Tablets

Work As Well As Injections
Talk to your DOCTOR
Protect Yourself

Wear Your Gear!
Reducing Unnecessary Medical Injections: Implications for Action From Formative Research in 10 Countries

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Issue

- Inadequate and unnecessary medical injections are one of the world’s greatest public health harms, affecting an estimated 15% of the world’s population each year.
- The high demand for injection in both informal and formal sectors is driven by the expectation that people benefit from injections and that they are prescribed by medical professionals.
- Efficient strategies to reduce unnecessary injections require first understanding the healthcare, supply chain, and behavior of BEEF injection providers and recipients.

Methodology

- With technical support from the Academy for Educational Development (AED), the country teams of the Making Medical Injections Safer (MMIS) program conducted formative research in 10 countries:
  - Benin, Cameroon, Côte d’Ivoire, Ethiopia, Kenya, Nigeria, South Africa, Tanzania, Uganda, and Zambia.
- Study interviews were based on a standard Injections Global Questionnaire (IGQ) and adapted to country-specific circumstances.
- In-depth interviews with providers and recipients of injections.
- Focus group discussions with medical practitioners, patients, and community members.

Key Findings: Prescribing

- Resistance to prescribing injections:
  - Medical consensus:
    - Even those (Nigeria, Ethiopia, South Africa, Uganda)
    - Public opinion: (Benin, Nigeria, Ethiopia, Kenya)

- Providers prescribe high-priority demand (especially among older and female populations (Kenya, Nigeria, Rwanda, Tanzania, Uganda))

- Patients believe in the need for injections, but they do not believe in the harm of injections

- Patients who sign their names on injections are more likely to be prescribed injections

- Concerns about adverse effects are low

- There is a need for an effective and long-lasting training of prescribers

- Patients who work in clinics (Kenya, Tanzania)

- If a prescriber is a complete novice and does not have access to the prescriber’s guide (Kenya)

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- Informed consent: (Kenya, Tanzania)

- Provider education (Nigeria, Ethiopia)

- Providers are not trained in the appropriate use of injections

- Limited time for counseling about how to take in subcutaneously (Kenya, Ethiopia)

- Not aware about the drug, (not more than a minute for any person) (Nigeria)

- System issues:
  - Inadequate supply of insulin (Nigeria, Uganda)

- How to reduce unnecessary injections:

- Educate patients (South Africa, Nigeria)

- Have an effective system to monitor and report on the use of injections

- Provide follow-up (Support for patients)

- Improve the quality of the drug

- Training

- Supervision

- Standardize the terms that medical practitioners use to describe injections (Kenya)

Key Findings: Community

- High demand for injections:

- Survey findings in Africa and rural areas of injections (Nigeria, Benin, Kenya, South Africa, Tanzania, Uganda)

- Often not a health concern and a need for the prescriber to be aware of the patient’s need to avoid any unnecessary injections

- “In our health center, we don’t give injections any longer as we have patients and only give injections in cases of vomiting” (Kenya)

- Demand seems higher among older and female populations, but never among younger populations (Nigeria, Benin)

- Higher rate for patients who work in clinics does not appear to deter demand

- Acceptance of injections does not always decrease demands

- Awareness of injections does not directly determine demand

- South Africa, Nigeria, Tanzania

- Higher fee for prescriptions that do not appear to deter demand

- The demand for injections is considered a public health concern in Nigeria, Tanzania, South Africa, Uganda

- Patients also burdened by too many injections: (Nigeria, Benin, Kenya, South Africa)

- One-way relationship between patients and health workers:

- Patients are not free to choose the type of injection they receive

- Patients are not free to choose the type of injection they receive

- Patients are not free to choose the type of injection they receive

- Patients are not free to choose the type of injection they receive

- Patients are not free to choose the type of injection they receive

- Patients are not free to choose the type of injection they receive

- “We often want, but don’t have, injections” (Nigeria)

- Patients want injections to be available in the community

- Patients want injections to be available in the community

- If you ask, some doctors will act, and first you tell them to do it on your own you don’t use injections” (Nigeria)

Strategy Elements

1. What is a phase? Key facts about the health system to increase positive behaviors and reduce unnecessary injections:

- Focus on promoting positive behaviors and decreasing injections

- Avoid costly or rare medications that may be preventive

2. Syncretic communication efforts to support other essential activities such as:

- Facilitate free access to medicines

- Chronic disease care

- Ensuring medicines and medical supplies are available in the community

3. Ensure that the messages and materials are grounded in feedback from formative research

Products

- Blanked Calendar

- Informational Safety Training Cards

- Leaflet

- Brochures

- Brochures

- Brochures

- Brochures

- Brochures

- Key Guides to Safe Injections

Community

- Uganda Radio Shop

- Benin Disease Performance

- Benin Disease Performance

- Benin Disease Performance

- Uganda Radio Shop
NEVER RECAP

Recapping can lead to NEEDLE-STICK INJURIES
Needlestick?

Act Fast:

Clean It
Report It
Treat It

Treatment Works Best If
Started Within 2 Hours
Needlestick?
Act Fast:
Clean It
Report It
Treat It

Treatment Works Best If Started Within 2 Hours
EVALUATION OF GUYANA SAFER INJECTION PROJECT POSTERS
2006

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I. INTRODUCTION

At the request of the United States Agency for International Development (USAID), the Guyana Safer Injection Project (GSIP), managed by Initiatives, Inc., developed and implemented a pilot phase at 13 facility/sites in four regions to achieve the following overall objectives: 1) improve the rational use of injections; 2) reduce the risk of needle-stick injuries; and 3) improve the safety and effectiveness of injection equipment disposal.

The emphasis of the behavior change communication (BCC) strategy at the start of the pilot phase was two-pronged: A) work with providers and prescribers to motivate them to reduce the prescription of injectables in favor of oral medication and reduce the risk of needle-stick injuries; and B) work with waste handlers/carriers to motivate them to improve their safety on the job as well as effectively of injection equipment disposal.

The decision to focus on providers/prescribers was made because it was clear that: A) providers and prescribers make daily decisions about treatment of patients/clients, including whether to use injections or oral medications; and B) findings showed that clients were largely happy to leave these decisions to providers/prescribers, believing them to know best.

Based on the results of the quantitative and qualitative assessments, the project designed five posters that were pre-tested and submitted to the Ministry of Health (MOH) for approval. The MOH approved the five posters which were then produced and distributed to the pilot health facilities. One poster was for the patient/client, three were for the providers, and two were for the waste handlers. The list of posters and target groups are listed in table 1.

Table 1: Posters distributed in GSIP pilot health facilities

<table>
<thead>
<tr>
<th>Poster</th>
<th>Target audience</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tablets</td>
<td>Patients/clients</td>
<td>Tablets work as well as injections. Talk to your doctor</td>
</tr>
<tr>
<td>2. Act fast</td>
<td>Providers/prescribers</td>
<td>Needlestick injury? Act fast: Clean it, report it, treat it</td>
</tr>
<tr>
<td>3. Do not recap</td>
<td>Providers/prescribers</td>
<td>Do not recap</td>
</tr>
<tr>
<td>4. Protect yourself</td>
<td>Waste handlers</td>
<td>Protect yourself Wear your gear</td>
</tr>
<tr>
<td>5. Use the safety box</td>
<td>Waste handlers and providers</td>
<td>Dispose of sharp safely… Use the safety box</td>
</tr>
</tbody>
</table>

The project has decided to evaluate the effectiveness of the posters to help guide decisions as to which posters should be reproduced and distributed in the health facilities in the project expansion area.
II. DESIGN OF THE EVALUATION

2.1 Objectives of the evaluation

The objectives of the evaluation of the posters were to:
1. Assess the effectiveness of each poster for its target audience
2. Identify sources of information on injection safety for patients/clients, providers, and waste handlers.

The components of the effectiveness of the posters that the evaluation looked into were:
- Attractiveness
- Comprehension
- Acceptability
- Self involvement, and
- Persuasion – call to action

2.2 Sites for the evaluation and sample size

Eight health facilities in regions 4, 6, 7, and 10 were selected for the evaluation of the GSIP posters. The facilities included one health clinic and one hospital in each region so as to get the views of patients/clients, providers, and waste handlers in different types of facilities and in all regions. The observation of the location of the poster was to be done in all health facilities and the interview with a sample of each target audience was to be carried out on the effectiveness of the poster(s) developed for the target audience.

Twenty seven patients/clients, sixteen providers, and eleven waste handlers were interviewed in eight health facilities in four regions. The patients/clients interviewed were selected randomly among the patients present at the health facility at the time of the evaluation. In Georgetown hospital, interviews of the patients could not be carried out because the posters had been placed in the in-patient ward where patients were bedridden.

The providers and waste handlers were selected randomly from the providers and waste handlers trained by the project. In the Bartica health center, the staff members to be interviewed were either in training or out for outreach activities at the time of the surveyor’s visit; similarly, no client was at the health center during the visit. The waste handlers were absent when the surveyors were at the GUM clinic, #64 health center, and in Christiansburg health center. The number of patients/clients, providers, and waste handlers to be interviewed in each site is listed in the table 2.
Table 2: Number of patients/clients, providers, and waste handlers to be interviewed in each site

<table>
<thead>
<tr>
<th>Region</th>
<th>Facility</th>
<th># Providers</th>
<th># Waste Handlers</th>
<th># Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 4</td>
<td>GPHC (OPD)</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GUM clinic</td>
<td>3</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Region 6</td>
<td>Skeldon Hospital</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>#64 Health Center</td>
<td>1</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Region 7</td>
<td>Bartica district hospital</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Bartica health center</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Region 10</td>
<td>Makenzie Hospital</td>
<td>4</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Christianburg Health center</td>
<td>2</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>16</td>
<td>11</td>
<td>27</td>
</tr>
</tbody>
</table>

2.3 Evaluation tool

The evaluation tool was designed for each target audience. Refer to Appendix 1 for the tool used during the evaluation. Each evaluation tool was comprised of two sections:
- A section on the evaluation of the poster(s)
- A section on the source of information on injection safety

The section on the evaluation of the poster(s) included information to be collected for all the posters that were produced for their specific target audience. For the evaluation of each poster, the surveyor was to write down the information on the location of the poster and the information collected during the interview with the target audience member for which the poster had been designed. The elements that the interview covered were the attractiveness, comprehension, self-involvement, and persuasiveness of each poster (that is, do they persuade end users to take action).

2.4 Data collection

The data collection was carried out by a team of two surveyors in April 2006. Prior to the field activity, the surveyors received two days of training by an AED consultant in Georgetown. The training of the surveyors was comprised of two parts:
An information session

The information session was destined to help the surveyors gain a better understanding on the background of the GSIP and the rationale for the evaluation of the posters. The session included the presentation and description of each poster and its target audience, the sites for the evaluation, the number of people to interview in each target group and in each site, how to select the people to be interviewed in each site, and the review of the evaluation tool for each target group.

A session with exercises on case studies

The session with exercises helped the surveyors sharpen their skills in filling out the interview and observation form correctly.

The evaluation tool was pre-tested and finalized before beginning data collection. The surveyors were sent to the field after the training. Each surveyor was to interview patients/clients, providers, and waste handlers in the pilot sites in two regions.

2.5 Analysis

The evaluation data was entered and analyzed by the GSIP monitoring and evaluation officer using MS Excel.

The following sections will present the results, conclusions, and recommendations per target audience.

III. EVALUATION WITH EACH TARGET AUDIENCE

3.1 Evaluation with the patients/clients of the poster client treatment preference

The project produced the poster “Client Preference Treatment” to promote the use of tablets (as opposed to injections) among patients/clients using the health facility.

a. Characteristics of the respondents

The total number of respondents was 27, of whom 19 were female and 9 were male. Most respondents (16) were Indo-Guyanese, 9 were Afro-Guyanese, and 2 were from other ethnic groups. Most respondents (18) were between the ages of 25 – 49, 6 were in the age range of 15 – 25, and 3 were more than 49 years of age.

Almost all the respondents used the health facility frequently. Fifteen had visited the health facility at least 5 times in the 12 months prior to the evaluation, 11 had
visited the health facility between 2 – 4 times in the same period, and 1 respondent had visited the health facility once in the past twelve months.

b. Location of the poster

In most health facilities (5 out of 6), the poster was placed in a room to which patients/clients have access. In most instances, this room was the waiting room. However, in one of the facility, the poster was kept in the cupboard.

c. Interview with the patients/clients

Fifteen respondents out of 27 described the picture on the poster as a health worker giving tablets, while 12 saw it as a doctor talking to people. Twenty-three respondents out of 27 said they have seen the poster at least twice and 4 said they have seen the poster once. Most respondents said they liked the posters: 10 liked the color, 12 the message and 5 the picture.

For 21 respondents, the key message was that tablets work as well as injections; for 2 respondents, it was about using contraceptives; for 1 respondent, it was about preventing infection, and 3 respondents said they did not know what the message was about.

About two-thirds of respondents (19 out of 27) said the people on the poster looked like the people in their own community and 8 said that the people on the poster did not look like people in their community (mainly because they did not recognize or know the people on the poster).

The great majority of respondents (26 out of 27) said that the message applied to them because it addressed the problems and needs of the community and that the message was feasible. Four respondents said that it was not clear why they wanted people to take tablets. Most respondents (25 out of 27) said they believed in the message and 24 out of 27 said that they have tried the message.

d. Patients’ source of information on injection safety

Twenty-four respondents out of 27 said they had not heard anything regarding injection safety from the staff at the health facility and 3 said they had. The information received from the staff at the health facility regarding injection safety included:

- Needles can be used only once
- Injections don’t agree with everyone
- Use tablets instead of injection

Less than half of the respondents (10 out of 27) said they had heard additional information on injection safety from:

- People in the community (5 persons)
Doctor (3 persons)
Nurse (2 persons)

The additional information on injection safety that these respondents reported they heard was contradictory in that it included both that:
- Injection put you at risk of infection/is not good/not the best to heal you (5 persons)
- Injection is good/works faster (5 persons)
- Use injection only once (1 person)

e. Conclusion

Most respondents were able to describe the pictures on the posters and to state the message of the poster. Almost all the respondents said they believed what the message said and had already tried it. The health providers were not passing on information on injection safety to patients/clients. According to patients/clients, the message that injection works faster than tablets was still circulating. The majority of the respondents said they liked the poster and that the people on the poster looked like people in their community and the message in the poster applied to them.

f. Recommendations

The pictures and the message on the poster are well understood and accepted by patients/clients. GSIP should reproduce the poster on client preference treatment and distribute them to health facilities in the project expansion area. The provider should use the poster to inform, sensitize, and educate patients/clients on the fact that tablets work as well as injections.

GSIP should train the providers on how to use posters for group education and counseling. The message on the use of tablets should be reinforced through other communication channels accessible to patients/clients. Through its community component, the project should reinforce and promote the rational use of tablets through other channels such as radio, television, schools, and churches that are accessible to patients/clients. The project should sensitize and educate providers on the appropriate location for posters that are designed for patients/clients.

3.2 Evaluation with the providers

Three posters were produced for the providers and were distributed in the pilot health facilities. The three posters were:
- Act fast (after a needlestick injury)
- Never recap
- Use of the safety box
The providers selected for the evaluation were interviewed on their comprehension of the posters. They were also interviewed on how they use the poster on client preference treatment.

**Characteristics of the respondents**

Sixteen health providers were interviewed during the evaluation of GSIP posters. All the respondents were female; 9 were aged 25-49, 6 were more than 49, and one was between the ages of 15 – 25. Fifteen of the respondents had been working in the service since the last training carried out by GSIP, one year ago. Only one respondent was new in the service (3 months).

**Location of the poster**

All the three posters for providers were placed together in the same location in the facilities visited. In one of the facilities, the surveyor did not see the poster. In health facilities in two regions, the posters were kept in the drawer or in the OPD.

**3.2.1 Poster: Act Fast (after a needlestick injury)**

**a. Interview with the providers**

Of the 16 health providers who were interviewed on their comprehension of the Act Fast poster, 12 described the picture on the poster as a nurse who got stuck. Thirteen respondents said the key message was about what to do when stuck. Fifteen respondents said they liked the poster mostly because of the picture. All the respondents said that the nurse on the poster looked like them and that the message of the poster applied to them, mostly because it was feasible.

One respondent said it was not clear why the poster was encouraging health workers to act fast when stuck because drugs were not always available. Another respondent said she did not understand why the nurse on the poster was crying. Almost all the respondents (15) believed what the poster said and were already applying the message.

**b. Conclusion**

Almost all the respondents were able to describe the picture and the message of the poster. The providers interviewed said they believed and were already applying the message. The respondents said they liked the poster.

**c. Recommendation**

The Act Fast poster conveys a clear message to nurses on what to do when they have a needlestick injury. The respondents identify with the nurse on the poster and find the message relevant to them. The poster should be reproduced and
distributed to health facilities in GSIP expansion areas. The poster should be presented and discussed with providers during training.

3.2.2 Poster: Never Recap

a. Interview the providers

Fourteen providers that have seen the Never Recap poster were interviewed on their comprehension on the poster. All the respondents were able to describe the pictures/drawing and correctly state the message on the poster. Most respondents liked the poster mainly because of the message (10 out of 14). All the respondents explained that the message was about not capping the needle to prevent being stuck and they said that the message applied to them. The message was clear for all and they believed it because it was about safety, protection, and infection prevention. Almost all the respondents said they had tried the message because it was for their own safety and protection.

b. Conclusion

The providers interviewed understood and accepted the message of the poster. The respondents liked the poster and said they were applying the message because it was about their safety and protection.

c. Recommendation

The poster conveys a clear message to providers about not recapping. The poster should be reproduced and distributed to health facilities in GSIP expansion areas. The poster should be presented and discussed with providers during the training of health providers in the expansion areas.

3.2.3 Poster on the use of safety box

a. Interview of the providers

Fifteen providers that have seen the poster on the use of safety box were interviewed on their comprehension of the poster. The description of the poster varied greatly among the respondents; some described the poster as a lab technician using a safety box, others as a woman putting a needle in the safety box, and a third group as a man carrying a bucket with needles. The content of the message also varied among the respondents; for 4 respondents, the message was about how to dispose of sharps, for 6, it was about the use of safety box, and for 5 it was about wearing protective gear.

All the respondents (14) said they liked the poster mainly because of the message, although they had different interpretations of the message. All the respondents said that the message applied to them because the message was
feasible (9 respondents) and the poster addressed providers’ problems (5 respondents). Thirteen respondents said that the woman in the poster did not look like a nurse because she did not wear a cap, rather she looked like a lab technician. All the respondents said they believed what the poster said because it was about protecting themselves and others.

b. Conclusion

The description of the pictures on the poster and the message varied among the respondents. The providers interviewed did not identify with the nurse on the poster. The respondents said they liked the poster and that they were applying the message. It is not clear what message they were applying.

c. Recommendation

The poster on the use of safety box should be revised to target only nurses. The picture of the man carrying a bucket with needles should be removed. The nurse should wear a cap to look like a nurse in a health facility. The message should be revised to read, “Dispose of the sharp in the safety box immediately after giving an injection”. This would convey the sense of immediacy. After being revised, the poster should be pre-tested with health providers to ensure they understand the message that is being conveyed and that they identify with the nurse in the poster.

3.2.4 Use of the poster on client preference treatment

a. Interview with the providers

Fourteen providers were interviewed on the use of the poster on client treatment preference. Five providers said they used the poster during group education, 7 said they never used the poster, and 2 did not answer the question.

b. Conclusion

Only 5 providers out of 14 (36%) had used the poster on client preference treatment during group education. This is consistent with the fact that only 3 patients/clients out of 27 said that they had gotten information on injection safety from the providers.

c. Recommendation

The providers should be trained on how to use the poster on the client preference treatment to facilitate a group education or counseling session with the patients/clients.
3.2.5 Source of information on injection safety for providers

All the providers interviewed got their information on injection from the training, which occurred less than one year ago.

