

UNIVERSITY RESEARCH CO., LLC (URC)

PROGRESS REPORT FOR

FY08

**QUARTER 4
(JUL 2008 – SEP 2008)**

&

**ANNUAL PROGRAM RESULTS (APR)
(OCT 20 07 - SEP 2008)**

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LIST OF ACRONYMS

AB	Abstinence and/or being faithful
AIDS	Acquired immunodeficiency syndrome
ART	Anti-retroviral therapy
ARV	Anti-retroviral drugs
BCC	Behavior change communication
CMS	Central Medical Store
DCC	District Coordinating Committee
FBO	Faith-based organization
HCW	Health Care Worker
HIV	Human immunodeficiency virus
IEC	Information, education, and communication
IT	Information technology
M&E	Monitoring and evaluation
MIS	Medical Injection Safety (Program)
MOHSS	Ministry of Health and Social Services (Namibia)
NGO	Non-governmental organization
OGAC	Office of the Global AIDS Coordinator
OP	Condoms and other prevention
OVC	Orphans and vulnerable children
PDSA	Plan, Do, Study, Act (Quarterly Quality Improvement Meeting)
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PLWH	Person living with HIV
PMDRC	Policy Management Development Review Committee
PMO	Principle Medical Officer
PMTCT	Prevention of mother-to-child transmission
PPC	Personal Protective Clothing
PPE	Personal Protective Equipment
SI	Strategic Information
SIGN	Safe Injection Global Network
STI	Sexually transmitted infection
TB	Tuberculosis
TCE	Total Control of the Epidemic (CBO)
URC	University Research Co., LLC
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing (for HIV)

1. PROGRAM RESULTS

See excel spreadsheet "FY08.Q4.URC.12.October.2008" for table of indicator results.

2. PROGRAM-AREA NARRATIVES FOR THE LAST QUARTER AND ANNUAL PROGRAM RESULTS (FY08.Q4: Jul.08-Sep.08)

2.1 Program Area 1: Injection Safety

2.1.1 Introduction

The University Research Corporation (URC) is a professional firm dedicated to helping clients use scientific methods and research findings to improve program management, operations and outcomes. In Namibia, URC, under the President's Emergency Plan for Aids Relief (PEPFAR), is supporting the Ministry of Health and Social Services (MOHSS) to create an enabling environment for the implementation of high-quality Injection Safety interventions. Using the improvement collaborative approach, four major program strategies have been adopted in the implementation of the project: behavior change communication (BCC), compliance with infection prevention and control practices, strengthening of the logistics and commodity systems, and improvement in waste management practices. The key achievements as well as the challenges faced by the Medical Injection Safety Program for the reporting period of October 1, 2007 – September 30, 2008 are summarized as follows.

2.1.2 Accomplishments & successes

- Policy development
- Training in Injection Safety and Waste Management
- Capacity Building
- Behavioral Change Communication
- Institutionalization and systems strengthening (Coverage)
- Procurement and logistics
- Monitoring and Evaluation
- General trends

GENERAL ACTIVITIES CARRIED OUT THIS SEMESTER

To reinforce the quality of injection safety interventions, URC is supporting: innovative approaches for injection safety and waste management, promotion of best practices, supervision and monitoring, compliance with operational policies and guidelines, promotion of PEP, rational use of injectable drugs, and reinforcement of the procurement system.

POLICY DEVELOPMENT

National Waste Management Policy: The National Waste Management Policy is finalized. It has been reviewed by the Policy Management Development Review Committee (PMDRC), a body of the MOHSS under direct supervision of the MOHSS Permanent Secretary. It is only waiting for a launching date.

After the launching has taken place, the policy will be printed, distributed to relevant stakeholders, training needs will be assessed, and relevant training sessions will be conducted. At

the same time, support will be provided for establishment of various commissions and committees for proper implementation.

