Strengthening Health Care Waste Management Systems in Kenya

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Presentation Outline

- Background
- Introduction
- Project Goal & Objectives
- Management & Oversight
- Training
- HCWM Treatment & Disposal
- Results
- Conclusion
- Acknowledgements









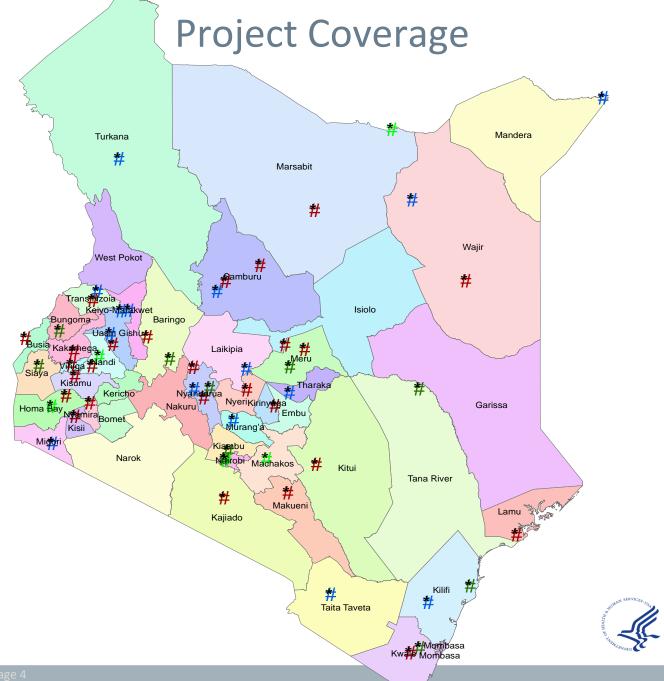
Background – Kenya HCWM Project

- 5-year, PEPFAR-funded project through CDC
- Project period: October 2010 to September 2015
- Implementation is lead by PATH in collaboration with the Kenyan Ministry of Health.
- ETLog Health (Germany) provides technical assistance.













CENTERS FOR DISEASE

Introduction

- Exposure to needle stick injuries (NSI) poses a substantial risk of infection with HIV and other blood borne pathogens to health care workers and community members.
- According to WHO, the risk of transmission of blood borne pathogens per NSI is as follows:
 - HBV, 23-62%; HCV, 0-7% and; HIV, 0.3-0.5%.
- Therefore to help reduce this risk, the Kenyan Ministry of Health with support from partners launched the HCWM project in 2010 to raise health care workers awareness of NSI and improve Health Care Waste Management (HCWM) practices.









Project Goal & Objectives

Goal:

The project goal is to prevent biomedical transmission of HIV and other blood borne pathogens that occur with inappropriate handling, treatment and disposal of health care waste including sharps.

Objectives:

- Improved integration of medical waste disposal into all health programs.
- Ensured adequate supply of HCWM commodities.
- 3. Decreased use of unnecessary injections.







Interventions – Management & Oversight

- IPC/HCWM integration
 - 53 public-sector health facilities were selected to implement HCWM best practices.
 - Infection prevention and control (IPC)
 committees were reactivated at each facility.
 - Each facility designated at focal person to be responsible for day-to-day waste management.









Interventions - Training

Training on HCWM

- 4273 HCW were trained on waste management using an updated national curriculum including:
 - Frontline health care workers
 - Waste handling and cleaning staff
- Trainers of trainers (TOT) infrastructure in place.











Interventions – HCWM commodities

- Health facilities were supported to improve availability and strengthen effective use of HCWM commodities including: color coded bins, liner bags, waste trolleys, and PPE.
- Key resources developed including:
 - HCWM commodity
 quantification tool, vendor
 listing, and local standards and
 specifications.











HCWM infrastructure - Treatment & disposal

- Facilities were supported to improve treatment and disposal of waste.
- High temperature incinerators were installed in 5 facilities including new technology for improved emissions.
- 7 incinerators were rehabilitated.
- Installation of autoclaves and shredders for non-burn systems in 6 facilities.
- Placenta waste macerators being introduced in Y4.



Results Based on a sample of 20 facilities

- Segregation of waste
 - improved from 5 (25%) to 10 (50%) facilities
 - Use of safety boxes for disposal of sharps was at 100%
- High temperature incineration
 - Increased from 5(25%) to 15 (75%).
 - Introduction of diesel incinerators with pollution control devices
- 6 facilities are ready to begin pilot roll out of autoclave/shredder (non-burn) waste treatment and disposal system.









Other achievements

- All 47 counties in Kenya have a facility supported by the project to model practices
- IPC committees strengthened to lead on IPC, HCWM and injection safety
- National level IPC structures strengthened including:
 - IPC secretariat and national steering committee
 - HCWM technical working
 - Inter-Agency Coordinating committee (ICC) on sanitation









Conclusion and Recommendations

- Although there was improvement in waste segregation, more effort is needed to attain targeted levels across the country.
- The increase in the number of facilities with safer, hightemperature incineration is good but represents a small proportion of facilities.
 - Investment in safer waste treatment methods such as non-burn systems and approaches such as pooled waste management systems is necessary to ensure safer waste disposal.
- These interventions demonstrate the opportunities and ongoing challenges associated with reforming HCWM practices in resource-limited settings.









Page 13 16/6/2014









Page 14 16/6/2014

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Page 16