Recommendation

The project should encourage the providers’ supervisors to reinforce the messages on injection safety during supportive supervision. The project should diversify the IEC materials for providers on injection safety and consider developing other types of IEC materials such as a newsletter, fact sheet, and technical update to increase the access to and to reinforce the messages on injection safety.

3.3 Evaluation of the posters with waste handlers

The waste handlers in the selected sites were interviewed on their comprehension of the posters on use of safety box and on protective clothing.

Characteristics of the respondents

Of the 11 waste handlers interviewed, 6 were men and 5 were women. Nine were in the age range 25 – 49 and 2 were more than 49 years of age. Almost all (10 persons) had been in service at least for one year when the project carried out the initial training for waste handlers. Three respondents out 11 did not know how to read.

Location of the posters

Not all the health facilities had a room where waste handlers sit or gather. In one health facility, the poster was kept by the facility manager, in two facilities the posters were placed on the wall in the ward, and in three facilities, the posters were placed in the porter station.

3.3.1 Poster on the use of safety box

a. Interview with the waste handlers

The description of the picture on the poster varied considerably from one respondent to another; some described the picture as a man holding a bucket, others as a man that was not wearing the protective gear, others described the sharps in the bucket, and another respondent said that the picture represents a man holding the bucket and a nurse using the safety box.

The message also varied considerably from one respondent to another. A few said it was about protection, wearing protective clothes or gloves, while some
said it was a message on the safe disposal of sharps. The meaning of the message also varied greatly among respondents: according to 3 respondents, the message was a call for protecting oneself by wearing protective gears/gloves, 5 said the message recommended that the nurse uses the safety box; one respondent said it was about being careful when holding the bin and two respondents could not give the meaning of the message. One respondent said that the poster was not clear because the nurse was not wearing gloves.

All the respondents said they liked the poster, mostly because of the message, although most of them were not sure what the message was. Six out of 11 respondents said the man on the poster did not look like a waste handler because he was not wearing protective gear. All the respondents said the message applied to them.

Most respondents (9 out of 11) said they believed what the poster said because it was dangerous to handle needles without protective gear. Two respondents said the nurse should always use the safety box. All the respondents said they were planning or had applied the message because it was about protecting themselves (9 respondents) and protecting the nurse (2 respondents).

b. Conclusion

The pictures of the man and the nurse on the poster seem to be confusing for the waste handlers; it is not clear if the focus is the nurse or the man carrying the bucket. The man carrying the bucket describes an action that is not recommended for waste handlers and the message that the poster is conveying is not understood by most respondents and the message and its meaning also varies considerably among the waste handlers. Most waste handlers interviewed don’t identify with the man on the poster because he is not wearing protective gear.

c. Recommendation

The pictures and the message of the poster are not understood by waste handlers. The poster should be revised and should target only one audience (waste handlers) and the message should focus on a recommended/ positive action (message) for waste handlers. The man in the poster should wear protective gear as it is a recommendation for waste handlers.

3.3.2 Poster on protective clothing

a. Interview with waste handlers

All the waste handlers who were interviewed on their comprehension of protective clothing described the man in the picture as a man wearing the right gear. Eight respondents described the message as a call for protection by
wearing gloves and protective clothing, they said that protecting oneself helps prevent infection. Three of the respondents did not know how to read, however, they were able to state the correct message just by looking at the picture. This means that the picture alone conveys the correct message.

All the respondents liked the poster, mainly for the message (7 persons), and also for the picture (4 persons). All the respondents said that the man in the picture looked like them and that the message in the poster applied to them as well because it addressed the needs and problems of waste handlers and the message was feasible. Two respondents said the message was not clear because the man was not wearing any protection on his face.

All the respondents said they believed the message because it was about their safety and protection. All the respondents reported that they had tried what the poster said because it is about protecting themselves from cuts and infections.

b. Conclusion

Almost all the respondents were able to correctly describe the pictures and the message on the poster. Even those who could not read were able to grasp the message just by looking at the poster. The message was clearly understood and accepted by almost all the respondents. The respondents identified with the man on the picture; they said they were already applying the messages because it was about their safety and protection. The main source of information for waste handlers on protective gear is training. The additional information about handling sharps varies considerably among the respondents; only 2 respondents mentioned what to do when get stuck.

Some waste handlers do not have a stationary place to sit at work. When that is the case, the posters for waste handlers are kept or placed in a spot to which they don’t have access.

d. Recommendation

The pictures and the message on the poster on protective clothing were well understood by the waste handlers interviewed. The poster on wearing protective gear should be reproduced and distributed during training in the regions where GSIP is expanding. Given the fact that waste handlers do not always have a stationary place to sit or a wall to hang the poster, GSIP and the Ministry of Health should look into other types of IEC materials for the waste handlers that they can carry with them in their pocket or stick on their protective gear.

3.3.3 Additional information and source of information for waste handlers
a. Additional information

Additional information that the respondents reported about handling sharps includes:
- Separate sharps from other waste
- Use gloves (2)
- Handle sharps carefully
- Dispose sharps safely (3)
- What to do when stuck with a needle (2)
- Nothing (2)

b. Source of information

Almost all the respondents (10 out of 11) said the source of information for waste handlers was the training. The training took place during the previous 12 months for 10 respondents.

c. Conclusion

The training was the only source of information for waste handlers.

d. Recommendation

GSIP should sensitize waste handlers’ supervisors on the importance of discussing key messages with waste handlers while carrying out supportive supervision.

VI. CONCLUSIONS AND RECOMMENDATIONS

4. 1 Posters to be reproduced and distributed in the project expansion health facilities

The posters listed in table 3 should be reproduced and distributed in the project expansion sites because they are well understood and accepted by the target audience.

Table 3: Posters to be reproduced by the project

<table>
<thead>
<tr>
<th>#</th>
<th>Poster</th>
<th>Target audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Client preference treatment</td>
<td>Patients/clients</td>
</tr>
<tr>
<td>2.</td>
<td>Act fast (needlestick injury)</td>
<td>Providers</td>
</tr>
<tr>
<td>3.</td>
<td>Never recap</td>
<td>Providers</td>
</tr>
<tr>
<td>4.</td>
<td>Protective clothing</td>
<td>Waste handlers</td>
</tr>
</tbody>
</table>
4.2 Posters to be revised and pretested before producing

The poster on the use of safety box was neither understood nor accepted by providers and waste handlers. The poster should target only one audience instead of two. The suggested modifications are the following:

a) Develop a poster that targets only providers:
   - Remove the picture of the man carrying the bucket
   - Put a cap on the head of the nurse
   - Rephrase the message as follow: "Dispose of the sharp in the safety box immediately after giving an injection"

b) Develop a flyer only for waste handlers
   - Replace the picture of the man with the picture of a waste handler wearing protective clothing, as promoted by the project.
   - The qualitative assessment of the project revealed that reports of needle stick injuries were common among waste handlers; therefore, the message on the poster should be on post exposure prophylaxis. Because a good proportion of waste handlers cannot read, the IEC materials produced by the project should have mostly pictures or drawings with a minimum of text.

4.3 Increase the type of IEC materials and communication channels to reach out to each target group

- Diversify the types of IEC materials

To date, posters are the only type of IEC material produced by the project. Posters are not appropriate for waste handlers because most of them don’t have a stationary.

- Use multiple channels to reach out to each target audience and to reinforce messages on injection safety

Interpersonal communication remains a powerful type of communication that the supervisors of providers and waste handlers should use to discuss and promote the appropriate messages on injection safety with each target audience during supportive supervision. However, the project should emphasize the use of other channels such as mass media, radio, television, and print media, particularly for the community. Radio and television should be used to promote the concept that tablets are as effective as injections for patients/clients. A variety of print materials should be used for providers.

Table 4 below gives a list of additional materials and channels that can be used for each target audience.
Table 4: Additional types of IEC materials and channels for each target audience

<table>
<thead>
<tr>
<th>#</th>
<th>Target audience</th>
<th>IEC materials and channels</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Patients/clients</td>
<td>flyer, drama, radio scripts, television talk shows,</td>
</tr>
<tr>
<td>2.</td>
<td>Providers</td>
<td>Newsletter, fact sheet, technical update, job aids,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>articles</td>
</tr>
<tr>
<td>3.</td>
<td>Waste handlers</td>
<td>Flyer, stickers, protective clothing with the message</td>
</tr>
</tbody>
</table>

4.4 Need for orientation and training of providers and supervisors

The data collected during the evaluation highlights the need for capacity building for the following groups in the following areas:

- Training the providers on the effective use of the posters for group education and counseling of patients/clients
- Orientation of providers on the appropriate locations for posters for patients/clients
- Orientation of supervisors on how to reinforce injection safety messages during supportive supervision with providers and waste handlers.
Appendix 1
Evaluation tool

1. EVALUATION WITH THE CLIENT

Facility Name: _____________________________ Date: ______________

Observation - Poster on client preference treatment

Location of the poster

In a few facilities, providers have not placed the poster on client treatment preference on the wall. The providers take the poster out only when they plan to conduct a health education session on the importance of tablets. If that is the case, write the following information "poster kept by the providers" in the space above for location of the poster and skip the next question and go to the exit interview with the client.

How many other posters are on the wall in the room where the poster on client treatment preference is placed? ________

Guidance: Conduct 5 exit interviews with clients in _____________________________
Conduct the exit interview with one in every three clients.
I. Exit interview with the client

Facility name ________________________________ Date ____________________

Thank you for agreeing to talk to us today. We appreciate your help.

1. Information on the respondent

a. Respondent gender   M, F
   Circle the sex of the respondent

b. Respondent ethnic group
   Circle the ethnic group of the respondent
   Afro-Guyanese
   Indo-Guyanese
   Other (specify) _________

c. In which of the following age range are you?
   Read the age ranges and circle the age range of the respondent
   >15 – 25
   >25 -49
   > 49

d. How many times have you come to this health facility in the past year? _____

2. Did you notice anything displayed on the walls of the health facility?  Yes,  No
   Circle the respondent’s answer

If not, show a sample of posters and ask, “Which of these posters have you seen displayed on the walls of the health facility or elsewhere?”

If the patient has never seen the poster on client treatment preference anywhere, stop the exit interview and thank the patient for his time. Start an exit interview with another patient.

3. If the patient mentions the poster on Client Treatment Preference ask, “Please describe what you remember being displayed on that specific poster.” Write patient recollections:
   Picture______________________________________________________________
   Message______________________________________________________________
   If the client does not state any message probe for:
   Do not remember _____ Do not know how to read _____

4. How many times have you seen this poster? _____
   Probe and write down the number of times

5. Do you like the poster?  Yes,  No
   Circle the respondent’s answer

If yes why? Color, Message, Picture, Other (Specify) ____________________________
   Circle the respondent’s answer(s)
If not, why not? Color, Message, Picture, Other  
(Specify)__________________________________

Circle the respondent’s answer(s)

6. What did the poster say? _______________________________________________

7. What does it mean? ____________________________________________________

If the question is not clear, ask the patient to explain what the message (answer question 6) means

8. Did the people in the picture look like people from your community? Yes, No  
Circle the respondent’s answer

For those who say no ask, “Why do you say that the people in the picture don’t look like people from your community?”

9. Do you feel that this message applies to you? Yes, No  
Circle the respondent’s answer

Why? Circle the respondent’s answer(s)
- Addresses needs and problems encountered by community members
- Message is feasible
- Other (specify) _______________________________________________________

10. Was there something not clear in the poster? Yes, No  
Circle the respondent’s answer

If yes, what was not clear?

_________________________________________________

11. Do you believe what the poster says? Yes, No  
Circle the respondent’s answer

Why? ________________________________________________________________

12. Are you planning to try or have you tried what the poster says? Yes, No  
Circle the respondent’s answer

Why? ________________________________________________________________

13. What else have you heard about injections?

______________________________________________________________________

14. If the patient mentions anything about injections ask, where did you hear that?

______________________________________________________________________

15. If the respondent does not mention the health workers ask, “Did you hear anything about injections from the staff of this health facility?” Yes, No  
Circle the respondent’s answer

16. If yes, what did you hear? ____________________________________________

Thank you for your time.
2. INTERVIEW WITH THE PROVIDER

Facility Name: _________________________________ Date: ___________________

Observation on poster on Act Fast
Ask to see where the posters on Act Fast, Never Recap, and Use of Safety Box are displayed and fill out the 3 sections on observations before starting the interview with the provider.

Location of Act Fast ____________________________________________________
How many posters are on the walls in the room where the Act Fast poster is displayed? ____

I. Interview with the provider on poster on Act Fast

Thank you for agreeing to talk to us today. We appreciate your help.

1. Information on the respondent

   a. Respondent gender   male, female
      Circle the respondent’s gender

   b. In which of the following age range are you?
      Circle the respondent’s age range
      >15 – 25
      >25 – 49
      > 49

   c. Length of time in the service_____

2. What are the posters that are displayed in…? (Room where the Act Faster poster is displayed.)
(Do not carry the interview in the room where the posters are displayed)
If the poster on Act Fast is not mentioned, show a sample of the five posters and ask, do you recognize any of these posters? Yes, No
Circle the respondent’s answer-

3. If the provider mentions the poster on Act Fast ask, please describe what you remember on that specific poster

   Picture_______________________________________________________________

   Message_____________________________________________________________

4. Do you like this poster? Yes, No
Circle the respondent’s answer

If yes, why? Color, Message, Picture, Other (Specify)______________________
Circle the respondent’s answer

If not, why not? Color, Message, Picture, Other (Specify)______________________
Circle the respondent’s answers

5. What did the poster say? ________________________________________________
The answer could be exactly the same as the message in question 3

6. What does it mean? _____________________________________________________

7. Point at the provider in the poster and ask, “Does this person look like a provider?”
   Yes, No (Circle the respondent’s answer).
   If no, why not? _________________________________________________________

8. Is the message in the poster relevant for you? Yes, No
   Circle the respondent’s answer
   Why? (Circle the respondent’s answers)
   - The poster addresses health workers’ needs and problems
   - Message is feasible
   - Other (specify) _______________________________________________________

9. Was there something not clear in the poster? Yes, No
   Circle the respondent’s answer
   If yes, what was not clear?
   ________________________________________________________________

10. Do you believe what the poster says? Yes, No
    Circle the respondent’s answer
    Why? ______________________________________________________________

11. Are you planning to try or have you tried what the poster says? Yes, No
    Circle the respondent’s answer
    Why? ______________________________________________________________

II. Poster on Never Recap
1. If the poster on No Recap is mentioned ask, “Please describe what you remember
   on that specific poster.”
   Picture_________________________________________________________________
   Message_________________________________________________________________

2. Do you like this poster? Yes, No
   Circle the respondent’s answer
   If yes, why? Color, Message, Picture, Other (Specify) _______________________
   Circle the respondent’s answers
   If not, why not? Color, Message, Picture, Other (Specify) ___________________
   Circle the respondent’s answers

3. What did the poster say?_______________________________________________
4. What does it mean? ________________________________________________

5. Do you feel that this message applies to you? Yes, No  
   *Circle the respondent’s answer*

   Why? *(Circle the respondent’s answers)*
   - The poster addresses health providers’ needs and problems
   - Message is feasible
   - Other (specify) __________________________________________________

6. Was there something not clear in the poster? Yes, No  
   *Circle the respondent’s answer*

   If yes, what was not clear?
   ________________________________________________________________

7. Do you believe what the poster says? Yes, No  
   *Circle the respondent’s answers*

   Why? ____________________________________________________________

8. Are you planning to try or have you tried what the poster says? Yes, No  

   Why? ____________________________________________________________

**Observation - Poster on Never Recap**

Location of the poster__________________________________________________

How many other posters are on the wall in the room where the poster on Never Recap is placed? ________

**III. Poster on the Use of the Safety Box**

1. If the nurse mentions the poster on the Use of the Safety Box ask, “Please describe what you remember on that specific poster.”  

   Picture___________________________________________________________

   Message___________________________________________________________

2. Do you like this poster? Yes, No  
   *Circle the respondent’s answers*

   If yes, why? Color, Message, Picture, Other (Specify) ____________________  
   *Circle the respondent’s answers*

   If no, why not? Color, Message, Picture, Other (Specify)____________________
Circle the respondent’s answers

3. What did the poster say? __________________________________________________________

4. What does it mean? _____________________________________________________________

5. Point to the nurse in the poster and ask, “Does this person look like a nurse?”
Circle the respondent’s answer

Yes, No

If not, why not? __________________________________________________________________

6. Is the message in the poster relevant for you? Yes, No
Circle the respondent’s answer

Why? (Circle the respondent’s answers)
   - The poster addresses health providers’ needs and problems
   - Message is feasible
   - Other (specify) _____________________________________________________________

7. Was there something not clear in the poster? Yes, No
Circle the respondent’s answer

If yes, what was not clear? _______________________________________________________

8. Do you believe what the poster says? Yes, No
Circle the respondent’s answer

Why? __________________________________________________________________________

9. Are you planning to try or have you tried what the poster says? Yes, No
Circle the respondent’s answer

Why? __________________________________________________________________________

Observation - Poster on the Use of Safety Box

Location of the poster _____________________________________________________________

How many other posters are on the wall in the room where the poster on the Use of
Safety Box is placed? ______

VI. Poster on Client Treatment Preference

1. If the poster on client treatment preference was mentioned when you showed the
sample of posters refer to the client treatment preference poster and ask,

When do you use this poster?
Circle the respondent’s answer
Group education
Never used
Other (Specify) ____________________

2. What else have you heard about injections?

____________________________________________________________________

Where do you get your information on injections from?

____________________________________________________________________

_____

3. If training is not mentioned ask, “When last did you receive any training about injection versus oral medication?” __________________

4. When did you last receive training about the safety of injections?

_________________

Thank you for your time.
3. INTERVIEW WITH WASTE HANDLERS

Facility Name: _________________________________  Date: __________________________

Observation on poster on the Use of Safety Box

Location of the poster

If waste handlers do not have a room where they sit and the poster is not placed on the wall, ask, where do you keep the poster on the use of safety box ________

__________________________________________ (Skip the next question and start the interview with the waste handler, AND do not fill in any information on the location of the poster on protective gear)

How many other posters are on the wall in the room where poster on the Use of Safety Box is displayed? ___

I. Interview with the waste handler on the Use of Safety Box

Thank you for agreeing to talk to us today. We appreciate your help.

1. Information on the respondent

a. Respondent gender  Male, Female
   Circle the respondent’s gender

b. In which of the following age range are you?
   Read the age ranges and then circle the respondent’s answer
   >15 – 25
   >25 – 49
   >49

c. Length of time in the service ___

2. What are the posters that are displayed in…? (Room where the poster on the Use of Safety Box is displayed.) Do not carry out the interview in the room where the posters are displayed.

If the poster on the Use of Safety Box is not mentioned, show a sample of the five posters and ask, “Do you recognize any of these posters?” Yes, No

Circle the respondent’s answer

3. If the waste handler mentions the poster on the use of the safety box ask, “Please describe what you remember on that specific poster.”

Picture_________________________________________________________________
Message

If the waste handler does not mention any message, probe for:

Do not remember ______ Do not know how to read ______

4. Do you like this poster? Yes, No
   Circle the respondent’s answer
   If yes why? Color, Message, Picture, Other (Specify)
   Circle the respondent’s answers
   If no, why not? Color, Message, Picture, Other (Specify)
   Circle the respondent’s answers

5. What did the poster say?

   Could be the same as the same as the message in question 3

6. What does it mean?

7. Point to the waste handler in the poster and ask, “Does this person look like a waste handler?” Yes, No
   Circle the respondent’s answer
   If no, why not?