The development of the National Waste Management Policy extended over 2 quarters in FY08. First, a three-day session was held during the first quarter (October 29 – November 02, 2007), and then a two-session was held during the third quarter (26 – 27 March 2008). This Policy was written to be as comprehensive as possible, taking into consideration national laws, international principles and treaties and adapting them to the Namibian context. It was also as inclusive as possible, including all the Namibian ministries as well as the private sector. The role of the community as a key player was also stressed. The Government of Namibia has planned to establish powerful national and regional commissions to facilitate the implementation of the policy. Their composition, roles and responsibilities have been laid out in the National Policy and the Government of Namibia planned to carry out their establishment.

Waste Management Guidelines: Interim Waste Management Guidelines are already developed for 11 out of Namibia's 13 regions. The 12th Interim Waste Management Guidelines in development by the Oshikoto region is at an advanced stage. The last region, the Khomas region is now consolidating training of its staff before considering the development of its Interim Waste Management Guidelines. The Interim Waste Management Guidelines are specific to each region and are now fully in use. The consolidated, National Waste Management Guidelines have long been envisioned by the MoHSS. There have been some delays with the consultants selected for the consolidation of the 12 regional guidelines into one document. URC is willing to provide support for this work.

TRAINING IN INJECTION SAFETY AND WASTE MANAGEMENT

A total of 702 healthcare workers have been trained in injection safety and waste management for the 4th quarter. Of this number, 464 attended for the first time and 238 **attended** for follow-up training. The total number of healthcare providers trained for the year is 2,893. The total since the beginning of the project to now is 5,703.

CAPACITY BUILDING

URC succeeded for this year to empower 62 MoHSS staff to conduct quarterly PDSA sessions in an autonomous manner. By the end of the 3rd quarter, MoHSS members of seven (7) regions (54%) have demonstrated their capacity to conduct PDSA sessions on their own. During the 4th quarter one (1) more region, Kavango, has joined the group of seven, increasing the percentage to 61.5% of those regions capable of handling their own PDSA sessions.

A PDSA session is the feedback session on how the region implemented interventions during the previous quarter, coupled with training on Injection Safety and Waste Management. The eight regions now capable of handling their own PDSA sessions are: Erongo, Hardap, Karas, Omusati, Oshana, Ohangwena, Omaheke, and Kavango.

Two (2) of these regions (Erongo, Omaheke) continued to conduct their sessions with minimal involvement of URC Coordinators, and 4 (Karas, Hardap, Oshana, Ohangwena) organized their sessions only under observation of URC Coordinators. One region, Omusati, even though it has realized one full session in the 3rd quarter without help from the central level and from URC

Coordinator, received the visit of their Coordinator for the 4th quarter PDSA. URC is expecting that all regions will be able to conduct their own PDSA sessions by the end of the FY09.

BEHAVIORAL CHANGE COMMUNICATION

Training Community educators:

The aim of this Injection Safety and waste management intervention is to raise awareness of the community regarding rational use of medication in order to reduce demand for unnecessary injections and ensure proper disposal of infectious waste produced by some community members, such as insulin-dependent diabetic patients.

For the 4th quarter, URC trained 50 community educators. The total trained for FY08 is 139. All these educators are members of Total Control of the Epidemic (TCE), a community-based organization involved in HIV/AIDS prevention. These educators are reaching out to the community with Injection Safety and Waste Management messages translated into vernacular languages. They have talked to 5,367 community members during their routine household visits. MOHSS personnel provided education on Injection Safety to 3,612 patients. The total number of community members exposed to messages is 8,979 for the 4th quarter and 16,179 for FY08.

COVERAGE

To bring all the regions on board and ensure quality of interventions, URC hired two new Coordinators for the FY08. One, hired in the first quarter of FY08, is responsible for activities in three regions: Otjozondjupa, Oshikoto, and Kunene. He started field activities in October 2007. The second Coordinator was hired in the fourth quarter of FY08 to cover the three regions that were supported directly by the Chief of Party in collaboration with the central level of the MoHSS: Erongo, Khomas, Omaheke, as well as to support overall project M&E activities.

