

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

OCTOBER 1, 2006 – SEPTEMBER 30, 2007

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Narrative

University Research Co., LLC's (URC) Medical Injection Safety Program, Namibia completed its third year of implementation. Below is a summary of the key performance areas and achievements, the major problems faced in implementation and strategies used for overcoming challenges during the period covered by this report: October 1, 2006 – September 30, 2007. URC helped the Ministry of Health and Social Services (MOHSS) create an enabling environment through development and communication of guidelines and policies, training, procurement of injection equipment.

Policies and Guidelines

The MOHSS has not yet produced National Waste Management Guidelines. To fill this gap, URC supported 10 regions to develop Interim Waste Management Guidelines. Four out of the ten were produced in FY07. The development of a National Waste Management Policy is in final stage. From October 2006 to September 2007, the availability of Standard Treatment Guidelines (STG) rose from 86 to 93%, Post Exposure Prophylaxis (PEP) guidelines from 89 to 100%, and Infection Control Guidelines from 79 to 85%. The Infection Control Guidelines was reviewed to include Injection Safety issues.

Training

In FY07, two training manuals have been reviewed: Manual for Community Health Educators, and Injection Safety training. They have been submitted for review by the MOHSS before finalization. The drafts are being used for training of healthcare workers and community educators. This year a total of 1,906 healthcare workers have been trained (1,566 new) in injection safety. Average number of types of injections prescribed per patient per treatment has declined from 1.42 to 0.5 – a significant decrease of 35.2%. Awareness creation about the risk of Hepatitis B resulted in improved vaccination. Sixty three (63) healthcare providers have been exposed to ABC sessions as well as bereavement sessions in order to increase general knowledge regarding HIV/AIDS and support needle stick injury reporting.

Phlebotomy

URC places an important emphasis on safety of phlebotomy to draw blood for laboratory tests. Staffs of VCT centers are being trained on safe handling and disposal of sharps to reduce transmission of blood borne pathogens. Since vacutainers are reused, needles are removed from them to be disposed of in the safety containers. Those using vacutainers are advised to use forceps for removal of needles.

Behavioral Change Communication

URC is reaching the community with Injection Safety messages through a network of grassroots organizations most of which focus on HIV/AIDS and apply community mobilization strategies. To facilitate community involvement in reducing the demand for unnecessary injections 217 Community Educators of 4 grassroots organizations were trained.

Scale up

This year, the Medical Injection Safety Program scaled up from 9 to 13 regions covering, 100% of the country and 73.41% (232/316) of facilities.

Procurement

URC procured and distributed 35,400 boxes through the Central Medical Stores, of which 5,000 were produced by a local supplier. Local production will decrease cost of safety boxes, shorten the period for receiving the boxes, thus supporting sustainability when the project is over.

Monitoring and Evaluation

A total of 55 PDSA feedback sessions were conducted in the regions to review performance and develop improvement plans. To increase data reliability, all URC staff, and 24 Healthcare Workers received training in data management.

Challenges/Constraints

- *General hygiene*
Hygiene is outstanding in some health facilities, fair in others, very poor in some others. The major challenge remains access to hand hygiene. The last quarter 2007, improvements have been noted: spray bottles with hand disinfectant, and disposable paper towels in facilities of Karas, and Caprivi.
- *Recapping of phlebotomy needles*
Recapping of phlebotomy needles is still done in some places.
- *Universal precautions*
In facilities, staffs were seen wearing gloves and masks with no indication for it.
- *Waste management*
Waste segregation is not generally adhered to - the main problem being misuse/shortage of the red bags. The incinerators are not up to standards. Needles and blades remain after wastes are burned. To improve compliance with waste segregation, 4200 job aids were distributed.
- *Data management*
Some facilities are still struggling to collect and submit data on time, and regions are still unable to prepare their own reports.

Plan to overcome challenges and constraints:

- Supportive supervision;
- Search for alternative solution (removal and burial of ashes with remaining needles and blades);
- Advocacy for incinerators maintenance, rebuilding/replacement;
- Promotion of innovative approaches: e.g. labeling in the event of shortage of appropriate color coded bags;
- Promotion of universal precautions

Lessons Learned

- Injection Safety can be the catalyst for change in a health system. In this regard the program has observed a major shift toward Quality Assurance and Infection Control, of which Injection Safety is a major component.
- An enabling policy environment, plus functional management systems are critical to best practices.
- Involvement of key players in all phases of a programme guarantees success.

Program Indicators

No.	Indicator	FY06 Results	FY06 Targets	FY07 Results	Explanation of major target-result discrepancies	Data Source	Double Counting	Breakdown of Results
1	PMTCT							
1.1	# service outlets providing the minimum package of PMTCT services according to national & international standards							
1.2	# pregnant women who received HIV counseling and testing for PMTCT and received their test results							
1.3	# pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting							
1.4	# health workers trained in the provision of PMTCT services according to national and international standards							
1.5	# of HIV-positive pregnant or lactating women receiving food & nutritional supplementation in a PMTCT setting							
2	Prevention / Abstinence & Being							

No.	Indicator	FY06 Results	FY06 Targets	FY07 Results	Explanation of major target-result discrepancies	Data Source	Double Counting	Breakdown of Results
	Faithful							
2.1	# individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful							
	Male							
	Female							
2.1.A	# individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of indicator 2.1)							
	Male							
	Female							
2.2	# individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful							
3	Prevention / Medical Transmission / Blood safety							

No.	Indicator	FY06 Results	FY06 Targets	FY07 Results	Explanation of major target-result discrepancies	Data Source	Double Counting	Breakdown of Results
3.1	# service outlets carrying out blood safety activities							
3.2	# individuals trained in blood safety							
4	Prevention / Medical Transmission / Injection Safety							
4.1	Number of individuals trained in medical injection safety	1080	1600	1566		Training registers Checklist for regional supervisory visits		
4.2	Number of service outlets providing prevention services	181	N/A	255	1. Difference due to rapid scaling up. 2. Target not set. Official data non available at that time	Facility assessment form		
4.3	Average number of medical injections per person per year	0.4	<1	0.5		Prescription auditing form		

No.	Indicator	FY06 Results	FY06 Targets	FY07 Results	Explanation of major target-result discrepancies	Data Source	Double Counting	Breakdown of Results
4.4	Number of person trained to provide BCC services	0	0	217		Training registers Checklist for supervisory support visits		
4.5	# of facilities with adequate forecasting and procurement methods for injection equipment	137	N/A	255	1. Difference due to rapid scaling up. 2. Target not set. Official data non available at that time (N/A)	Facility assessment form		
4.6	Number of facilities in compliance with safe injections standards	137	N/A	255	1. Difference due to rapid scaling up 2. Target not set due to unavailability of Official data (N/A)	Facility assessment form		
4.7	Number of local supplier identified and strengthened	1	1	1		Quarterly report		
4.8	Safe Injection Policy developed	1	1	1		Quarterly report		

No.	Indicator	FY06 Results	FY06 Targets	FY07 Results	Explanation of major target-result discrepancies	Data Source	Double Counting	Breakdown of Results
4.9	Number of facilities with safe disposal practices	169	N/A	255	1. Difference due to rapid scaling up 2. Target not set due to unavailability of Official data (N/A)	Facility assessment form		
4.10	Number of regions which developed Interim Waste Management Guidelines	6	N/A	10	1. Difference due to rapid scaling up 2. Target not set due to unavailability of Official data (N/A)	Quarterly report		