8. Does the message in the poster apply to you? Yes, No
   Circle the respondent’s answer
   Why? (Circle the respondent’s answer)
   - The poster addresses waste handlers’ needs and problems
   - Message is feasible
   - Other (specify) ______________________________

9. Was there something not clear in the poster? Yes, No
   Circle the respondent’s answer
   If yes, what was not clear?

10. Do you believe what the poster says? Yes, No
    Circle the respondent’s answer
    Why?

__________________________________________________________________
11. Are you planning to try or have you tried what the poster says? Yes, No  
Circle the respondent’s answer  
Why?  
_________________________________________________________________

II. Interview with waste handlers on the poster on Protective Clothing  

1. If the poster on protective clothing was mentioned when you showed the sample of  
posters, refer to the poster on protecting clothing and ask, "Please describe what you  
remember on that specific poster.”  
Picture_________________________________________________________________  
Message_______________________________________________________________  
If the waste handler does not state any message, probe for:  
Do not remember _____ Do not know how to read _____

2. Do you like this poster? Yes, No  
Circle the respondent’s answer  
If yes why? Color, Message, Picture, Other (Specify)  
Circle the respondent’s answers  
If not why not? Color, Message, Picture, Other (Specify)  
Circle the respondent’s answers  

3. What did the poster say?  
(Answer could be the same as the message in question 1)  

4. What does it mean?  

5. Did the people in the picture look like a waste handler? Yes, No  
Circle the respondent’s answer  

6. Does the message in the poster apply to you? Yes, No  
Circle the respondent’s answer  

Why? (Circle the respondent’s answers)  
- The poster addresses waste handlers’ needs and problems  
- The message is feasible  
- Other (specify) ______________________________________________________

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7. Was there something not clear in the poster? Yes, No
   *Circle the respondent’s answer*

   If yes what was not clear?
   ____________________________________________________________

8. Do you believe what the poster says? Yes, No
   *Circle the respondent’s answer*

   Why?
   ____________________________________________________________

9. Are you planning to try or have you tried what the poster says? Yes, No
   *Circle the respondent’s answer*

   Why?
   ____________________________________________________________

10. What else have you heard about handling sharp?
    ____________________________________________________________

11. Where do you get your information on handling sharp?
    ____________________________________________________________

12. If training is not mentioned, ask, when last did you receive any training about handling sharp? _______

13. When did you last receive training about handling sharp?____________________

Thank you for your time.

**Observation on Poster on Protective Clothing**

Location of the poster
   ____________________________________________________________

How many posters are on the wall in the room where poster on protecting clothing is displayed?
   _______
BCC Assessment Report

Guyana Safer Injection Project

Lonna B. Shafritz
Academy for Educational Development
July 31, 2008
ACKNOWLEDGEMENTS

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Finally, gratitude and appreciation go to all the assessment participants who generously took time to share their words and feeling with us. Their openness and candor provides the basis for the richness of this report.
ABBREVIATION LIST

AED - Academy for Educational Development
ARV – Antiretrovirals
BCC – Behavior Change and Communication
BCG – Bacille Calmette Guerin vaccine (to prevent Tuberculosis)
CIDA – Canadian International Development Agency
FGD – Focus Group Discussion
GPHC – Georgetown Public Hospital Corporation
GSIP – Guyana Safer Injections Project
HC – Health Center
HF – Health Facility
HFA – Health Facility Assessment
IP – Injection Provider
IS – Injection Safety
KK – Kwakwani Hospital
MGMP – Municipal Governance and Management Program
MOH – Ministry of Health
NSI – Needlestick Injury
PEP – Post Exposure Prophylaxis
PPE – Personal Protective Equipment
PTA – Parent-Teachers Association
SS – Sanitation Staff
WHO – World Health Organization
WIT – Waste Management Implementation Teams
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A. EXECUTIVE SUMMARY

1. BACKGROUND

The Guyana Safer Injections Project (GSIP) has been working closely with the Ministry of Health in Guyana to promote behaviors that prevent HIV transmission and other blood-borne diseases through sharp injuries in health facilities and communities. In 2004, GSIP entered into a partnership with the CIDA-funded project Municipal Governance and Management Program (MGMP) to strengthen the capacity of municipalities in regions 6 and 10 to engage health workers and communities to take actions in order to prevent sharps injuries. This has entailed the development of selected behavior change and communication (BCC) messages and materials, as well as activities to support their use at the community and health facility level. Since GSIP’s inception in 2004, the project, has scaled up throughout Regions 6 and 10 and expanded into other regions.

2. ASSESSMENT – APPROACH and PROCESS

The intent of this qualitative BCC assessment is to “determine the reach and usefulness of existing BCC approaches to inform their improvement and expansion to new sites.” This assessment is a complement to the health facility assessment (HFA), which helps to measure adherence to standards and practices (e.g., recapping, handwashing, equipment storage.) Results from the HFA were presented to health and sanitation staff during focus group discussions (FGDs), to seek their interpretation of why certain “negative” behaviors were observed.

Four interviewers, recruited by GSIP, conducted a total of 13 focus groups with key target audiences purposively selected: health workers and sanitation staff, and in Region 6 with Waste Management Implementation Teams (WITs), and community members reached by the WIT teams. A total of 99 people participated. Each group included 3-11 participants, took between 1.5 and 2.5 hours and was conducted by a two-person team comprised of a facilitator and a note-taker. All FGDs were tape-recorded, except for one where participants objected. The teams analyzed the data on a daily basis and reviewed their notes and the tapes to provide as much detail as possible. The groups were conducted between May 12 and 21, 2008. An AED consultant designed and implemented the assessment and analyzed the results. Prior to fielding, the interviewers were trained by the consultant and GSIP staff for two days and they spent one day practicing using the data collection instruments with participants in Region 3.
CONCLUSIONS

1. GSIP training and BCC materials and activities have been effective.

Nurses, sanitation staff, WITs and community members who have had training/contact with the program know what they’re supposed to do and why. The training/seminar and equipment provided by GSIP has helped almost all injection providers and health facility sanitation staff feel safer than previously and most claim to be doing things differently to protect themselves and others, such as not recapping and washing hands more often than before.

Despite more protective equipment, most municipal waste handlers feel more or less safe, to some extent because the training has made them more aware of their risk. While they find the situation in health facilities much safer, most of the rubbish they collect – in the community and among private providers - is not segregated. They claim to be wearing their protective gear more regularly and some have used the information at home to more safely dispose of their own personal waste.

2. A number of barriers to recommended behaviors reduce their regular practice:

- **Barriers for injection providers** to follow recommended safe injection and disposal procedures include: lack of running water in the injection area/room and none or limited hand sanitizer; at hospitals, too many people waiting/not enough time; insufficient number of nurses; lack of red bags at all (out of stock) and red bags of the right size for the bins; lack of clarity as to whose responsibility it is to close, seal, and transport the safety boxes; some nurses (especially at hospitals) are not following procedures; different equipment are used at hospitals and health centers (e.g., needle cutters not used much at hospitals, but are at all the health centers).

- **Barriers for sanitation staff** to follow recommended safe disposal procedures focused mainly on gear: lack of gear or gear not received frequently enough and receiving gear that does not fit or is uncomfortable, hot, or causes itching. Others reported not wearing gear because they’re not aware or when they do something quickly, they don’t take the time to put it on. Other issues related to gear included: lack of enforcement for wearing it (except in one hospital in Region 6 where they were suspended for 2 weeks if they did not wear gear), that there are specific times considered more important for wearing specific gear; and being ashamed to wear gear, as it indicates low status. Other barriers included: red bags not being available or not in right size; lack of a system for sharps and infectious disease pickup for health centers in Region 6; lack of water/detergent to wash gear and/or place to store gear; nurses who don’t dispose of needles appropriately, and private doctors and the community who dispose of needles in regular trash (for Municipal Sanitation Staff)
The main barrier to getting vaccinated against Hep B and tetanus appears to be the fear of injections (pain, reactions, etc.). In Region 10, this barrier was overcome by requiring all providers and sanitation staff to get these vaccinations or they could not continue to work.

The main barriers to Post Exposure Prophylaxis (PEP) were 1) reluctance to report (fear that supervisors and colleagues will blame them for being careless or not using gear (sanitation staff); concern about stigma related to HIV – related to lack of confidentiality, why report if not perceived as serious; and ARV drugs not available at health centers) and 2) reluctance to take or continue treatment due to side effects (others have reported they’re bad) and stigma.

The barriers for the community member to talk to their doctor about orals included: some prefer injections; most believe that injections work faster even if they prefer orals; some fear or are uncomfortable talking to doctors as equals - though most now say they would ask; they lack reminders to do this – seminar was long time ago and don’t see posters unless in health facility.

The barriers for providers to counsel patients to talk to doctor about orals include: communication barriers between doctors and nurses; some doctors regularly prescribe injections; some patients insist on injections; lack of time to counsel while giving injection; assumption that patients can read the poster; injection has already been prescribed by the time the provider sees them.

The barriers for WITs to conduct activities with community members include: competing priorities - injection safety is about 10-20% of what they do; they have no link with health sector; there are no other sources providing same information to the public; belief that they have already reached everyone in their area once, new geographic areas to reach; belief they’ve exhausted everyone in their area; lack of funds and supplies (materials) for additional activities, and; lack of incentives – financial and non-financial incentives, such as exposure or visits to other regions- to increase motivation for the volunteers

3. Injection safety training improved attitudes of health workers

The health staff interviewed indicated that they believe that someone (GSIP) cares about their well-being and better relations between staff (nurses and sanitation staff) at HC in both regions and in hospitals in Region 10.

However, there is a clear lack of involvement of the health system in safe injection activities:

- There is no link between WITs and health workers.
- Participants, including health workers, mostly credited GSIP for the safe injection/protection activities; when discussing who provided the training, the materials, etc., the MOH was rarely mentioned.
4. Training and BCC materials are generally appreciated and relevant

The GSIP seminar is the main and often sole source of information about injection safety. The MOH is not clearly associated with activity. There were some other sources mentioned in Region 10: solid waste training for sanitation staff; quarterly trainings which touch on some IS issues and monthly supervision of the GSIP consultant as helpful.

The BCC materials were generally recognized, the messages considered relevant, and they are seen regularly by their target audiences.

- There is some concern about the perceived squeezing of the finger by the nurse in the “Act Fast” poster. In addition, there were a number of suggestions for the instructions to be more specific: How to wash? (water and soap?); Who to report to; How to treat? (Some thought bleach or squeezing was how to treat.) Some suggested that the image also include running water and a needle.
- The “Act Fast” poster was also seen by a number of participants as a reminder to follow the right procedures so they don’t end up like the nurse in the poster
- Most municipal waste handlers had never seen either the “Act Fast” poster (which they consider very relevant for them) or the “Wear your gear” poster.
- About half of the community participants had seen the “Talk to your doctor” poster – some during their training, some where they worked. They thought it showed the doctor talking with the two people.

RECOMMENDATIONS AND FOLLOWUP ACTIVITIES

1. BCC materials: revise “Act Fast” poster, expand distribution of other materials, and develop additional simple reminders for Health Providers

MOH and GSIP should:

- Consider revising the “Act Fast” poster to eliminate the idea of squeezing blood out after a needlestick injury and to add crucial missing information mentioned in conclusions
- Provide copies of the new “Act Fast” poster and the “Wear Your Gear” poster to all sites where sanitation workers work, including municipal sanitation workers.
- Provide copies of the “Tablets” poster to all health facilities with instructions to post them in the injection room to remind nurses to discuss with patients and patients to ask about orals when they come for injections. (Suggested by some nurses.)
- Develop/produce **new reminder materials for injection providers and sanitation staff**, such as: personal copies of the instructions for PEP so that each injection provider and sanitation staff has an individual copy that they can refer to in private; stickers for hospital carts about washing hands before preparing each injection.
2. BCC Strategy: target the community directly

GSIP and MOH should seriously consider the suggestion of the community, WIT and health and sanitation workers interviewed to directly target the community, especially through TV, on an ongoing basis. Other community focused activities to consider include:

- Continuing the WIT seminar approaches with community groups in new geographic areas, especially Region 4.
- Developing community-mobilization approaches around injection safety such as a poster competition, a script competition, or a song contest, etc. for school children or other groups.
- Expanding BCC activities with home users of injections and private doctors to reduce problems with disposal of used needles. Work with private doctors could also focus on the promoting rational injection use.

3. Training, supervision: “Maintain the activities – a lot of time courses just run for a period of time” (Injection Provider, Hosp, Region 10)

GSIP and MOH should seriously consider:

- Developing short refresher training for injection providers (1 day or less) focused on key injection skills and counseling about orals and conducting at least annually.
- Developing and implementing a short (1-2 hour) module for injection providers AND facility sanitation staff (to be trained together when possible) that focuses on waste disposal issues – including clarification of roles and responsibilities related to disposing of needles/syringes.
- Developing an approach to provide in-service training to untrained injection and sanitation staff in regions where safe injection has already been introduced and most providers and sanitation staff have been trained.
- Developing an integrated approach (including pre-service, and continuing education, possibly through medical association) to train doctors – public and private (especially foreign doctors working in Guyana).
- Developing one-page checklists, including key actions for prescribers, providers, and sanitation staff, as the basis of training and supervision. Regular supervision, using checklists like this as the basis for discussion, could be helpful in resolving issues and encouraging regular use of gear.

4. Supplies, logistics and system/policy barriers to improved behavior need to be addressed

GSIP should work with the MOH and the Ministry of Local Government (municipalities) to advocate for the following supply and system/policy issues, cited by FGD participants:

- Assure more protective gear in appropriate sizes (smaller, especially for women) is available more regularly for sanitation staff.
• Provide sufficient appropriate gear AND implement or enforce existing rules (sanctions) about wearing the right gear to help sanitation staff better protect themselves.
• Enforce sanctions related to not wearing gear seems to be effective where used (Region 6 Municipal Waste Handlers) and was suggested by staff in both regions.
• Develop regular pickup of infectious and sharps waste, as in Region 10 health centers.
• Develop ways of providing water, especially running water, and hand sanitizers (as a backup) in injection areas to facilitate providers washing hands before each injection.
• Improve the system for providing red bags. It seems that the health centers need more small red bags and the hospitals need more large ones to fit their bins.
• Increase the level of confidentiality around counseling and testing to increase testing.
• Seek to provide ARV drugs at health centers in order to encourage treatment-seeking and compliance for those who receive needle sticks.
• Increase adherence to vaccination for Hepatitis B and Tetanus by making it mandatory

5. During the final year of the GSIP, it is critical for sustainability of injection safety in Guyana, that the activated be part of an integrated system, under the responsibility of the MOH.
   ▪ In new regions, continue the current technical approach. However, all activities – especially training, materials, and media - should be implemented under the mantle of the MOH and come through the health system.
   ▪ The training, media and BCC materials all need to be embedded within an overall system including supervision, monitoring, etc. in order to assure that all the elements work together and that the different elements are reinforcing each other effectively.
   ▪ GSIP and the MOH should take advantage of all opportunities, including the recently proposed media strategy, the community and training activities suggested above and the activities/launch in Region 4, to highlight the health worker policy as a “renewed commitment” by the government to the welfare of health personnel.
B. BACKGROUND

The Guyana Safer Injections Project (GSIP) has been working closely with the Ministry of Health in Guyana to promote behaviors that prevent HIV transmission and other blood-borne diseases through sharp injuries in health facilities and communities. At the community level, GSIP entered into a partnership in 2004 with the CIDA-funded project Municipal Governance and Management Program (MGMP) to strengthen the capacity of municipalities in regions 6 and 10 to engage communities to take actions in order to prevent the transmission of HIV and other blood-borne pathogens through sharp injuries.

Since then, the project has scaled up throughout Regions 6 and 10, and expanded into regions 3, 4, 5, and 7. As the project nears its final year, GSIP is currently in the process of scaling up its training to the largest region in Guyana and preparing for transitioning activities to the Ministry of Health as part of its exit strategy.

Feedback on the community approach used in Region 6 as well as on the perceptions of sanitation staff and waste handlers in Regions 6 and 10 at this point will be useful to: provide interpretation of the mid-term facility assessment and to provide input for expansion and transitioning.

C. ASSESSMENT - APPROACH

The intent of this assessment is to “determine the reach and usefulness of existing behavior change and communication (BCC) approaches to inform their improvement and expansion to new sites.” This assessment is a complement to the health facility assessment (HFA), which helps to measure adherence to standards and practices (e.g., handwashing, recapping, equipment storage.)

Focus: The added value of the BCC assessment is to look at the limited range of BCC project activities to date in order to (i) determine their reach and usefulness in reaching their objectives and (ii) provide guidance either on ways to improve their effectiveness or on new ideas for effective behavior change. The main areas of investigation include:

   d) knowledge, attitudes and behavior, and relation of BCC activities to changes in these areas;
   e) sources of information utilized;
   f) messages retained and reaction to them.

The key sources of information in which GSIP has invested so far have been: health workers, posters, media, and WIT team outreach in Region 6. The topics and target groups for specific posters developed to date are: PEP and needlestick injury (NSI) reporting for health workers; PPE for waste handlers; and treatment choices for patients.
Methodology: Focus group discussions (FGDs) were used to identify the common perceptions behind HW failure to comply with recommended practices or the community’s understanding of, and action related to, key messages.

Sample: 13 FGD

- Four (4) FGDs with injection providers. Two were conducted in each region, one with hospital-based staff and the other with staff from smaller health facilities. Key focus: issues around adherence to recommended practices, message understanding and actions. In addition, the results of the HFA will be presented and the participants will be asked to explain them.
- Six (6) FGDs with sanitation staff to review adherence issues (including availability and use of PPE), message understanding, and actions
  - Three FGDs in each region, including:
    - one with sanitation staff (waste handlers, maids, and laundry staff) from hospitals
    - one with clinic attendants from health centers/postsee facilities;
    - one with municipal sanitation staff
- One (1) FGD with WIT members to understand their role, message comprehension, ability to plan, deliver and evaluate: Region 6.
- Two (2) FGDs with community member groups (recruited among those who participated in WIT programs in Region 6) to evaluate comprehension and action based on information received.

Limitations of methodology

Qualitative assessments do have their limitations. They yield findings that are not statistically representative. In addition, the number of focus groups conducted per audience was limited. The selection of participants in this assessment was purposeful, not random; they were selected by the different health facilities, WITs, and municipalities based on who had been trained. It is possible that those who were selected differ from those who weren’t and that those who were selected but did not participate differ from those who attended. Since all of the results are self-reported, it is not possible to say whether people are actually doing what they say they are doing. Further, peer influence is a strong factor in focus groups; people often say they agree with things that they might not have said if they were interviewed individually. Despite these widely-acknowledged limitations, FGD methodology is viewed as a useful technique to elicit information on social norms and common beliefs, as they allow for probing and exploration of underlying motivations and ambitions.
D. ASSESSMENT - PROCESS

Training and Pre-testing

The data collectors were selected by GSIP, based on previous experience with qualitative research. Six data collectors spent two days (May 6 and 7) in a classroom training on methodology, skills-building (e.g., how to probe), project background, reviewing the instruments (which had been developed previously), and practicing them as role plays with the others in acting as participants. Three practice focus groups were conducted in Region 3 on Thursday, May 8, one with nurses (8 people), one with sanitation staff (6 people) and one with community members (7 people). Each interviewer moderated for half the questions and took notes for the remaining half. The instruments were revised for the final time and, based on their demonstrated moderating skills and the thoroughness of the handwritten notes, 4 of the 6 were selected to continue the assignment. (See Annex 2 for the instruments used during the assessment.)