The consolidation of the coverage of MOHSS facilities is now complete. All (100%) of the hospitals, health centers, clinics are to a great extent in compliance with injection safety and waste management practices. Some important problems like the incinerators not functioning up to standard are still not solved and others, like waste segregation, still need improvement. Further, the maintenance of the actual level of performance will need continuous effort. This can be ensured through supportive supervision, but the change in the status of incinerators will require a major capital investment, system development and capacity building to empower the MOHSS to adhere to rules of handling and disposal of waste material within health facilities, to follow basic principles of incinerator operations in order to protect the lifetime of this equipment, and to comply with international air pollution code of practice.

The integration of private providers is the weakest link in the program, despite willingness from private providers to implement safe injection standards. This intervention is advancing at a slow pace, and it needs to be scaled up progressively to include all private providers. Private hospitals have been supported in the Khomas region and only six (6) new private providers have been integrated into the project for the FY08. They were informed about Injection Safety and Waste Management best practices. The data tools were explained to them, and safety boxes were distributed to them. In general private providers receive 6 months worth of supply of safety boxes. At the end of this period they are expected to pool resources with other private providers to buy boxes together so that they can purchase boxes in a cost-effective quantities.

PROCUREMENT AND LOGISTICS:

URC procured 25,000 safety boxes in FY08. This number was sufficient to avoid stock outs of this commodity. Efforts made to improve knowledge on use of safety boxes have produced some results. While it is still difficult to give an estimate by regions, districts, and facilities, it is now possible on the national level at the Central Medical Store (CMS) to forecast use by all MOHSS facilities on a monthly basis: 1014 five liter containers and 859 ten liter containers. This is an improvement in comparison to the situation ante. We are still strengthening the logistics system through training at the facility, district, regional, and national levels. We expect that in the future MOHSS staff will use the simple tools we are promoting on a continuous basis to have accurate projection by regions and by districts.

MONITORING AND EVALUATION

Regional reports are still being prepared by URC Regional Coordinators. Some encouraging steps are underway to build local capacity for M&E. Some MOHSS staff are capable of preparing portions of the report and designing the graphs that they are using for decision making. URC hopes that by the end of the project, regions will be able to prepare their full report independently. In the meantime, support is still being provided for the use and development of regional reports during PDSA sessions.

PARTICIPATION IN INTERNATIONAL MEETINGS AND CONFERENCES

All URC Namibia staff participated in a URC regional retreat in Cape Town, South Africa from 5 – 8 November 2007. At this meeting all Southern Africa URC projects presented findings, achievements, and constraints. Other international organizations including WHO presented on interesting public health subjects. Presentations were followed by open discussions. This meeting was a cross-fertility exchange aims at increasing the knowledge and experiences of the staff for better provision of services in the field.

Dr. F. Simeon (URC Chief of Party), S. Gantana (Coordinator South) accompanied by Ms. C. Gordon, Senior Registered Nurse, contact person for the MOHSS, attended the Safe Injection Global Network (SIGN) meeting in Geneva, Switzerland from 23 – 25 October 2007. The SIGN meeting is a worldwide forum to discuss implementers achievements, innovative approaches, follow-up on WHO recommendations, design improvement approaches, and an opportunity to take important decisions regarding Injection Safety and Waste Management. It provides country representatives a unique opportunity for direct exchanges and networking.

Dr. F. Simeon attended also the 38th Union World Conference on Lung Health, held in Cape Town, South Africa from 8 -12 November 2007. This exposition to new trends in the world regarding tuberculosis management and its relationship with HIV/AIDS as well as Infection Prevention and Control (IPC) provided good insight on Infection Prevention and Control in TB settings which will help guide URC in its extension of the IPC component of the Injection Safety Project and should yield positive results in prevention of TB among patients and staff in the health facilities.

