022

Fax: 264-61-237-023