Data collection and analysis

Data collection in Region 6 took place from May 12-15 and in Region 10 on May 19-21. Each group took between 1.5 and 2.5 hours and were conducted by a team of two: a facilitator and a note-taker. All FGDs were tape-recorded, except for one where participants objected. Participant information sheets were collected. The teams analyzed the data during a session that took place most days after completing the FGDs. The research teams also reviewed their notes and the tapes to provide as much detail as possible. Typed notes from some groups were reviewed by the interviewers to provide exact quotes from tapes (which were not transcribed). For the final analysis, three sets of notes and quotes were reviewed for each group, then notes were synthesized for each audience and included in this report with many illustrative quotes.

Data collection and analysis issues

Each focus group was supposed to have 10 participants, but a number had six or less, especially in Region 6, where logistics were more complicated. The heavy rains caused flooding around and inside some meeting rooms. In addition, the external noise (from meeting rooms facing the street, tin roofs, and open windows during heavy rains) made it difficult to hear what people were saying, both during the group and on the tapes.

Participants

A total of 13 focus group discussions (FGDs) were conducted with 99 participants in the 2 Regions. Groups with the WITs and community members they oriented were held only in Region 6, as requested by Initiatives. Two groups with injection providers and three with sanitation staff were conducted in both regions. (See description of member of each group in Annex 1.)
### Participants

<table>
<thead>
<tr>
<th>Groups</th>
<th># of people in group – Region 6</th>
<th># of people in group – Region 10</th>
<th>Total # of groups/people</th>
</tr>
</thead>
<tbody>
<tr>
<td>WITs</td>
<td>11 people from 3 municipalities</td>
<td>-</td>
<td>1 group 11 people</td>
</tr>
<tr>
<td>Community</td>
<td>A. Corriverton - 3 people from 2 organizations</td>
<td>-</td>
<td>2 groups 14 people</td>
</tr>
<tr>
<td></td>
<td>B. New Amsterdam – 11 people from 4 organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injection providers</td>
<td>A. 6 people from 4 hospitals</td>
<td>10 people from 3 hospitals</td>
<td>2 groups 16 people</td>
</tr>
<tr>
<td>A. Hospitals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Health Centers</td>
<td></td>
<td>9 people from 5 health centers</td>
<td>2 groups 17 people</td>
</tr>
<tr>
<td></td>
<td>B. 8 people from 8 HC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sanitation staff</td>
<td>A. 6 people from 4 hospitals</td>
<td>9 people from Linden and KK</td>
<td>2 groups 15 people</td>
</tr>
<tr>
<td>A. Hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Health Centers</td>
<td></td>
<td>4 people from 4 health centers</td>
<td>2 groups 8 people</td>
</tr>
<tr>
<td>C. Municipal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C. 9 people from 3 municipalities</td>
<td>9 people from 1 municipality</td>
<td>2 groups 18 people</td>
</tr>
<tr>
<td>TOTAL</td>
<td>8 FGD / 58 participants</td>
<td>5 FGDs 41 participants</td>
<td>13 groups 99 participants</td>
</tr>
</tbody>
</table>

TOTAL 8 FGD / 58 participants

5 FGDs 41 participants

13 groups 99 participants

14
E. FINDINGS
1. Opinions/Perception- Personnel

1.1 Importance of job

In general the injection providers thought their job is very important to their health facility, because they deliver good health care, they educate and provide guidance. Region 10 health center staff also talked about the value of their visits to the community (usually one day a week, though a couple mentioned 10 days a month). Outreach is usually house to house, to visit both sick and well households. They also indicated that their job provides them satisfaction.

*It is important because we are all care givers, we provide for the community and the whole of Guyana. We give our all.* (HC, Reg 6)

*Because it’s a job that reach out to people. You get to interact with people from different background and you’re able to help them somewhere along the line... I feel satisfied when I do that for the public.* (HC, Reg 10)

*I prefer the preventative basis whereby you go out to the community and you can reach clients before the condition worsens. To me that is very important in the areas of educating the community and empowering them”* (HC, Reg 10)

*Our goal is preserve and sustain life so our job is important to us* (Hosp, Reg 10)

*Our patients come first* (Hosp, Reg 10)

The health center nurses and midwives in Region 6 consider themselves very important since they’re the only nurse or midwife at their facility.

*Important because I’m there for the client, because I guide the client in pre-natal care. As a midwife, if I am not there, who will be* (HC, Reg 6)

*Important...when you are on leave, when you are not there, persons will come to your house looking for you.* (HC, Reg 6)

*If you’re not there, they don’t want to speak to another person.* (HC, Reg 6)

*There’s nobody else there. I’m the only one. Very important. I’m friendly, so they’re always talking with me.* (HC, Reg 6)

A hospital nurse said that without them, the work cannot be done. They are there 24 hours and the doctors are only there for 10 minutes.

Sanitation staff – of all types, in both regions – also believe that their job is important, and necessary, which gives them a sense of responsibility and satisfaction.
Because of the sicknesses that persons might face. We are the first to give them attention, taking them into the hospital. (Hosp, Reg 10)

If you do not keep the place neat and tidy, people will get sick (Hosp, Reg 6)

Important to get the place tidy so the nurse can start at 8 am (HC, Reg 6)

My job – clinic attendant - is very important; you can not mix drugs in a dirty environment. I can also earn a salary. (HC, Reg 10)

Important. If we are not around the town will not be clean, it will be very dirty. (Mun SS, reg 10)

Very important because if I don’t go and clean the place, it will pile up and people will not be able to work. (Mun SS, reg 6)

1.2 Who is at risk and MOST at risk from unsafe injections

A wide variety of people were considered at risk: the client, nurse, doctors, lab tech, the community, especially HIV/AIDS caregivers and waste handlers.

When asked who is MOST at risk, the hospital injection providers (all in Region 6 and and five of the 9 in region 10) thought nurses were most at risk. Health facility injection providers were more likely to think staff other than nurses were MOST at risk - 3 of the 8 in Region 6 and only one of 9 in Region 10 thought the nurses were most as risk.

A few of the sanitation staff thought the nurses were also MOST at risk: 2 of the 9 Hospitals SS in Region 10, 1 of the HC SS in Region 6 thought the nurse and waste handler were equally at risk, two hospital sanitation staff in Region 10 thought that the lab techs are most at risk (they do a lot of procedures) and one of the region 10 municipal waste handler in region 6 thought doctors were the MOST at risk (they have to deal with a lot of sick people).

Reasons given why nurses are at risk/MOST at risk include: they could get stuck at numerous times: after drawing the medicine; children cry and might fight, trained not to recap, but some do; if don’t dispose of syringe right away.

We are most at risk because we’re the ones who handle the injection and we put the needles and syringes into the safety boxes. (Hosp IP, Reg 6)

Sometimes mostly children, they would fight and sometimes you bore them and sometimes the needle would stick you. (HC-IP, Reg 6)

In the process of administering the injection the nurse can get stick after administering the injection, or you can get somebody who is filling as the nurse (HC-IP, Reg 10)
The nurse helps me empty the sharps container, but I don’t give injections (HC-SS, Region 6).

8 of the 9 HC providers in region 10, 2 of the 9 hospital providers in Region 10, and 2 of the 8 HC providers in region 6 thought the waste handlers were MOST at risk, especially if they don’t know about protection; some kick the safety boxes to move them, rather than picking them up. They thought the nurse should know.

Sometimes the safety boxes, they (the nurses) fill it too much and like it got needles protruding out of the box and that’s how the waste handlers get stuck. (HC-IP, Reg 6)

Sometimes the waste handler comes pick up the box and some time he may be vex or whatever the case might be. Sometime he kick away the box and he can be stuck” (Hosp-IP, Reg 10)

As nurses we try to safeguard ourselves and we will stick the needles in the boxes and it full and we aren’t able to go and bring another box or fold another box. And now the person that has to dispose them will think that we did it properly and they will come unprepared for work (Hosp-IP, Reg 10)

Lack of knowledge of proper disposal (HC-IP, Reg 10)

Most sanitation staff thought they were MOST at risk as well. The two main causes were if they did not have/wear their gear all the time and behavior of the nurses.

- Seven of the 9 municipal sanitation workers in both regions thought they were most at risk and one in Region 6 said the maids.
- All 6 of the hospital sanitation staff in region 6 thought the porters were most at risk as did 5 of the 9 in Region 10.
- All the clinic attendants in region 10 thought clinic attendants were MOST at risk; 3 of the 4 in Region 6 thought it was the waste handler.

The maid she got to clean and she could get stuck (Hosp SS, Reg 10)

At the end of the day the porters have to carry – always a lot of risk (Hosp SS Reg 6)

Because some of the guys do not wear their safety gear. This programme started by GSIP is very good. (Hosp SS, Reg 6)

WH has to remove sharps to barrel. Sometimes nurses close more then ¾ filled and could get stuck. (HC SS, Reg 6)
Sometimes the needles is still attached to the syringe and dumped in the basket. I report it to the head. And let her know it is something wrong they are doing because I am at risk when I go to empty the garbage. (HC SS, Reg 10)

When the nurses and doctors get needles and dump it unprotected, we the cleaners have to pick it up. We have to wait every 2-3 months to get long boots, gloves and respirators (Mun SS, Reg 6)

We have to handle the rubbish every day (Mun SS, Region 10)

Three of the health center nurses in Region 6 thought the clients were most at risk and 2 of the 9 hospital providers in Region 10, because some nurses may re-use syringes, may not always check the expiry date (especially the medicine), an expired needle would be blunt and could hurt; they have so many injections to give; some people allergic and are supposed to give test dose to see, but most don’t wait the 15 minutes.

Suppose now you have to give antibiotics, some people are allergic; you supposed to be giving your test dose and wait 15 minutes and see if the patient doesn’t react and then you give the full dose. They (i.e., some nurses) just administer, just like that. (HC-IP, Reg 6)

The nurses were taught, the waste handlers were taught so probably the community who will get involved in some way, might not be at the knowledge concerning it (Injection safety) (Hosp -IP, region 10)

Being practical some nurses don’t check the expiry date, they just pick up and administer. Then the client might react to it. (Why: You just have so many injections to give you just pick up and ...the nurse will be in a rush.) (HC-IP, Reg 6).

Two of the 9 municipal sanitation staff in Region 10 also thought the public was MOST at risk.

We got gear and they don’t have anything. People pick up rubbish. People go with their bare hands. (Mun SS, Reg 10)

1. 3 Perceptions of risk now (after training) vs. a few years ago

Overall, health facility staff, both injection providers and sanitation staff, at both hospitals and health centers, thought they were LESS at risk now than they were a couple of years ago.

For the providers, this is mostly because they used to reuse and recap, but now they have been taught and use universal precautions and wash hands. Also cited were the posters in the injection room that remind them of the safe practices.
We ain recappin’, we ain reusing, disposing in the right safety boxes, handwashing (IP-HC, Reg 6)

A lot of changes from before. Before you used to recap, and now you don’t. Before you walked with a tray and when finished, would dispose. Now dispose each immediately after use. (IP-Hosp, Reg 10)

We try to wash our hands as often as possible (IP-HC, Reg 6)

The education that we get about safer injections… the USAID/GSIP workshops. (IP-HC, Reg 6)

(Safer now)… because of all the tools you have to work with. You have your literature, posters, needle cutter, safety boxes, barrel, the plastic bags in different colours… and thanks to this education we can do better. (IP-HC, Region 10)

And then in the injection room you have the reminders there when you’re giving an injection. Those posters, they’re doing a good job. (IP-Hosp, Reg 6)

There is a vast change over the years (IP-Hosp, Reg 6)

Most of the sanitation staff at health facilities (and two of the municipal sanitation staff in region 10) gave three main reasons for feeling LESS at risk now than previously – knowledge of how to protect selves from seminars, new equipment for disposing of sharps and separating infectious waste, and protective gear.

You have sharp boxes to put sharps in, you don’t recap needles; you don’t boil needles like before and use them back. You are being educated not to do this not to do that this is what you’re supposed to do. They let you know about especially HIV, what it can do... (SS, Hosp, Reg 10)

We have the understanding of how to do the job. We have infectious and non-infectious waste. Also our working gear, we learn how to use them, Gloves, longboots and respirator. Red bags are for bloody stuff like cotton wool, gauze. Black – normal stuff. Keep bins covered. (SS, Hosp, Reg 10)

I less at risk. At Blackbush I have a machine thing to cut needles. When the box is ¾ full you get rid of it (SS, Hosp, Reg 6)

The nurse was trained, the box is now emptied once a week. Before they just leave stuff around (SS, HC, Reg 10)

Because the authorities never used to take these precautions, to see that you protect yourself with your putting on apron, gloves, boots. Now they have workshops to show you how to protect yourself. (SS, HC, Reg 6).
Because of the different seminars you go to, you learn more – that you have to get gloves, long boots, respirators (Mun SS, Reg 10)

A few people said degree of risk vs. past depends on whether people do what they’re supposed to.

Since GSIP, once they comply with the rules and regulations they are less at risk; if not, they are more at risk (SS, Hosp, Reg 6)

(Safer now)...as long as you adhere to the guidelines, but if not you’re more at risk. (IP-HC, Reg 6)

In comparison, most of the municipal sanitation staff (all in Region 6 plus 7 of the 9 in Region 10), and a few health facility staff, thought they are MORE at risk now, despite the training. The municipal sanitation staff mostly mentioned more disease, more garbage and lack of gear to protect themselves with.

Everyday more diseases getting in the place (Mun SS, Reg 6)

More at risk, because you do not have boots, gloves, respirator at the time you need it. (Mun SS, Reg 6)

More diseases and more garbage. More hazards to meet with (Mun SS, Reg 10)

- Only one injection provider among all interviewed (a HC provider in region 6) thought she was MORE at risk than a few years ago.

Dealing with people who are HIV+, or an accident where things can fall and stick you. But the education is helpful. (IP-HC, Region 6)

- 2 of the 9 hospital sanitation staff in Region 10 and 2 of the 6 in Region 6 thought they were MORE at risk now. The sanitation staff in Region 6 were quite critical of the nurses; they see it as nurses’ negligence that puts them at risk. However, there was general agreement among the group in Region 6 that there are much fewer needles found since the training.

Some nurses do not segregate the waste and this leads to problems (SS, Hosp, Reg 6)

I feel the nurses are not trained; ½ keep doing the same thing (SS, Hosp, Reg 6)

I clean the beds. Still find needles in beds, cupboard or floor. No one picks it; I have to go and pick it up. Some of the nurses care and comes don’t (SS, Hosp, Reg 6)

More risk because you do it every day; I have more garbage to pick up every day; more needles and more sick people; more to do (Porter, Hosp, Reg 10)
1 of the 4 HC sanitation staff in Region 10 also thought she was MORE at risk than a few years ago, but she started after the injection safety training.

*We are at risk to sharp disposal. We always have to be on Ps and Qs, especially when emptying sharps and bags, so have to keep thinking. Don’t know where the needle has been or the status. We have all types of people, sometimes don’t know their status (HIV), needle might be from that person and if you’re concentrating on something else and might get stuck. They say HIV positive, can get through needle.*  (SS-HC, Reg 10)

2. Information sources and actions taken

2.1 Information sources

Almost all the participants attended GSIP workshops. A few who came had not. Other sources of information on safe injections included the handouts and posters from the workshop, including the segregation and act fast ones. There was some mention of demonstrations during the workshop.

*In the classroom you had to demonstrate how you issue an injection to the tutor*  
(Hosp, Reg 6)

*There is even a role play.*  (Hosp, Reg 6)

*In the classroom we had the needle cutter.*  (Hosp, Reg 6)

Most said there were no other sources – not supervisor, TV (except a few in Region 6 saw the GSIP activities on TV) or colleagues. Region 10 Health center providers said that their regular training programs (3-4 times a year) touched on some of the safe injection practices.

Several of the hospital sanitation workers mentioned nursing staff that had been trained and the solid waste management group. Some of the health center sanitation staff mentioned advice from Medex and doctor and monitoring from Miss Austin (GSIP regional 10 staff consultant). Municipal sanitation staff also mentioned town council and superintendent and the WIT person, during the workshop (in Region 6), and the solid waste management staff and sanitary inspectors in Region 10. There was no mention of the WITs by the health facility staff, and when probed, none were aware of anyone doing community-based work on injection safety issues.

2. 2 Benefits of training/seminar ; what doing differently

Many of the injection providers said they feel safer, because they have changed their injection and waste disposal behavior. There was also some mention of better relations/teamwork between providers and sanitation staff, especially by health center staff in Region 6.
I feel more confident. (IP-HC, Reg 6)

I personally never liked to wash my hands but due to the programme my behavior start to change. (IP-HC, Reg 6)

I think it builds a better relation between myself and the maid and the health attendant. Whenever she’s not there I would do what she has to do. (IP-HC, Reg 6)

The maid is now seen as a person rather than a thing or maid. (IP-HC, Region 6)

Each of us depend on each other as a team (IP-HC, Reg 6)

Cut the needles - makes me feel safer. (IP-HC, Reg 6)

Some time you find needles are stick in the beds the patients bed, on the bed, on the trolleys, all over. Now you don’t really find them lying around and hanging around. (IP-Hosp, Reg 6)

The facility is more healthy.. you ain got no spilling. (IP-HC, Reg 10)

Before the training we used to recap needles… put it down in a kidney dish and wait till the end of the session, then you discard, but now we’re not doing that; as soon as you finish with it and put the needle and syringe you would destroy it and put it in the box and we don’t recap. (IP-HC, Reg 10)

We walk with our safety boxes now. In the past we would wait until after 7 or 8 patients to dispose – all the needles were just sitting there (IP-Hosp, Reg 6)

For me, I will open the needle in front of the patient, because that was something I didn’t always do… but now I do it so that they could know it’s a clean needle. (IP-Hosp, Reg 6)

It makes my work easier – just use and discard. Less work (no need to sterilize) (IP-Hosp, Reg 10)

Taking the guidelines that they have provided, it help you to operate in an accident-free environment. (IP-Hosp, Reg 10)

Since the training from GSIP. I got training and that is one of the things that they help to educate us on how to talk to the client if they can be given tablets instead of injections (IP-Hosp, Reg 10)

(GSIP) cares about person’s health – looking out for the welfare of the Health care provider (IP-Hosp, Reg 10)
Most of the health facility sanitation staff also said they feel safer and more protected after the training, mostly because they are wearing their gear more regularly and they come in contact with fewer sharps and infectious materials. Some also mentioned that they are using some of the information to do better waste management at home and they’re more careful about trying to clean up before going home so as not to transmit germs/illnesses to their family.

*We so glad that when GSIP come on stream to sensitize us and to provide us with the different protective gear. (SS-Hosp-Reg 10)*

*I now know what to do and how to do things. I carry myself in a different manner. (SS, hosp, Reg 6)*

*More secure, more safe. Now I know I’m out of danger. (SS, Hosp, Reg 6)*

*Helps me with environment at home. Kids ask questions. Now I know what to do. (SS, Hosp, Reg 6)*

*Look forward to getting my job done. My fellows are safer. (SS, Hosp, Reg 6)*

*Educated about wearing safe protective gear. If you used to lapse you will pull yourself together because you will know the after effect if anything happen to you. I feel good about my job. (SS, Hosp, Reg 10)*

*I benefit a lot. I get a lot of experience and get to know a lot of things about waste management and protecting yourself. I feel wonderful. As long as I going to do a job I put on my mask, gloves, apron, long boots. I feel much more safer. (SS, Hosp, Reg 10)*

*Before I received the training, I used to move more wildly, wildly, but now with the training I am taking more precaution. I feel much more safer. Knowledge is power – know what to do. Before I used to hold certain things with my hands. (SS, Hosp, Reg 10)*

*After the training, I learned how to speak to the subordinates to encourage them to do things right, more correctly. You have to study your people, learn their mannerism and then deal with them individually. (SS, Hosp, Reg 10)*

*I learn a lot. I handles my waste at home differently. How I used to throw garbage out need to protect it. Dump it in a place (SS, HC, Reg 6)*

*Now use gloves, right? Pick up whatever from the ground. Now I wouldn’t cause don’t know who to trust. Change clothes right away and bathe (when get home before handling the children. Now we have different bins and needles are treated. (SS, HC, Reg 6)*
Nurse and maids went to the seminar, so both parties know what to do – both would look on one another. Nurses, if know she doing something wrong, could tell her and sometimes she might say thank you. (SS, HC, Reg 6)

Feeling more secure for yourself and the nurse. (SS, HC, Reg 6)

Same education – can take home and protect your family. Also for the neighborhood. About trash in area. Burn or bury. (SS, HC, Reg 6)

Feel good but also feel you are very at risk, you really really got to be careful. (SS, HC, Reg 6)

Before training, used to go pick up garbage with my bare hands and not think twice about it. Now be more cautious; put on gloves and look at it before you pick it up. Now line the bins. Before no lining – just throw things in. (SS, HC, Reg 6)

Nurse washes stuff, so no bloody things; Nurses know “gotta protect selves and protect we” (SS-HC-Reg 6)

Despite feeling more at risk overall, most of the municipal sanitation staff made positive comments about the training and gave examples of things they are doing differently since.