GENERAL TRENDS

For FY08, the consolidation of best practices was a continuous process, accompanied by integration of all health facilities under the umbrella of injection safety coverage.

- ◆ *Policies and guidelines*: The National Waste Management Policy has completed its development process and is now finalized and reviewed by the MoHSS. The next steps are launching and implementation. Already, 11 regions have developed and implemented Interim Waste Management Guidelines, and a 12th one, Oshikoto Region, is underway. Most of the healthcare facilities have copies of guidelines and they are making use of them to choose topics for health education
- ◆ *Waste segregation and sharp waste disposal*: Healthcare waste is segregated at the point of generation and treated accordingly in most regions. When different color coded bags are not available, staffs innovate by labelling existing colors. Knowledge on waste management has improved over the year, causing the district to play their role as far as provision of PPC to their employees.
- ◆ *Safe Injection*: Knowledge of safe injection has generally improved. Injection process continues to maintain a high standard. Patients are more and more often counseled on treatment options with emphasis on oral medication. Responsibility of facility assessment and auditing of injections that was carried out by facility supervisors has now been taken over by nurses in charge of facilities. When visiting teams monitor their knowledge on use of MIS data tools, they immediately notice shortcomings themselves and take note for sharing with others to improve the situation.
- ◆ *PEP*: PEP kits are available at some health facilities, and all healthcare workers have access to PEP through a referral system. Almost all staff know their roles and responsibilities regarding occupational injuries. No needles or sharps have been found lying outside boxes. Staff completely adhere to the no recapping principle.
- ◆ *Job aids*: All healthcare facilities dispose of relevant posters for waste management, hand washing, and PEP chart.
- ◆ *General Hygiene*: The level of cleanliness continues to improve for most of the institutions, including those which were slower in implementation of best practices such as Outjo Hospital, Kaman Jab Health Center, and Otjiwarongo Hospital. There is still a lot to do to bring all the regions up to standard.
- ◆ *Universal precautions*: Hand washing is becoming a culture for all health care facilities. Hand disinfectant and hand paper towels are in use in most facilities. The use of communal towels is no longer observed in most healthcare facilities. Trends in hand hygiene are still monitored graphically, and the scope is being widened to include infection control.
- ◆ *Capacity Building*: All health facilities have a number of staff trained. The capacity of the MOHSS to take over training has improved. The ability for regional facilitators of the MOHSS to assist district facilitators in workshops without the relying on a URC Regional Coordinator has greatly improved. Feedback to the District Coordinating Committee (DCC) in regions encouraged Principal Medical Officers (PMOs) to be involved in safe injection implementation activities. For example, in Tsandi District, the PMO conducted a mini survey on antibiotic prescription and use of generic names to find out how the district staff can effectively change the prevailing situation based on supervisory support visit recommendations. On-the-job training in injection safety and waste management is still continuing in most of the facilities. Logistics support has also improved as a result of exposure of focal persons to training. District and regional leadership are more committed in taking corrective actions based on challenges identified during supportive supervision.
- ◆ *Monitoring*: The tools of M&E for data collection and analysis in injection safety are user friendly and are well known by HCWs.
- ◆ *Hepatitis B vaccination*: Hepatitis B screening and vaccination has improved in all regions.