Learned about having to be careful with the red bags. (Mun SS, Reg 6)

I feel more safe on the job (Mun SS, Reg 6)

I now wear all my protective gear (Mun SS, Reg 6)

It benefit me a lot because I do exactly what they say. I wear gear to pick up sharps. (Mun SS, Reg 10)

I have learnt a lot. Everything they say I put into practice. I feel healthy and safe. (Mun SS, Reg 10)

I have changed my style of working. I am not mixing rubbish as before (Mun SS, Reg 10)

I feel better. When I go to pick up sharps, I lift the red bags from the trolley (HC) by the top/mouth and put it in the truck. (Mun SS, Reg 10)
3. Barriers to following safe procedures and suggestions for improvement

3.1 Barriers and suggestions – Injection Providers

There were a number of things that injection providers say make it difficult for them to follow safe injection and waste disposal practices for every injection. The main one mentioned is insufficient equipment, specifically syringes, safety boxes, needle cutters. Another key barrier was how hard it is to change an old and maintain a new behavior. Lack of protective gear for the waste handlers was also cited. Another was the lack of running water and soap in the injection room. Other topics mentioned were lack of knowledge about injection safety, and the unpredictability of patients – especially children who might move. Health center providers in region 10 also complained of the “less trained” providers at the hospital that they refer their patients to.

Sometimes you don’t have enough boxes, safety boxes for disposing. So when you give an injection there is no where to put it. They’re left in small open container where they could fall out and anybody can get contact with it. (Hosp, Reg 6).

Nurses are trained and sometime when I am in the ward, like I say “Old habits..”. And then I would remind them. Sometime they don’t put the needles in the safety boxes, but leave it on top of the cupboard. (Hosp, Reg 6)

Well you know human beings. Human’s behavior. We will all know the right thing but we all will go for the short cut. By looking for short cuts we do things that can expose other persons (Hosp, Reg 10)

You don’t have everything that you need to use and you may not be doing vaccines alone or injection alone so that can make it especially difficult if you have to leave the room to get your hands washed, come back in and prepare the vaccine. (HC, Reg 10)

New persons coming into the facility. If they don’t know the protocol, because we don’t know if the training is worldwide. (Hosp, Reg 10)

Cases of emergency (Hosp, Reg 10)

We may have to send off a patient to hospital and certain kind of care stops there because they were not exposed or they were not trained at all or just a little bit” (HC, Reg 10)
### Table 1. Barriers and Facilitating Factors - Injection Providers

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Facilitating Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Insufficient supplies of safety boxes/needle cutters/bin liners in right size and color</td>
<td>• Feel that job is important</td>
</tr>
<tr>
<td>• Lack of running water in injection room</td>
<td>• Training</td>
</tr>
<tr>
<td>• Lack of knowledge of cost/length of time hand sanitizer lasts</td>
<td>• Equipment</td>
</tr>
<tr>
<td>• Even some trained nurses don’t follow all things</td>
<td>• Belief that they are most at risk (Hospital providers)</td>
</tr>
<tr>
<td>• People sometimes forget; old habits die hard (re recapping, handwashing and other safe injection procedures)</td>
<td>• Tablets easier to give and less risk for nurses</td>
</tr>
<tr>
<td>• Lack of staff, too many patients waiting/stress/too busy (especially hospitals)</td>
<td>• Most say they believe tablets more effective</td>
</tr>
<tr>
<td>• Communication barrier between nurse and doctor</td>
<td>• Fear of HIV</td>
</tr>
<tr>
<td>• Lack of clarity on who is supposed to close and seal safety boxes</td>
<td>• Posters as reminders</td>
</tr>
<tr>
<td></td>
<td>• Dedicated injection room</td>
</tr>
</tbody>
</table>

When asked what makes it easy or would make it easier to improve injection safety practices, injection providers mentioned sufficient supplies, especially red bin liners in appropriate size and safety boxes, and, especially at health centers (dedicated injection room). Additional comments included: educate the public, especially about benefits of tablets, which are easier for us to give them, post up more reminders. Providers from HC in Region 10 suggested better/more training for providers at the hospital level. Some of this could be due to the fact that all HC, but not all hospitals, use needle cutters.

_We really need a (dedicated) safe injection room with everything, including cabinets, lights, A/C, new trained staff, proper desk, needle cutters, bins, water._ (HC, Reg 10)

_(Wonder) whether as assistant nurse or midwives and they (hospital providers) come to the public health clinics, you see a different practice. We have to actually teach them and review their safer injection procedures (HC, Reg 10)_

_I would prefer (training) to be integrated into the nursing service curriculum… in the classroom._ (HC, Reg 10)
3.2 Barriers - Sanitation staff

The main response from sanitation staff of all types in both regions was lack of equipment, with barriers including nurses’ work quality and sometimes not wearing gear when doing something.

Table 2. Barriers and Facilitating Factors - Sanitation Staff

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Facilitating Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lack of gear; not given frequently enough, not replaced when damaged</td>
<td>• Feel that job is important</td>
</tr>
<tr>
<td>• Ill-fitting, uncomfortable gear</td>
<td>• Training</td>
</tr>
<tr>
<td>• Lack of enforcement of wearing gear</td>
<td>• Want to protect self, family</td>
</tr>
<tr>
<td>• Insufficient supplies of safety boxes/needle cutters/bin liners</td>
<td>• Believe all gear should be worn all the time to protect self</td>
</tr>
<tr>
<td>• Lack of water/detergent to wash gear where work</td>
<td>• Belief that they are most at risk</td>
</tr>
<tr>
<td>• Low status; ashamed to wear gear</td>
<td>• Fear of HIV</td>
</tr>
<tr>
<td>• Nurses not always throw needles, syringes and infectious waste in correct place – HF sanitation staff</td>
<td>• Health facilities safer – bags, boxes</td>
</tr>
<tr>
<td>• No safe place to store gear</td>
<td>• Posters – remind them about gear</td>
</tr>
<tr>
<td>• Don’t always wear – to do “little” things</td>
<td>• Greater concern of providers at HC and Region 10 Hosp for Sanitation staff.</td>
</tr>
<tr>
<td>• People sometimes forget</td>
<td></td>
</tr>
<tr>
<td>• Private doctors and lack of ability to protect self in general collection of garbage – municipal sanitation staff</td>
<td></td>
</tr>
</tbody>
</table>

If you don’t have the things to protect yourself (gloves/bags), you are at risk. (Hosp, Reg 10)

We does got to fight for we own. Right now is only gloves I get (nothing else) (Mun SS, Reg 6).

Normally we get one pair of long boots and gloves per year and they tell we if it get damaged we have to replace it (Mun SS, Reg 6)

Slip up – sometimes you take a chance and pick up something – not bloody things – without your gloves (HC, Reg 6)

Nurses not following rules (Hosp, Reg 6)

A few sanitation staff replied by saying they didn’t see why there would be any difficulties to follow the recommended procedures.

Protecting myself makes it easy for me (SS, Hosp, Reg 6)
You have your gears. Don’t see why it should be difficult. Long boots, aprons, gloves (SS, HC, Region 10)

Nothing if wear gear (Mun SS, Reg 10)

3.3 Suggestions for ways to help staff follow safe procedures

There were a number of suggestions from injection providers and sanitation staff for continued/expanded training and reinforcement/capacity building, including supervision, and media/materials to help them improve safe practices.

Maintain the activities – a lot of time courses just run for a period of time. (IP-Hosp, Reg 10)

Refresher course – once or twice a year (IP-Hosp, Reg 10)

Workshops (SS, HC, Reg 10)

Make sure you have the relevant supplies, like waste boxes. (IP-Hosp, Reg 10)

If I do the right things, others will follow me. (IP-HC, Reg 6)

Show them the right thing, tell them the right thing, you do the right thing and people will follow you (SS, Hosp, Reg 6)

Discussions at work. Observe others, now and then, after clinic session (IP-HC, Reg 6)

Display the rules (not currently displayed) (Mun SS, Reg 6)

Poster showing what you should be wearing, in front of you – where bucket and broom are (SS, HC, Reg 10)

Additional poster - showing what to avoid doing (SS, Hosp, Reg 10)

TV; Radio program (SS, HC, Reg 10)

Supervisor to see the job done the right way. Posters, information. (SS, Hosp, Reg 6)

Supervisor should place one of the more dedicated or punctual workers with one who is not so active or punctual. (SS, Hosp, Reg 6)

Learning and knowing how dangerous it is. Knowing you are at risk, if you have things to protect yourself you personally protect yourself. Your gear is for your safety, your protection. (SS, Hosp, Reg 6)
Home users of needles need to carry them back to doctors. People put them in the garbage (Mun SS, Reg 10)

Sanitation Staff also mentioned the importance of gear, supplies and other material items.

More gloves are needed (SS- Hosp, Reg 6).

Gloves too big for maids (SS-Hosp, Reg 6)

Need surgical gloves; others too stiff (SS-Hosp, Reg 6)

Others would not take gear home if storage, water, detergent. Would wash it (Mun SS, Reg 6)

If had personal lockers (Mun SS, Reg 6)

More tools: spades, fork, rake (Mun SS, Reg 10)

More money (Mun SS, Reg 10)

Disinfectant (Mun SS, Reg 10)

Transportation (Mun SS, Reg 10)

More workmen (Mun SS, Reg 10)

3. 4 Suggestions for ways to help remind providers what to discuss with patients

Injection providers suggested group discussion, flyers to hand out to improve communication with patients. Also suggested was reinforcement of interaction with patients in terms of staff discussion, monitoring and supervision

Ward meetings (Hosp, Reg 10)

Supervision and peers: each one of us needs to do something if see something. (HC, Reg 10)

Assign person to go about once a month doing checks. (Hosp, Reg 10)

An open (group) discussion (with all patients) before the doctor starts (Hosp, Reg 6)

We should have flyers or visual aid (to hand out) especially for those using insulin – to go with the plastic bottles. (Hosp, Reg 6)

Providers also suggested that information be targeted directly to patients/community, for multiple reasons: in case nurses don’t have time to counsel, visual reminders to provoke the patient to remind the provider and/or to reinforce the message from the provider.
If you could put a nice picture of someone washing their hands by the sink (HC, Reg 10)

Another picture for the steps on how to use and dispose – from removing injection to safety box. (HC, Reg 10)

Run it (the info) on the TV or the newspaper, for the community (HC, Reg 10)

Put a jingle on the TV or radio like: I’m here at the hospital today and I’m taking my tablets away (HC, Reg 10)

Cassette running over again at health facility, in case nurse doesn’t say with them. (HC, Reg 10)

4. Worker Protection

4.1 Tetanus and Hepatitis B vaccination – trained personnel

Barriers
Main response to why people may be reluctant to get their vaccination was fear of the pain of the “bore”. Other reasons given included fear of catching something from the needle, the nurse not opening the needle in front of you, experiencing bad side effects/reaction and logistics issues.

Nurses are the worst patients. (IP-HC, Reg 6)

When it was first here persons had a misconception of the vaccine – it would probably give you something. (IP-HC, Reg 10)

Shift system. Some people are off duty when they come, so need to go to health center to get (IP-Hosp, Reg 10).

They are not notified (Mun SS, Reg 6)

The pain because they know they have to. So when you take one, you don’t want to go back (IP-Hosp, Reg 6)

Some people are not interested in being protected; don’t know the importance (SS-HC, Reg 6)

Facilitating factors
The main facilitating factor was actual (Reg 10) or perceived (Reg 6) enforcement; requiring the vaccinations.
MOH requires you to get it; serious consequences if not get vaccination (IP-HC, Reg 10)

It is part of your policy, so if you don’t get full coverage you don’t sign your new contract. So with that you know if you don’t sign your contract, you’re not on the payroll. (IP-Hosp Reg 10)

Now each hospital has a book and you have to get vaccinated; they check the books now. (IP-Hosp, Reg 6)

Clinic told us we had to be vaccinated (Mun SS, Reg 10)

If you don’t get covered they check on you and send you to be vaccinated. It’s a must. (SS, Hosp, reg 10)

When I started the job, I was told that I have to take it – like everyone else – to protect you against certain diseases I would be exposed to. (SS, HC, reg 10)

Suggestions to improve vaccination coverage of personnel
Enforcement, direction, mutual support, education, TV/materials, motivation by money saved and fear of possible illness.

Supervisors...reminding them (staff) please walk with your card because you’re due for vaccination. (IP-HC, Reg 10)

Supervisor – sent those not covered to the clinic for injection when they show up for work. (IP-Hosp, Reg 10)

At payday, the vaccination team should be there, before giving them their pay (SS, Hosp, Reg 6)

I was encouraged by another nurse; she said, “Let’s feel the pain together” (IP-Hosp, Reg 6)

Education. When you receive knowledge you know it good for this, it could prevent such and such. (Where should education from?) Training sessions, workshop from the MOH. (IP-HC, Reg 6)

At the Health Center you don’t know who and who coming in, so the doctor can explain to the that if they take their vaccine, they would not be exposed to those different people (IP-HC, Reg 10)

Nurse can give it to herself. (IP-HC, Reg 6)

If you have to go overseas, they would have to pay $1000 to collect the vaccine, but you are getting it for free now. (SS-HC, Reg 6)
Send out a circular (IP-Hosp, Reg 10)

4.2 Reporting and treating needle sticks – trained personnel

Reporting

The main reasons people gave for not reporting needle sticks were lack of confidentiality, too many steps, lack of confidentiality, fear of being stigmatized, fear of finding out status and reported side effects of medicine, and being considered to be negligent.

Have to write up a report about injury sustained (IP-Hosp, Reg 10)

You have to get counsel and tested then you got to go to the dispensary so the word gets around (IP-Hosp, Reg 6)

It all comes down to us as workers because sometime the person who is around starts the talking. (IP-Hosp, Reg 6)

Low confidentiality (IP-Hosp, Reg 6)

 Fear to find out if HIV. Have to report through channels. (IP-HC, Reg 6)

Fear of being blamed for being careless; first thing people say. (SS-Hosp, Reg 6)

Got to give lots of information – report, get counseling – takes a lot of effort. Look at a person. (IP-HC, Reg 6)

Some may feel that the stick has not penetrated (SS-Hosp, Reg 6)

 Maybe they are not conscious that they have been stuck with a needle, they believe it is something else (Mun SS, Reg 6)

So many times. Rules on the wall. A person might be on his way to supervisor and feel ashamed or embarrass, because didn’t follow the rules to prevent getting stuck. (SS Hosp, Reg 10)

Drunk or smokin’ and don’t care about their life (SS-HC, Reg 6)

Starting and completing ARV treatment

The main reason given to explain why those who report, but do not take or complete the regimen of ARV drugs, is side-effects, but most of the above reasons also pertain. An additional reason is if the HIV test is negative, especially if the “contaminating person” is also known to be negative.

I had a friend that stopped treatment because of the side effects – she felt drunk, felt ill like she was going to die (SS-HC, Reg 10)
ARV was discontinued because both was HIV negative (IP-Hosp, Reg 10)

If test is negative people think they don’t have to take the treatment (SS-HC, Reg 6)

They might be discriminated against if contract HIV virus (Mun SS, Reg 10)

I had an experience and I am not reporting it because of all the drugs. (IP-HC, Reg 10)

Duration of treatment – long; didn’t have good counseling. (IP-HC, Reg 6)

Suggestions to improve reporting and treatment of needle-sticks
Encourage them, provide information, accompany them, increase confidentiality, supply ARV drugs at HC level.

If someone is stuck and they tell me, can accompany them to get whatever to be done. (IP-HC, Reg 6)

They should shorten the time for the treatment. (IP-HC, Reg 6)

Health centers should have the drugs, why go 15 miles for it (IP-HC, Reg 10)

Should have workshops on confidentiality (IP-Hosp, Reg 6)

Confidentiality. I got stuck – first supposed to check time, report to Medex, then go to person who’s doing counseling. Now on medication – when you go back to your unit and repeat the test. You want it to be confidential between the tester and the supervisor. Sometimes the result can be positive, but the whole workplace might get to know and friends might pull against you (SS-HC, Reg 10)

If you get stuck, squeeze it out, wash it, then go tell supervisor. Learned this at the seminar we went to. (Mun SS, Reg 10). (Note: the original training in regions 6 and 10 did recommend squeezing; the protocol has since been revised.)

4.3 Act Fast Poster

Exposure and Interpretation

All groups of injection providers and sanitation staff were showed this poster and asked for comments about it. All of the health facility staff see it everyday at their facility and have seen it at other facilities. Many of the municipal sanitation staff had never seen the poster. Only 1 in Region 10 had. Those that had had seen it at a health facility.
Overall, despite the picture of a nurse, almost all of the staff thought that it applied to all who come in contact with sharps, including themselves. Most understood the key message to be what to do if have a sharps injury.

A good number of hospital staff (providers and sanitation staff) and a few health center and municipal sanitation staff, also indicated it reminded them to be careful so it didn’t happen in the first place, as evidenced by the following quotes.

*Prevent it from happening in the first place (IP-Hosp, Reg 10)*

*How the nurse makes her face, no one will want to get stick (IP-Hosp, Reg 10)*

*It get an impact on you when you see it. That individual could have been you. (IP-Hosp, Reg 6)*

*So you try in all ways to administer a good injection and not be stuck. (IP-Hosp, Reg 6)*

*Be careful when handling sharps, or you can accidentally get cut or stuck (SS, Hosp, Reg 10)*

*Take precaution of whatever you are doing and not getting stick (SS, Hosp, Reg 10)*

*Be careful so you don’t get stuck (SS, HC, region 6)*

*Be careful about holding needles (Mun SS, Reg 10)*

**Suggestions for making poster more useful**

Some things were unclear about the poster and there were a number of suggestions for how to improve it to be clearer, both the visuals and the text.

*It says treat it, but what would you treat it with? (IP-HC, Reg 6)*

*Treatment works well when started in 2 hours. What specific steps? Not enough detail on how to get the treatment. (IP-HC, Reg 10)*

*For me, I would prefer her washing her hand under the running water at a sink (IP-HC, Reg 10)*

*More detail of what to do, I think they need to spell out when they say wash it.. that the should wash it under running water. (IP-HC, Reg 6)*

*If a few lines could’ve been there with the steps to get to the treatment (IP-HC, Reg 10)*

*What treatment? (SS, HC, Reg 6)*
To squeeze or not to squeeze?

Most respondents thought that it looks like the nurse is squeezing her wound. Further many (at least half in one group and almost all or all of the participants in the 2 other groups we asked in Region 10) thought you should squeeze if you get a needle stick (should squeeze if you get a needle stick). A number mentioned that that’s what they were told during the training. Again, the earlier trainings, before recent change in guidelines, did recommend squeezing.

*(If squeeze) it open up the wound more. You treating the wound or the patient? Not sure what you treating?* (IP-HC, Reg 10)

*Looks like she’s squeezing it (4 people), but not supposed to squeeze it* (IP-HC, Reg 6)

How Injection Providers Use Act Fast Poster

Some injection providers say they use this poster with their staff or when giving vaccinations to government staff. Some also suggested again, that it is used to remind them to be careful not to end up like her (getting stuck) and others suggested it could be used for the patients, so that the nurse is less at risk.

*Reminding your staff* (IP, HC, Reg 6)

*Use with staff during discussion in group* (IP-HC, Reg 6)

*We give the Drainage and Irrigation workers hepatitis B injections, so we use the poster to tell them what to do if they should get cut.* (IP-HC, Reg 6)

*When I look at her I say I gotta be real careful (not to get stuck)* (HC, Reg 10)

*I think this poster can be used for patients. It is a reminder for them if they are not co-operative you can get needle stick injury and when giving an injection what could happen to the nurse.* (Hosp, Reg 6)

*It is better for them (patients) not to take the injection and they can use tablets* (Hosp, Reg 6).

5. **Rational use of injections (reducing number of injections given) - Injection providers**

5. 1 **Injections given**

In Region 6, the health center nurses give from 10 to 40 injections on clinic day (5 gave 10-15), mostly for vaccination. Several of the hospital providers in Region 6 talked about
450-500 or more per week, but some had 2 clinic days and they gave a number to diabetics. Another mentioned 35-50 per week at the public health clinic.

In Region 10, none of the hospital providers said they gave more than 25 injections per week and most gave under 15. One reason for this was the increase in orals prescribed. At the health centers, four said they gave over 100 per week and one gave 50-60 per week, mostly vaccination, while the others gave 10-30 per week.

I will say 500 or more (per week) because the diabetics would come because they are afeared to be stuck if they do it themselves. (Hospital, Region 6)

Less injections given now than before; since educating the clients (following GSIP training) (Hosp, Reg 10)

Sometimes doctors give orals instead. People ask for them (Hosp, Reg 10)

5.2 Benefits of orals

All of the providers from both hospital and health center groups said they thought that orals are MORE effective for fever than injections, unless the person is “fitting (having fits)”. They cause less discomfort, they’re safer, eliminate chances of needlestick, they work just as fast and it results in less injections.

You don’t have to take the bore, there is no chance of needle sticking. (HC, Reg 6)

Those in Region 10, from both hospital and health center levels, insisted that any medication was given only after other measures taken, such as sponging to bring the fever down.

Drugs is the last resort (Hosp, Reg 10)

Depends on the degree of the fever of if patient if vomiting (Hosp, Reg 6)

5.3 What tell patients about injections

When asked what the main things they tell patients related to injections, the standard list of information was provided (though the health center nurses focused on vaccines rather than curative injections: purpose/importance of injection (5) (“some parents don’t want their child to get injected so young”), name of vaccine (3), site, dose, observe possible reactions, the vaccination calendar). Once they realized we were talking about injections overall, they all said that the most important message was that orals are as effective.

The hospital providers also listed the other messages plus some more specifics about how to treat injection site pain, but the message on tablets came up earlier and all said they thought it was the most important. They gave quite a few reasons, including: they’re less at risk and the providers too; less waste to dispose of; tablets are cheaper – will save
clients and hospitals money (on supplies); some doctors order recurring injections, so the patient will have to come multiple times.

*There will be less waste (Hosp, Reg 6)*

*The tablets are more in supply (than injections) (HC, Reg 10)*

*Some patients will also have to pay transportation (for multiple injections) and they could take home the tablets and administer it themselves (Hosp, Reg 6)*

*You educate the clients (about orals) before you give the injection (Hosp, Reg 10)*

In Region 10, both hospital and HC providers said they actively tried to encourage patients to take tablets or suspension. And they gave a number of reasons they give the patients, including less pain, lower cost, more convenient, reactions to injections.

*(I) try to get them afraid enough of injections, so they take tablets (HC, Reg 10)*

*Some persons, as soon as you tell them about injections, they get jittery (HC, Reg 10)*

*If you can sell the idea of the tablets, then some persons choose the tablets (Hosp, Reg 10)*

*When the patient comes to me for an injection I ask the person first why the doctor order this injection and if it is an injection that you can give the tablet, I advise on the less advantageous reasons before you give the positive so that they will choose the tablets. (Hosp, Reg 10)*

*Sometimes the doctor orders injections for 3-5 days. I will ask if I can use suspensions instead after the patient starts improving. (Hosp, Reg 10)*

5. 4 Barriers to reducing use of injections and suggestions to deal with them

Some patients insist on injections and some doctors usually prescribe injections.

*Patients who demand the injections who said that “nurse, tablets don’t work for me” (Hosp, Reg 10)*

*Some of them (patients) tell you “if the doctor order it, give me it” (Hosp, Reg 10)*

Some suggestions on how to reduce these barriers include the following.

*Nurses have to educate the patients on the posters that they have choices; tablets work as well as injection (Hosp, Reg 6)*
(in reply to above) sometimes you do tell them that, but they still want the injections  (Hosp, Reg 6)

Put messages on the TV (HC, Reg 10)

I think GSIP should have a session with doctors (and medex) because most times doctors will order these injections. Some still need to be trained, especially those who come from Cuba or China.  (Hosp, Reg 10)

5.5 Counseling about oral formulations

54% of observed injection providers in the mid-term assessment did NOT counsel the patient to talk with the doctor about oral formulations. (The hospital providers in Region 6 disputed this finding at first, insisting that the data must have been collected BEFORE the training intervention.)

The reasons given by the health center nurses for this included that maybe they feel that injections are faster than tablets, they could be afraid the client will say to the Doctor that nurse said something different, nurses could be afraid of the doctor (communication barrier -doctors are not always happy to have nurses tell them what to do..); it’s too late to tell them AFTER they’ve already seen the doctor;. Behavior change has not taken place; they (nurses) are selfish and don’t want to share their knowledge and probably they don’t have time. Also some mentioned that some patients prefer injections.

Some of them may not want the client to go and tell the doctor the nurse said you should give orals instead of injection.  (HC, Reg 6)

Sometimes you may be afraid to talk to the doctor. You know some doctors well: I’m the doctor and you’re the nurse. But then again if the doctor has been educated and you the nurse have that communication going on between the doctor and the nurse I thing things can turn around (HC, Reg 6)

Sometimes you tell/remind the doctors about tablets and they say “How are the nurses to tell the doctor his work?” (Hosp, Reg 6)

Because they (patients) feel that injection works better than tablet. Some people have that feeling that if they go to the doctor and they don’t get an injection, they don’t feel good. (HC, Reg 6)

You have to look also at the client’s background because if the client’s grandparents was taking injections, there is no way you can get them to take tablets (Hosp, Reg 10)

Another reason, given by both hospital and health center providers was “too much stress”/not enough nurses/too busy.
Sometimes there is 1 nurse and 150 patients; busy – no time to eat. Just saying “next”. (Hosp, Reg 6)

If you look at hospital setting the nurse don’t have much interaction with the patient. (HC, Reg 10)

5.6 Suggestions for increasing counseling patients about orals.

The varied suggestions to increase counseling patients to talk to doctors about orals included a request for in-service training, more workshops, talk to patient while you inject, have group talk, a cassette, message on TV, talk with the doctors, and train them too since they do the prescribing, as well as discuss during monthly meetings and remind each other. And more staff.

Counseling is not a one-time thing. Got to do it every time. If busy, difficult to do, but maybe some breaks (Hosp, Reg 10)

GSIP can be involved in all nursing schools in our country. Probably we can have more counseling done. (Hosp, Reg 10)

As you give the injection you could try to see how much of the timeframe, cause I might have other patients waiting, so you can give a little talk as well while you go through the procedure of giving the injection (HC, Reg 10)

Put a videocassette, have recall setting so if you don’t have time they could see or hear it (HC, Reg 10)

The doctor would normally prescribe the injections so you need to have workshop sessions like they would have with us so that they could go through and see the benefits of giving the patient or client the tablet than the injection. (HC, Reg 10)

We don’t have a problem with doing that (going to talk to the doctors if the patient would prefer orals, despite having been given a scrip for injection) (HC, Reg 10)

I think what we don’t do in our monthly discussion is review procedures... yeah we can, you know, remind each other don’t forget. (HC, Reg 10)

If you have enough nurses for the patients (ratio) then the nurses can spend time talking to the patients (Hosp, Reg 10).
6. Safe Injections - Injection Providers

6.1 Definition of Safe Injection

The injection providers gave accepted elements of a safe injection. The health center nurses gave more details than the hospital nurses. The elements mentioned for a safe injection were one that does not harm the client, the person giving it, doesn’t harm the general public, that it’s given in a clean/safe environment, to the right person, in the right way at the right site with the right gauge needle and that hands should be washed before handling the syringe “and ya open de syringe in front of the client” (HC Reg 6). Other things mentioned was proper storage of medication, needles/syringe and medicine not expired and that certain medicines (BCG vaccine) are supposed be kept in dark. Other participants said to make sure the bins are empty, not to recap, cut the needle (for those that have needle cutters), and that the syringes are placed in the safety boxes. Wash hands when finished.

_A safe injection is given with the consideration of safety for the patient and the caregiver (HC, Reg 10)_

_After you administer the injection, you go straight to the cutter, you cut and the next step is in the safety box. (HC, Reg 10)_

_I will describe a safe injection by following the monitoring, because the monitoring tool has a procedure that has the criteria for checking expiry dates... (Hosp, Reg 10)_

6.2 Handwashing

When told that 13% of observed injection providers did NOT wash their hands before preparing the injection, the main response was lack of running water in the injection room which means you have to go far away to wash your hands each time. This was particularly a problem in health centers in Region 6 where 5 of the participants said they didn’t have water in the same room. The other three do, but it does not run all the time. In contrast, in Region 10, 8 of the 9 health center nurses had regular running water.

Others mentioned that it takes time which they might not have (shortage of staff – hospital group) and forgetfulness. Wet towels and soap shortages were also mentioned.

_You don’t want to run all over the place to wash hands and come back; and then you get the patient waiting there so long. (Hospital, Reg 6)_

_Or they may have to go a far way to wash their hands, that might be a problem because I’m here giving an injection, I have to go there by the door and then come back. No, I’m not going to wash my hands. (HC, Reg 6)_
Some persons always take things for granted, because they’re sitting there (not touching anything clearly dirty), they think that their hands are clean. (Hosp, Reg 10)

There is a soap shortage (Hosp, Reg 6)

Some nurses will use gloves instead. Although we know what to do, but the time. There isn’t enough time. (Hosp, Reg 6)

Suggestions for encouraging or reminding providers to wash their hands for the hospital providers were mainly focused on needing running water, soap, towel. Health center nurses suggested writing something up, posters, regular supervision, disciplinary actions, and providing hand sanitizer (2 of the health center nurses in region 6 have and use it)

The water should be closer (Hosp, Reg 6)

Put something on the cart – a reminder (Hosp, Reg 10)

Posters. Write up something on the wall – I must wash my hand before and after. (HC, Reg 6)

Sometime clients read and look to see what nurse is doing. (HC, Reg 6)

Put up poster (something) in nurses station, so clients can observe the health workers and make sure they wash their hands (HC, Reg 10)

Because we always have someone supervising us (monthly from GSIP) (HC, Reg 10)

Someone observing you and marking and putting your name at the top of it. Don’t want to get a negative. Disciplinary action – sent to matron’s office for a warning (Hosp, Reg 10)

Hand sanitizer

When asked if they would purchase hand sanitizer themselves, most of the health center nurse in Region 6 said they didn’t know how much it cost or how long it lasted. After probing those who use it and providing a rough estimate of 250 dollars for container, most said they would be willing to buy it themselves, if they didn’t have to share it. (The hospital providers were not asked about buying their own hand sanitizers)

HC providers in Region 10 receive hand sanitizer, but said it was never enough – it finishes in 2 days, since everyone at the facility shares it and it’s another month before more comes. 5 of the 9 didn’t know the cost and assumed it was too expensive. Even at 500 dollars they would not buy themselves, especially since they’d have to travel to purchase it. 4 of the 9 hospital providers (reg 10) all said that they would buy it
themselves if didn’t have it and some said they used it before it was provided. They seem to have personal hand sanitizer rather than sharing it as at the health centers.

A lot of providers did not like hand sanitizer or indicated there were different levels of quality. They find it sticky, drying (need more moisturizer in it) and feels funny – doesn’t feel like hands are clean.

\[
\text{I prefer to wash my hands for injections (gets cleaner), but otherwise I use it (like before eating something. It’s my health. You’re handling different things. (Hosp, Reg 10)}
\]

6.3 Recapping and removing needles

When told that 19% of observed injection providers removed needles from syringes and 12% recapped needles before disposing of them, the main reason given in most groups was “Old habits die hard.” One hospital participant mentioned that it’s a long-term habit with older nurses. Another mentioned that some nurses change needles after mixing vaccines/before injections, so may be recapping the uninjected needles. Others suggested that they might not have been trained, don’t care or are lazy.

\[
\text{Old habits die hard. They still feel that this is the time when you got to conserve (re-use) (Hosp, Reg 10)}
\]

\[
\text{I had a problem with recapping. It took me quite some time to remember not to do it. It was something I’d been doing all these years. (Hosp, Reg 10)}
\]

Suggestions from hospital providers for how to reduce recapping or removing needles from syringes included refresher courses/training, colleagues reminding them/give them a tap on the shoulder, monitoring, enforcement. From health center nurses, the suggestions included “Encouragement from the maids”, other nurses can tell you, give them examples of experiences of others, to treat everyone as a potential (HIV) carrier and that recapping can cause injury.

\[
\text{Tell them about experiences – happened to X and was stuck who recapped, Y who removed and was stuck. (HC, Reg 6)}
\]

\[
\text{Insist they stick to the regulations. (HC, Reg 10)}
\]

\[
\text{We can remind our colleague not to do that. If you observe them doing that, just give them a tap on the shoulder “Nurse that’s the wrong thing” (Hosp, Reg 6)}
\]

\[
\text{And if they do the right thing you give them a tap on their shoulder and say “well done” (Hosp, Reg 6)}
\]

\[
\text{Maybe something should be placed on the wall (Hosp, Reg 6)}
\]
6. 4 Suggestions for how to remind injection providers to open a new needle/syringe packet in front of a patient before every injection
Many of the providers said it was easier to open in front of the patients than not – less preparation work for them. Other suggestions included a poster with syringes and needles, having the supplies all organized, linking it to washing hands, and to discuss procedures during monthly meetings.

Have injection room and area and tray and boxes with syringes. So clients would see taking it from a box. (HC, Reg 6)

Go with tray with sealed syringes. Sometimes about 4 on the tray. Just put it on the tray (Hosp, Reg 10)

6. 5 Use of job aids/materials while with patient

Barriers
The main barriers included, not having time, enough staff, or materials, and expecting them to get the message from the posted materials directly.

We might not use it all the time because there might be other information we might want to share with the client. (HC, Reg 10)

Sometimes the patient may have added pressures that they need to deal with and so you don’t get to tell them tablets are better. The only time I use the job aids is when I am one on one and they ask for injections (HC, Reg 10)

I never thought to educate the patient because I never thought they could get stuck (Hosp, Reg 10)

They can just look at it (poster) and get the message (Hosp, Reg 10)

Suggestions for increasing providers’ use of materials when seeing patients
Some suggestions included encouraging colleagues, refresher training, using group approaches (take less time than one on one), placing all the posters in the waiting room for patients to see, and positive reinforcement.

Give a token for all who follow all the things. You know if the person in charge do a spot check and they come in the health center and see the person really doing it, you know, show some appreciation, like a sweet or a word of congratulations. (HC, Reg 6)
7. Safe disposal of injection and infectious waste

7.1 Safety boxes – injection providers

Barriers to closing and safely storing safety boxes

Most agreed that providers are supposed to close and seal the safety boxes, because “you’re the one who fills it. But there are many reasons why they don’t including fear of getting stuck and thinking it is or should be job of waste handler (who has gear and is therefore protected). Also there was less concern at the health center level, since the safety boxes are not supposed to contain needles (they use needle cutters).

Probably because the nurses fill the boxes too much and they are afraid to close it themselves (Hosp, Reg 10)

(Nurse) fear of being stuck while closing the box (Hosp, Reg 6)

Sometimes it’s tough to push in. Most times don’t have tape. Waste Handler is supposed to deal with disposal (HC, Region 10)

Some don’t like folks up the boxes. Some people don’t know how to do it, even though there are numbers (Hosp, Reg 10)

Waste handler is the one who supposed to put on gear and so and close (HC, Reg 10)

Probably the nurses think the waste handlers are supposed to do it and the waste handlers probably think if the nurses fill it to that extreme “I am not going to seal it”(Hosp, Reg 10)

At our facility, there is only one set of nurses will seal the boxes so you can’t expect it to be covered when those persons are not there (Hosp, Reg 6)

Some (nurses) have an attitude. They say it’s not their job. (Hosp, Reg 6)

Others indicated that there might be a shortage of boxes (5 of the 6 hospital providers in region 6 had a problem with lack of safety boxes about a month ago and two still need boxes) or tape or just that they’re not in the room with you and since you’re busy, you’ll wait till later and then you forget.

Providers generally blamed the sanitation staff and/or the delayed transport for full safety boxes being found in unsecured areas. The weather and a different procedure at one hospital were also mentioned.

Waiting for transportation of boxes – 5-6 boxes. Waste handler takes it out. If they’re not there, I’ll take it out. But usually in secure place. (HC, Reg 6)
Waste handler did not do what he supposed to, so it pile up (HC, Reg 10)  (Also region 6)

Stored under the doctors house until picked up (Hosp, Reg 6)

Sometimes boxes are moved because of water (flooding where kept) (Hosp, Reg 6)

Transportation, for example if it's raining, you have to wait for the ambulance to come and take it away (Hosp, Reg 6)

Suggestions for assuring less risk from full safety boxes
A number of suggestions to reduce the risk from full safety boxes were given. Some of the main ones were to not fill them to much, prepare new ones before needed, and clarify what the provider is to do and what the sanitation staff is to do. Related to the latter, there was some debate over who the written policy says should close and seal the boxes.

Proper disposal that is more on time, seal the boxes on time, etc. Adequate amount of boxes, because if there is no boxes or the box have a cut off point and if there isn’t any it is left to overflow. (Hosp, Reg 6)

Remember to close when ¾ full; or when clinic session is over, or before you go home. (HC, Reg 6)

In this case, they probably need to tell the nurses or in a part of hospital policy who is supposed to do this (close/seal boxes)  (Hosp, Reg 10)

Encourage them to always have the box with them (Hosp, Reg 10)

Do not force needles and syringes into full boxes (Hosp, Reg 10)

7.2 Segregation of waste – Injection providers

Barriers

The main barrier to using red bags for infectious waste is that they are not available (some health centers in Region 6 have never seen them and they were out of stock for up to 6 months elsewhere in Region 6), and when they are available, it’s the wrong size for the bins. In addition, the providers assume the sanitation staff doesn’t do their job.

Probably because the clinic attendant does not put it in when she was finish emptying the bins. (HC, Reg 10)

I don’t know if people take these bags for decoration but there is a shortage (Hosp, Reg 6)

Sometimes only get the small size bags, but large bins (Hosp, reg 6)
Presently they are using black bags because of the bin size and sometimes when there are no red bags, they use the black bags. This was happening last year (Hosp, Reg 6)

Suggestions to improve segregation of infectious waste.

The main reply was to assure the supply of red bags in the right size. Some providers indicated it’s not their job to line the bins; however many of them are responsible for ordering supplies.