2.1.3 Challenges & constraints & plans to overcome them

Challenges and Constraints experienced this period:

- **General hygiene**

There is no water for handwashing in some health facilities, such as Etanga Clinic in Opuwo district. In the Outapi District Hospital, poor hand washing is still a problem because of no hand wash basin available in the casualty ward, and in Mahenene Health Center no hand disinfectant is available. Use of communal towels for hand drying continues in a small number of facilities because of lack of hand paper towels in those facilities.
- **Recapping of phlebotomy needles/needle prick injuries**

Because vacutainers are being reused, recapping of phlebotomy needles continues in health facilities. The MOHSS is willing to use disposable vacutainers, and it has collected some samples from different producers, but procurement has not started yet.
- **Universal precautions**

Cleaners perceive the surgical gloves as being superior to the heavy duty gloves. The majority of staff also think that masks provide protection against diseases even in a non risky environment. As a result, they are misusing the two items mentioned. Despite identification of the problem and discussions with the regional management, small progress has been made in this area. URC is procuring heavy duty gloves to waste handlers in all regions, but this is not sufficient if it is not supported by an education plan based on scientific facts to teach and encourage the relevant behavior.
- **Capacity building**

In-service training is not well structured in some MOHSS facilities. The problems include poor choice of subjects and poor recording in registers—or even lack of registers. Health education to patients is sometimes not well conducted.
- **Irrational storage and use of medicine**

Over-prescription of antibiotics, multiple and extravagant prescriptions, undated open vials, and poor adherence to the treatment manual remain a challenge.
- **Waste management**

The increase in knowledge on usage of color-coded bags has not prevented stock outs/misuse of color-coded bags. Inappropriate use of this commodity and incompliance with waste segregation remains a challenge in some regions. Non-functional incinerators are still an important and chronic problem. Districts very often have to help each other because of breakdowns of existing incinerators, which adds transportation challenges to the difficult task of managing infectious waste. Needles and blades are still found in the ashes after combustion of wastes.
- **Data management**

Despite some progress in the collection and analysis of data and auditing of injections in some regions, there is still a lot to do to improve timing of data submission and capacity of MOHSS staff to prepare regional reports.

Proposed solutions for the constraints:

- Support of general hygiene;
- Continuous supportive supervision;

- Support for introduction and use of disposable vacutainers;
- Progressive transfer of training functions to the MOHSS;
- Strengthening of the procurement system;
- Labeling in the event of shortage of appropriate color-coded bags;
- Promotion of color-coded bags;
- Support for hand hygiene;
- Monitoring of use of PPC/E and segregation of waste at point of generation;
- Incinerator assessment;
- Advocacy for improvement of status of incinerators.

2.1.4 Planned activities for next quarter

The same activities planned for the fourth quarter are still relevant and need to be maintained:

Policy Development: The MOHSS will be supported to launch the National Waste Management Policy as well as to develop and implement National Waste Management Guidelines.

Commodities and Logistics: The procurement system will be supported in its effort to improve forecasting. The management of the regions will be encouraged to procure color-coded bags, hand disinfectant, and hand paper towels on a more regular basis. URC will procure personal protective equipment/personal protective clothing (PPE/PPC) for all regions, taking into consideration requests submitted and paying directly the cost to the suppliers based on three quotations.

Private health care providers: Integration of private health care providers will continue. Private practitioners will be encouraged to ensure their own procurement of safety boxes. Supportive supervision will ensure information dissemination and on the job training. Participation in PDSA workshops will facilitate exposure to injection safety and waste management knowledge as well as sharing of experience.

BCC: URC will monitor health education of patients on topics of injection safety by MOHSS staff and collect data on the number of patients exposed. The quality of the intervention will be assessed. Coordination with TCE will be reinforced to gather better-quality information regarding the number of households/community members exposed to information about injection safety.

PEP: URC will continue to support education on prevention of needle prick/sharp injuries and on the roles and responsibilities of staff in occupational injuries as well as monitoring of needle prick/sharp injuries. Universal access to PEP will be supported.

Capacity Building: Capacity building will continue focusing on procurement, training, PDSAs, infection control, compliance with Injection Control and Waste Management Guidelines and standards.

Monitoring: More autonomy will be given to additional regions to conduct their own PDSAs.

3. FINANCIAL REPORT

See accompanying excel spreadsheet, "financial report" tab.

4. WRAP AROUNDS FOR THE WHOLE YEAR (FY08.APR)

None