Need to request to senior from public health department. (supplies). One public health department for the whole region. (HC, Reg 6)

Get smaller bins or larger bags (HC, Reg 6)

Maids’ job to put in bin liners (HC, Reg 6)

Need small bins and small bags so can dispose every day; I don’t want to throw away just a little amount of waste (in a big bag). (HC, Reg 10)

The key supplier should always send red (Hosp, Reg 10)

7.4 Waste Disposal - Sanitation Staff

Hospitals – Sharps disposal
The following quotes give a picture of how sharps and syringes are disposed at hospitals in region 10. In Region 6, hospitals were less likely to have many providers using needle cutters.

A machine cuts the needles; the needles are stored in a big barrel, they syringes goes into a box. It is my job to seal the box. It is scotched taped properly and stored in a room. After that I burn it and cover the hole. (SS- Hosp, Reg 10)

Sharp boxes/sharp containers and placed in secure room. Has to be taken away to a private dump site, away from hospital. We load it on truck – takes to dump site. (SS-Hosp, Reg 10)

One of the things we agreed on with GSIP that all sharps must come to the Mackenzie hospital. We get doctors from the region to send in to the hospital, all the clinics would send in to the hospital, including Kwakwani, but I have have not seen any from KK for a long time. (but KK uses needle cutters, so boxes just have syringes.) (SS– Hosp, Reg 10)
Hospitals – Segregation

The staff from the region 10 hospital center says they have no problems mixing bags:

*NO problem with mixing bags: We collect red bags and boxes on Monday and Friday. During the week we collect black bags and bins* (SS-Hosp, Reg 10)

In the Region 6 hospital group, however, it was stated that (at least at one of the hospitals) *red and black bags stored and burnt together.*

The information provided on safety boxes indicates that:

- Some nurses normally close the boxes at the right level, while others say:
- Many times the safety boxes are unsealed, because there’s too much waste in it
- The porters remove the boxes and normally burn them in incinerator (SS-Hosp, Reg 6)

Health Centers – Sharps disposal

In Region 6, after the injection, the nurse “break the needle with the cutter and the syringes is place in the box. When ¾ full seal and tape it. The boxes have to be stored in a dry place, next to the waste, then carried to hospital for incineration.” There is no regular schedule for pickup from the health centers represented.

*It sometimes take 2-3 months for removal* (SS, HC, Reg 6)

*If vehicle come to pick up something from the health center, they would take it. They don’t come especially for the boxes (public health and hospital vehicle).* (SS, HC, Reg 6)

The nurses are supposed to close the safety boxes, but it seems they don’t always.

In Region 10, safety boxes are moved - weekly or several times a month, depending on when full – to storage somewhere that people don’t go. The needles from the container go into a barrel.

Health centers - Segregation

When discussing barriers to segregating waste, in Region 6, 2 of the 4 participants had red bags, but not enough. So they use 2 black bags (one inside and one liner). Nurses are supposed to order stock from Public Health Department and tell the sanitation staff they do, but the red bags don’t come.

*We don’t get the red bag, so we would use 2 black bags and the box. When full you tie it and put it in the bigger bin.* (SS, HC, Reg 6)
We have no red bag. We have two sets of black bags. But the infectious goes into a basket. (SS, HC, Reg 6)

Sometimes the nurse might put the infectious in the black bag; the bags are together so the nurse might make a mistake. (SS, HC, Reg 6)

3 of the 4 participants in Region 10 said the red and black bags are burned together. They are however kept in different barrels prior to burning. The 4th participant said that the council comes to pick up the waste – different days for the infectious waste and regular waste.

Municipal Sanitation Staff

In Region 10, the municipal sanitation staff say that once every 3-4 weeks they go to the hospitals and health centers to pick up the red bags and safety boxes. They don’t collect regular rubbish from health facilities at the same time. At the polyclinic – the health facility staff bring the boxes and bags out from the facility. The municipal sanitation staff are required to sign a book how many boxes and bags they receive. They take these to the dump to burn and bury.

In Region 6, the group mentioned that they come to collect the boxes and bury them. They did not discuss how they treat the red bags or other trash, nor whether the safety boxes are picked up separately.

The municipal sanitation staff in Region 6 said that they still find needles when they clean the health facility bins – most said they find 1-2 needles a week. In both regions, they mentioned finding needles when they pick up unsegregated trash from private doctors, and drug stores (in Region 6). In region 10 they suggested that they use safety boxes and red bags.

The drug store by the market... Sometimes get needles in plastic bags and got to be careful. Most time in plastic bags. Sometimes you barely see it and then you alert the others. ... (Mun SS, Reg 6)

8. Protective Gear - Sanitation Staff

8.1 Main barriers to wearing gear – lack of gear

The main reasons given are:
- the lack of (enough) gear
- that gear wears out faster than it is replaced by the management (more of a problem in Region 10, especially among municipal workers some of who claimed they have not received new boots, gloves, overalls and respirators in the last year or longer)
- the recommended/provided gear doesn’t fit well (more of a problem in Region 6 – had gear, but wrong size), don’t know/care.
Some places suspend people who have gear or take other enforcement approaches, but this doesn’t apply to those who don’t have the gear.

*Because when you get one glove and it is torn they take long to replace it.* (Mun SS, Reg 10)

*Have to wait long, long to get the long boots.* (Mun SS, Reg 10)

*Takes long for gloves and not buy respirator. Take long to replace it. Don’t get gear.* (Mun SS, Reg 10)

*When they give you one, don’t get enough* (Mun SS, Reg 10)

*The boots have to last for 6 months. Sometimes it bust up. They force you to work even if you don’t have gear. They only last 2 months* (Mun SS, Reg 6)

*Normally one pair of long boots and gloves and they tell we if it get damaged we have to replace it.* (Mun SS, Reg 6)

*I believe the easiest way for me is to report sick until I get boots* (Mun SS-Reg 6)

*Work without gloves occasionally. Didn’t get them.* (Mun SS-Reg 6)

*They force you to work (even without gear).* (Mun SS-Reg 6)

*Some people feel to themselves that they do not have to follow the rules. The night porters do not wear protective gear. We do not have anything to enforce the wearing of gear. When inspection of safety gear is done, porters recycle their wear. Should ask them to check at random.* (Hosp, Reg 6)

*They don’t want to be protected.* (HC-Reg 6)

*Despite they go to the training and know the danger, they still do not.* (Hosp, Reg 6)

*There are 3 porters. One wear gear but the rest do not care, just pick up the things. Especially when they drink rum, despite they have the training.* (Hosp-Reg 6)

*They’re ashamed. Don’t want to be seen in their gear.* (Hosp- Reg 6)

*Some people are accustomed to using their hands, not gloves* (Mun SS- Reg 6)

*When no gloves, you can put your hand in plastic bag* (Mun SS- Reg 6)
8.2 Problems with gear - wrong size, uncomfortable

According to the municipal sanitation staff, they are supposed to wear overalls, boots, gloves, and mask all the time. One hospital group gave the following as required gear for the different types of sanitation staff:

- Maids: mask, gloves, aprons, protective shoes; long boots if wet (bathroom, water areas, etc.)
- Porter: Long boots – most of the time. Afternoon shift wear aprons, empty bin. Removing sharp boxes. Gloves and masks (if have) all the time.
- Laundresses: boots to wash and gloves, mask and apron all day.

However there are many who report problems with each type of gear. We will look at barriers, motivators, and suggestions made for each type.

Some are uncomfortable. Not right size. The apron is too long, the gloves too big, the boots leaking. Size of the gloves is a problem, sometimes too big and sometimes too small. (Hosp- Reg 10)

8.3 Boots
Long boots too small or too big, or damaged before replaced.

Sometimes you go to the dumpsite and the long boots get hole or bust and you report it and they say I have to wear it. (Mun SS-Reg 6)

The boots can’t fit me. The boots is old but they do not want to change it. (Mun SS-Reg 6)

Boots cause me to fall down. I’m given a left to de right one. (HC, Reg 10)

The long boots is sometimes dry rot because it has been there long in the stores. Expired. Destroyed quickly. (Hosp – Reg 10)

Specific times when boots are and are not considered necessary

At health facilities, boots are generally considered necessary whenever going out in the yard/compound, but indoors only for dirty, wet or bloody tasks. Municipal sanitation staff insist they’re always necessary.

I only wear boots when the place is wet. (HC Reg 6)

The bins are right next to door, so don’t wear boots to go there. (HC, Reg 6)

Not necessary indoors; unless there are sharps. (HC, Reg 6)
When in the compound – to hang clothes; not when doing laundry (Hosp – Reg 6)

Dealing with corpses and cleaning the drains. (Hosp-Reg 10)

8. 4 Aprons – Not including municipal sanitation staff
Aprons are often too hot, too long, more for hospital

My apron is down below my feet, even after I tie it. LONG apron. (HC, Reg 10)

All needles are in the needle cutter, so why need apron (HC-Reg 10)

Some people might think certain things not wet you (HC-Reg 10)

Specific times when aprons are and are not considered necessary

Again as with boots, many said they’re always necessary. However, certain times seem to be more necessary (dealing with sharps, bins, blood, corpse, handling sheets, sweeping, cleaning toilet). And those less necessary included when emptying garbage and not always needed when washing clothes.

All the time to protect your clothes; don’t want to carry virus home to children with you (HC-Reg 6)

As long as you report for duty and you have to deal with sharps/bins... Everyday. (Hosp – Reg 10)

Necessary – protect you from things getting up. All the time. (Hosp – Reg 10)

Necessary for my department, especially when have to handle the bins. Might have to handle patient wounded/bleeding, take corpse to mortuary. Take out sharps. (Hosp-Reg 10)

8. 5 Overalls and respirators - municipal sanitation staff
Overalls are considered hot and annoying, especially related to toilet visits. Sanitation staff maintain it’s important to have more than one (many don’t) since if you wash it, it is often not dry the next day. The paper respirators are not considered effective.

Problem with respirators – paper one does not help with the smell, so I don’t wear it (Mun SS – Reg 6)

8. 6 Gloves

When asked one group which gear is the biggest problem, they all agreed: Gloves.

Gloves is main problem. Mostly size problem. Sometimes no gloves at all. If apron is too long, you can cut it with a scissors. (Hosp –Reg 10)
If glove damaged, it is replaced, but deducted from your money (Mun SS – Reg 6)

They complain the correct gloves are too big, too long, too stiff – can’t get a good grip with your fingers on anything. Many say they wear elbow gloves or nurses gloves alone or under the other gloves so they can get a good grip.

Sometimes I just put it (long glove) on when people coming from town, so I wear it and show them. Usually wear elbow glove, since other is too big. (HC- Reg 6)

Glove scratch my face and hands. I wear the nurse glove order. (HC- Reg 6)

Gloves – can’t handle stuff – can’t unscrew the needle cutter, so have to put other gloves on first and then. (HC, Reg 10)

Because they don’t have any. Glove can’t last 15 years. They have to bring the right type of gear. The glove is uncomfortable. I have the biggest hand and it is very big for me. (Hosp-Reg 10)

Different sizes of white gloves and different colors. Larger glove might get damaged. Within a month or three, can be destroyed. (Hosp – Reg 10)

Specific times when gloves are and are not considered necessary
Again most people said they should be worn all the time because you’re always handling things that are dirty, but there were times they were considered more and less necessary.

Gloves are necessary to do all the chores you have to do, even cleaning the windows. Clean the bins, everything. The big ones, can’t manage them properly. Use the latex; double or triple. No different sizes. If the green gloves were good fitting gloves they would have been wonderful. (Hosp-Reg 10)

People would leave pampers on the floor and let the maid clean up (HC-Reg 10)

To empty the bin. Sometime you try to grip and you can’t even grip (the big ones. drop off.) Necessary all the time you’re cleaning. (Hosp – Reg 10)

Gloves only wear sometimes – when clean toilet. (HC, Reg 6)

When handling sheets (Hosp – Reg 6)

8. 7  Taking protective gear home

The main reason given for why people would take their gear home was if you leave your gear at the work site, other people might take your gear – not enough gear in good condition. Most don’t have private place for their gear. Some, more frequent among
health center and municipal sanitation staff (and less among hospital staff), also take it home because there’s no water, no detergent and/or no place to wash it at work.

Many also said that that sanitation staff should not take their dirty gear home due to the possibility of contaminating their children. Some have found ways of taking the gear home and trying to not infect their family.

Workers are taught to put their working clothes in separate bags and not to wash with normal clothes. (Wash it) by itself, in machine or by hand. (Hosp, Reg 10)

8.8 Not cleaning gear every day

The main reasons given for why staff does not clean their gear after using it were related to lack of water, detergent, and/or a place to wash. Other reasons included being in a hurry to leave, it won’t dry if it’s raining, not understanding that they should, they don’t think it’s dirty, and fear of theft.

Not necessary to clean; will get dirty again tomorrow (Hosp, region 6)

If not dirty they don’t clean it (HC, Reg 6)

If yours is cleaner – someone might take it (Mun SS-Reg 6)

Facilitating factors
The main facilitating factor for wearing of gear was suspension for municipal sanitation staff in Region 6 if they did not have the gear, based on inspection, which was more widespread. However, inspections seem to be in-office, rather than on the job during actual work.

If you do not wear gear they will suspend you for 14 days. (Mun SS-Reg 6)

Every fortnight they check on you. Supervisors Call into office. (Mun SS, Reg 6)

Normally they check and if you do not have the gear they send you to get it. (Mun SS, Reg 6)

8.10 Suggestions to improve more regular use of gear

General
Suggestions to improve more regular used of protective gear focused on getting more appropriate supplies, more regularly. Other suggestions included: develop daily routine, enforcement (suspension, dock pay, send them home), tell them why/motivate them, poster, and more workshops.

I give to them regular supplies, once I get regular supplies........there is no problem. They all know what they have to wear. Hosp- Reg 10)
Our section, we have the posters up that you see all the time. We have a systematic style – once you report to work you put on your protective gear. This happens every day. Once we have supplies things will go right. (Hosp- Reg 10)

(Let us wear) shirt and pants instead of overalls (Mun SS, Reg 10)

Impose a penalty; take part of their salary (Mun SS- Reg 6)

I think you have to put down some sort of a measure to get them to wear their gear. This is the only way, there are different levels of people and some don’t understand. (Management/administration/head porters should do) (Hosp, Reg 6)

Then again at management level if you do not have on your gear and something happens to you and they know that you have your gear, they don’t business with you, they will ask why you were not wearing your gear (no coverage). (Hosp- Reg 10)

How to encourage, what to tell them, who to tell them:

I encourage by reminding a person, sometimes you might get into work and forget. Also by photographic poster on the wall, showing the gear to wear. (Hosp- Reg 10)

Tell them: you could get HIV, what would you do? (Hosp- Reg 6)

Telling them the consequences. What will be results of not wearing it. Put up reminders about the posters. Take a chance – consequence: you can be infected and cross-infect others. (Hosp- Reg 10)

Educate them more about health risk. Tell them about the outcome when you are stuck with a needle. Outcome questionable because you don’t know the health status of the person it injected. You are at risk. (HC- Reg 10)

It is unsafe to touch others. They can take germs home to their family. Management

Important, water can come down, acid (Mun SS- Reg 6)

Tell them: they will have clean clothes to go home; educate them about diseases. (Mun SS-Reg 6)

Leave gear at work:
Suggestions to increase the behavior of leaving gear at work focused on providing a proper place to change and store (like a presser box or locker), telling them about dangers of taking them home (both of forgetting to bring it back, and transmission of disease to household members), and creating a feeling that they might affect others while traveling.
Tell them they can not travel with people with the gear (transport) – you smell obnoxious  (Mun SS – Reg 10)

Clean gear:

Suggestions to increase more regular cleaning of gear included having the supervisor tell them, when they have blood on gear, reminder signs/posters, talk to them about danger, and assist them to wash.

*Put sign, right there by the gear, which says “Please wash me everyday”* (HC, Reg 6)

*Putting posters, etc. Reminding them – by talking; if you and a partner are working together sometimes he might forget he might act a little lackadaisical or be tired.* (Hosp – Reg 10)

*Assist them to wash – remind them* (Mun SS, Reg 6)

*Use it today, today’s germs will be on it tomorrow, can infect them.* (HC, Reg 10)

8.11 Wear your gear poster

Everyone sees it every day. Except for 4 of the 9 Municipal Sanitation Staff in Region 10, who have never seen it (not at their place of work – just at health facilities).

They thought it was for everyone who disposes of sharps and waste – at both health facilities and town council, though some of the municipal sanitation staff in Region 10 thought it was more for health facility staff since they didn’t have a back protective piece to the apron.

The key message was basically how to protect yourself, by wearing the correct gear, but some also specified what you were to protect yourself from and others indicated that it also showed you how to hold the bag.

*Protect self from disease, stick, cut, by wearing gear.* (Hosp-Reg 10)

*Protect yourself at all times in your uniform.* (Hosp-Reg 10)

*Protect self from HIV* (HC- Reg 6)

*Shows clear picture of how to protect yourself* (HC- Reg 10)

*Shows you hold to hold the bag* (Mun SS – Reg 6)
Everyone liked the poster. There were a few dislikes about things that were not shown, things that differ from their gear (especially for Municipal Sanitation Staff), and some problems with the gear. But given the acceptability and positive perceptions of the poster, these do not present a serious issue.

He dresses uniformly, tying bag, but there’s no cover for the bin and no respirator. But I don’t always use respirator. (Hosp- Reg 10)

Gloves too big and looks big on him (HC – Reg 6)

I prefer overall to plastic apron (Mun SS, Reg 10)

Can’t collect all garbage with this; need other gear to pick up solid waste (Mun SS, Reg 10)

Suggestions for improvements to the Wear Your Gear poster
No mask, head uncovered. Size (of poster) can be bigger. Bin should have cover. (Hosp Reg 6)

Should have a back piece to the apron. (Mun SS-Reg 10)

9. Community Feedback

9.1 Attitudes/Message Recall/Interpretation

In Skeldon, all 3 preferred orals for normal fever, because they don’t want to get “bored”, you can pick up an infection, and they can inject you with the wrong medication, or the injection can make you even sicker. One also maintained that tablets work faster for her.

In New Amsterdam there was a wider mix of opinions. Eight preferred orals, 1 injections 1 doesn’t take medicine for normal fever and 1 said it depended.

Depends on what the doctor says. I’m not qualified to decide. Although I’m scared of injection.

The main reasons for preference for orals in New Amsterdam was fear of injections. However, most of those preferring orals still believed that injections work faster and go straight into the system. Other reasons include side-effects from needles, possible allergies, swelling, etc.

When I get an injection, site gets swollen for days and be very painful. Then gets hard and starts to itch/scratch and black and blue. Even big tablets are better - less painful.

Had an injection last January, the spot still hurts (in May).
Most injections they have they have tablets for it. So looking at it from that light, I would prefer to encourage them to use tablet.

I’m in the habit of examining the tablets before I take it, but with an injection that gone in the body you can’t examine anything.

When probing reasons for fear, most of the explanations were about physical pain and reactions to injections. There was a small amount of possibility of infections such as STDs, but they know that it’s really due to sharing of used needles, which is unlikely at health facilities, especially when they see the needles opened in front of you, but there’s still a little bit of fear of that possibility.

One woman mentioned a TV program she saw the other night about imported counterfeit tablets in the US that make her scared to take them. Another participant said the same thing could happen with the injected medicine.

Suggestions for how to motivate people who prefer injections to try oral medicine included:

- Sensitize them by media (main answer), particularly TV advertisements/commercials, in the form of drama
- Simple workshops.
- Lecture them on the benefits of orals: no pain, tablets are easier you just swallow them.
- Brochure

Information seen/heard in past year or so. The 3 key GSIP messages were the main answer.

- It’s your right, it’s your right if you go to the doctor, you ask to see the needle to because you wouldn’t want something that was used to be used on you again. You are more conscious.
- If he offer me injection I will ask if I cannot use a tablet.
- When the needle has been used it should be properly disposed. If you’re using the needle home, it should be placed into a bottle and taken to the hospital. They have their way they dispose.
- The injection from the bottle, ensure that it’s not expired and the needle that is being used is a new one from out of a packet.
- If it’s sterilized or coming from a new pack. See them take it out from a new pack, so know it was not used before.
- Make certain it’s properly disposed. Special bin.

When asked which of the 3 messages were most important in Skeldon, 2 said the message about treatment choice and one said dispose safely. This question was not asked in New Amsterdam.
It's more risky if you don’t dispose properly of injection needles. Children may want to pick it up and play with it and bore themselves. It’s very important to know how to dispose of things.

About half of the participants in New Amsterdam and all three in Skeldon said they discussed this information with at least one other person, mainly family, friend, colleagues, staff, because their health is related to us. One mentioned talking to 2 elderly people, one of whom was diabetic and the other is not too well. One mentioned talking about tablets with her mother who was always taking injections in the knee for her arthritis and since she didn’t know about this info, she thought her mother wouldn’t either. A prison guard at New Amsterdam mentioned discussing it with inmates because “safe injection was an issue; people use needles”.

The differences in behavior or perspective gained from the information received from the WITs injection safety seminar included: empowerment to talk to doctors (if opportunity arises), nothing new (always ask questions), actually asking doctor for orals.

Haven’t gone to doctor, but feel I can ask question.

Many times before you just got to the doctor and the doctor do a whole set of talking and you just acknowledge and you hardly get to explain your position. Since then I did feel more comfortable speaking with the doctor.

3 weeks ago, I was offered injections. Asked for tablets or solution for children. Doctor said I needed to get injections.

Ask as much questions as I can so I can be aware of what I’m using and taking into my body. Not my body alone: my child, pensioner, a friend, my mother, you know, somebody who is close to me or who I could share something with.

I might be helpless (very sick) so in that case, I’ll have somebody next to me, a friend, to let them know to let them see and ensure that that doctor takes it out from a clean pack before he use it on me.

It’s your right to ask the doctor. You don’t want something used to be used on you again. You’re more conscious about what to do.

| Table 3. Barriers and Facilitating Factors - Community |
|---|---|
| **Barriers** | **Facilitators** |
| **General** | **General** |
| ▪ No info on topic other than one session with the WITs and exposure to posters during rare visits to health facilities | ▪ The info on injection safety is important |
| ▪ Not everyone reached by WITs | ▪ They have shared with info |
| | ▪ They want to hear more so they can protect themselves and their families |
| | ▪ Believe media – especially should be used to pass this info |
### Barriers

<table>
<thead>
<tr>
<th>Talk to doctor about orals</th>
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</thead>
<tbody>
<tr>
<td>- Injections are faster</td>
</tr>
<tr>
<td>- Doctors are most trusted</td>
</tr>
<tr>
<td>- Fear of talking to doctor; not on same level</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Make sure to see a new package opened</th>
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</thead>
<tbody>
<tr>
<td>- It’s busy, lots of people</td>
</tr>
<tr>
<td>- Too much in pain to remember</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Dispose safely of used equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Lack of information about what to do</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Dispose safely of used equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Uncommon to see needles lying around community</td>
</tr>
<tr>
<td>- TV ads would remind people who use needles at home to get the supplies when they run out.</td>
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</table>

### Facilitators

<table>
<thead>
<tr>
<th>Talk to doctor about orals</th>
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</thead>
<tbody>
<tr>
<td>- Dislike of being bored</td>
</tr>
<tr>
<td>- Fear of pain when it “pierces your body”</td>
</tr>
<tr>
<td>- Fear of side-effects from injection</td>
</tr>
<tr>
<td>- Some fear of infection</td>
</tr>
<tr>
<td>- Since seminar given by WITs, feel more empowered to talk to doctor</td>
</tr>
<tr>
<td>- If see poster with people talking to doctor behind doctor, will encourage discussion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Make sure to see a new package opened</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Have a poster about this in injection room/doctor’s office</td>
</tr>
<tr>
<td>- Take someone with you who knows what to do in case you forget</td>
</tr>
</tbody>
</table>

In New Amsterdam, 2 had talked to their doctor about orals, one for the first time since the seminar they received. Only 2 others have been to doctor recently; one was offered orals. The other was given injection, but said the health facility was very busy and they didn’t have time to ask about orals. In Skeldon, one had not been to a doctor, one asked for orals (liquid) for her young child and the third wasn’t convinced that it was necessary to ask.

The main answer given when asked how to assure that they receive a safe injection every time was to get new needles, check the package. However, one replied literally that they can’t “assure” this and another mentioned that there is still a little worry about contracting some illness even though you know it’s a new needle.

**Check medicine is not expired.**

*New, not expired. Educate my family about the safety about injections and how to dispose. Ensure they see... It’s a new needle.*

*Expiration date, check in sealed pack. But it may be so busy or you might be in pain.*

*We know, but even though (we worry)...*  

None of the three at Skeldon had gotten or observed an injection in over a year.
Of the 5 who had gotten or went with someone to get an injection in the last 6 months at a Health Facility at New Amsterdam, 4 said they saw the nurse open it. One of them mentioned that at first it wasn’t sealed and nurse was annoyed when she was asked for a new needle.

*She just came out with the syringe with the injection, so I ask (for a new syringe/needle). She just strew up she teeth (make disapproving noise). She was very annoyed with me, but set still had to do it (open a new one).*

Two participants from New Amsterdam and all three from Skeldon had heard/seen info on how to dispose of needles/syringes that are used at home on TV. One additional New Amsterdam participant saw the nurses at the clinic put the needles in yellow boxes, but had not heard anything about home use. The main message received was some variation of the following: for diabetics and others who use needles at home should put needles in bottle and syringes in red bag – and take the red bag to the hospital - so that people disposing of the garbage know that it’s medical waste and to keep the needles out of reach of children.

Everyone in both groups said that it is rare to see used needles lying around in their community. When asked what can be done to avoid getting stuck with needles, the main answers were to dispose properly and parents can gather them up (with gloves) and put somewhere proper (container), as well as to warn them not to dispose of them this way. Also if you know who the needle is from you could talk to them. If not, maybe you can inform the relevant authorities rather than pick it up.

The suggestions for reducing amount of used needles around focused mainly on airing TV ads, flyers, placards at schools, newspapers, workshops, MOH, associations, use all sources. Also the persons who distribute the needles to those who use them should “obviously” tell them how to dispose.

*Write ads on TV to inform the people out there how to dispose of them. Or you can have posters/flyers. The Ministry of Health or the association you are in, the nurses (can give this info).*

*TV is best means; Everyone has TV. Radio you need batteries. Can make it like cartoons for the kids to get their attention.*

Suggested messages included: Use more orals, how to dispose of needles. In Skeldon, 2 participants designed a flyer/ad:

*In bold letters like a warning : be careful, try not to get stuck. Draw someone showing what would happen if got stuck and what might happen. Before and after you get stuck. Right and wrong way, with red X on a garbage heap.*
My flyer: This is your interest. Show a little child with needle stuck on his butt and an “Ouch” caption. “It hurts.” And an adult asking – what is wrong with you? Not something to bore people, but to catch the viewer’s eyes.

9.2 Sources of Information
The main source of information for them was the WITs training (town council, regional office), specifically the drama (role play).

The drama was about safer injections, and the disposal of it and people can get prick, the storage of needles and it also had like injection or tablets which one to use and the pros and cons of it.

Someone mentioned the recent TV program about counterfeit tablets and another one about lots of expired drugs left in the old New Amsterdam hospital, and that you might hear from the health facility, but that they usually talk about vaccines only. One participant from each group mentioned having had contact with the WIT staff again after the training.

Not many programs about this kind of stuff.

Though the GSIP training got the main messages across, the respondents (in Corriverton) indicated that the information was given only once and over time they have forgotten some.

Well, I can’t remember everything, because this workshop was quite a while.

At my workplace I think it’s probably a year or so ago these same group, the safer injection project, they came and explain to use the advantages and disadvantages of using the injection.

Doctors, especially a known or “special” or “family” doctor are the most trusted source for health information for most participants (10 in New Amsterdam). Several also mentioned books, workshops, nurses, and internet (1 most useful; “don’t see doctor often”). In Skeldon, 1 mentioned special doctor, another the web, and third another health organization.

9.3 Feedback on poster with the doctor and patients

None of the three in Skeldon had seen this poster and three in New Amsterdam never saw it either. In New Amsterdam, 5 saw it in hospital, 4 saw it during the workshop, and one in their office. Except for the latter, the ones that had seen it had seen it between 1 and 10 times.

It’s not here in Corriverton.

Most people thought it was for everyone. Special groups mentioned were adolescents, anyone who can read, for people who prefer injections.
Because it is showing you you have the right to chose tablets.

The perceived key message was split between “Tablets being as effective as injections” and “Talk to your doctor”. One mentioned that TABLETS was in capitals and that you can see the doctor putting the needles away.

It making me think I should use tablets rather than injections

In both groups, participants started trying to analyze the story going on in the poster.

It seems the doctor was going to give injections but is pushing it aside, and is giving them tablets as they asked.

The doctor has both injections and tablets. It seems the man is asking for something other than injections and the doctor is giving her tablets.

The doctor suggested injections but she and her boyfriend/husband had a talk and decided to use tablets.

Nothing was unclear about the poster and little was disliked.

Participants liked the last line, that they could clearly see an interaction with the doctor, and that you shouldn’t be scared/you have a right to ask your doctor.

9. 4 Suggestions to encourage greater action on part of community/patients

Other suggestions for helping people remember to talk to the doctor about orals included: Experiencing a bad injection, you coming and telling us, Think about what to talk with doctor before going in, see this or related poster hanging behind the doctor. Also TV.

TV. A lot of people look at TV. You will always be conscious of the choice – do I have to take tablets or injections.

It will always be in them. If unable to read poster, they sit down and the TV comes direct to them. Some won’t look/read flyer or poster, but the TV comes to them.

For remembering to make sure that any needle and syringe is opened in front of you, they suggested having these posters or other reminders in the area – doctors office, right in front of them, and fear can make you remember – if you’re informed.

Especially if you see this (a poster) hanging behind the doctor.

To remember to safely dispose of used needles and lancets, the main response was TV (or radio), despite small numbers of people who use needles at home, to remind them to go get supplies that they’ve run out of.
May not watch TV all the time, but it’s always there.

Just as we have these messages about AIDS AIDS AIDS on the TV; they can do the same thing with these messages.

General suggestions for having more impact on the public, mostly from the Skeldon group were to put ads on TV, hold additional seminars, go to school and educate the children. Another suggestion at Skeldon was to form a club/committee.

Why have you not held other seminars?

Why don’t you do ads on the TV?

Form a committee in our town so that we can liase on with these people.

I’d love to be a part of educating other people.

Questions asked:
• What will happen with this information? Will we hear what happens?
• Is there anything done to examine drugs to see what they are.
10. **Waste management implementation teams –summary** - New Amsterdam Monday May 12 morning

**Summary**

WITs still involved; zeal is still there; need virgin territory (new people); get refresher training; material/funding/exposure. Want ID cards “messengers for GSIP”. They are concerned about doctors (especially private doctors) who don’t have enough info or follow safer injection messages and also about diabetics who use many needles at home. The WITs spend 10-20% of their time on safer injections. They say they use the tablet poster and role-play for group meetings. They like doing this – personal satisfaction, improving community, they feel safer; feedback from the community; they’re popular.

10.1 Activities/target audiences/approaches

The participants mentioned quite a variety of activities they have undertaken with GSIP. These include training resident teachers, primary and secondary schools, senior students, municipal sanitation workers (garbage collectors, PTAs, Prison (inmates and officers), estate workers, work sites, public education in the markets, Mandirs, hospitals (hypertensive and diabetic patients).

Recent activities included: talking with estate workers in the field (3-4 months ago) about the benefits of tablets, talking to workers and porters. Municipal waste handlers received safety gear (1 month ago – Corriverton).

When asked who among the community they target, multiple answers were given. In general there was agreement that everyone was targeted, mainly because…

*People who are taking these injections – need to know that they need to see a new package so don’t get recycled needles.*

*They have a right to talk to their doctor about choice – tablets vs. injections.*

*Mainly for our health; the health of the people in the community. We can contract Hep B; children can endanger themselves.*

However, there were certain groups that were emphasized, mostly because they use more needles than others:

- Diabetics, who use more needles and lancets and need to know how to dispose of them, create risk for everyone.

  *Because of increase of diabetics in country, lots of people are now using insulin. How do they dispose of these things they are using? Target for best, safest ways to dispose them. They can use 28 injections a week. It’s*

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1 (NOTE THESE MAY NOT BE ACTUAL QUOTES – WITs tapes no longer available)
important to provide this information to everybody, so they can know about it before in case they become diabetic.

- Dentists, barbers (Rose Hall) and vets

  *The vet came to my house and he put the used syringe and needle in his car boot. I told him what to do, so as to keep waste handlers and children from coming in contact.*

One participant also mentioned mothers of young children; children can’t avoid injections for vaccines, but can give the moms messages on asking for tablets if child get sick.

They all could recite the main messages they say they give, the 4 key messages promoted by GSIP during the training they had:

- Used needles can spread disease
- Tablets are as effective as injections, talk to your doctor about options
  
  *You must be able to express yourself to the doctor (about tablets vs. injections).*..  
  *Sometimes people are afraid to.*
- Safe injections
  
  *You have a right to see the needle taken from a new package.*
- Safe disposal of sharps

When asked to vote which ONE message they thought was MOST important, the results were pretty evenly split:

- 3 voted for talking to doctor because about orals because:
  
  *Doctors need to understand how the tablet relates to you.*
  
  *It will reduce the amount of used needles*

- 3 voted for safety
  
  *When I go out to the community, I let them know they need to be safe – both disposal and safe syringes to open.*

  *Diseases can be spread through used needles, so they can avoid that. Also includes safe disposal of needles and lancet. Also speak with doctor.*

  *More general word – covers everything.*

- 5 voted for disposal due to danger to all, especially children.
  
  *We had experiences in New Amsterdam where children were seen playing with these injections (use as water pistol). We were able to talking to people about this, so can tell them what to do when finished, how to store and how to dispose when done.*
Doctors (private) get junkies to dispose of used needles (i.e., low cost for doctors; but no idea where the needles end up)

When asked whether orals or injections are more effective, all answered they were equal.

When asked which approaches have been most effective, the participants thought all were. Most of them communicated the information through group meetings, through the use of role plays performed by the members of the groups themselves, followed by Q&A.

Someone portrays the doctor and someone the patient. People understand, so the message gets to the people.

At the end of the role play we ask them to tell us the message to see if they grasp.

People were so dressed up (costumes) during the role play (Rose Hall)

In market places, usually on a Friday to take advantage of the large attendance on pay day, the discussions were more on an individual basis.

In terms of materials used, they mentioned using banners, flyers, and posters pasted on cars at the market place. The flyers had the 3 key messages (talk with doctor/tablets work as well as injections, you have right to see package, safe disposal) and expiry date. The banners were interactive (large and had images of tablets and safe disposal of needles) and created interest.

They did not have a name (such as Talking Points) for the material that went before and after the role play. The whole thing is called “Community Talk”.

The banners had images and people stopped to read them and asked questions about them. They wanted to know what organization was doing this.

They would invite you to come and give a talk at school or church group to discuss safe disposal, etc.

All said they used the “Talk to your doctor” posters during their group discussions (once they received them). They like the poster (no negative feedback) and see that it is clear that there is a discussion going on between the doctor and the other people. There was a suggestion to add a dialogue bubble (like in cartoons) so people know what is being said. Two said they used the “Act Fast poster” in individual discussion with estate workers, at the market place and in general. None have ever used the “Protect Yourself” poster, even during trainings of sanitation workers.

10. 2. Suggestions to help promote injection safety
When asked what other ways it might be possible for them to promote injection safety with the community, the responses focused on more activities to be done by media and more training of with doctors.
Continuous ads on the TV

Doctors – focus on how they dispose of sharps; Some private doctors get junkies to dispose of their sharps” (explanation - costs the doctors less to hire junkies to do this).

Doctors do not give patients a chance to make a choice, even though patients are at risk. STILL do not. Is it doctors that don’t respond to the trainings or is it that there are new doctors who haven’t been trained. Some doctors still insist on giving injections when tablets are possible.

10. 3 Sources of information/benefits/barriers/facilitating factors

The main source of information for the WITs was the training seminar from GSIP. Some of them mentioned they were also invited to the launching of the program in other areas, which they appreciated.

We went to Linden to support their outreach program.

One person mentioned WHO website on the internet (based on references given during workshop).

The only media they noticed was coverage of the launch in the region (papers and TV); 2 of them were on TV themselves about their training.

They have had no interaction with the health staff in their municipalities on injection safety, only GSIP staff.

For the most part they thought they benefited from the training in several ways:

- Their own safety and knowledge
  *I did not know anything about injection safety*

- Being able to help others
  *The sanitation workers are now using gloves and other products to protect them.*

  *There are different colored bags at my hospital, so the waste handlers will know what they are picking up.*

  *The community is more careful.*

  *They never knew they could just talk one to one with the doctor –“level table”.*

- Becoming important to others/more popular because of their new information and getting feedback.
People know me from my speak. I have benefited – people will remember.

More popular – since they gained some info from us, will seek more info.

More communication. Prior to this project, less. This helps give important info to the community. Opened area for discussion.

They can come up to you and ask questions.

People do tell us that they had a good talk with their doctor.

It’s rewarding – lots of people didn’t know anything before you went (to train at worksites) and now they can take the message home. From the questions they asked, I think they understand the message. Some asked “when are you coming back?” which meant they appreciated what we did.

We are all leaders in our own right.

Table 4. Barriers and Facilitating Factors for WITs to do their job

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Facilitators</th>
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</thead>
<tbody>
<tr>
<td>• Other responsibilities than injection safety</td>
<td>• Increased their own knowledge</td>
</tr>
<tr>
<td>• Lack of Injection safety ID card/badge</td>
<td>• Feel safer</td>
</tr>
<tr>
<td>• No other sources providing info to public – no reinforcement of messages since their meetings</td>
<td>• Help other people – people becoming more aware</td>
</tr>
<tr>
<td>• Doctors still giving many injections</td>
<td>• Interaction with people</td>
</tr>
<tr>
<td>• No link between health sector and WITS</td>
<td>• Get feedback from those they trained.</td>
</tr>
<tr>
<td>• Lack of funds/ recognition</td>
<td>• Feel more important</td>
</tr>
<tr>
<td>• Already reached everyone where they live.</td>
<td>- asked for more information</td>
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<tr>
<td>• Not enough supplies (BCC materials)</td>
<td>- asked to come back.</td>
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<td>• Having mandate from MOH</td>
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<td>• Regular TV advertisements</td>
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<td>• Work done with health practitioners</td>
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<td>• Refresher course</td>
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Only a few mentioned difficulties they had promoting injection safety with the community once they got the mandate from the MOH. These included a demand for having some kind of identification card about their role and other tasks that they do and lack of materials.
GSIP is only one of our activities that our group is involved in. (We) Have been working with the community for some years. Now we are going back with new info.

Probing elicited that they all the WITs spent about 10-20% of their time on injection safety topics. Other topics they work with the community on include HIV, drugs, domestic violence, and social work. They indicated that they spend most of the time conducting individual, rather than group, discussions.

When asked what makes it easy or would make it easier for them to promote injection safety with the community, the main responses were: they were already working with the community, the ID card some asked for to indicate that he is a “message person for GSIP”, more national level information, regular advertising, informing the health practitioners of our work with the community and more work needs to be done directly with the health practitioners, though one participant mentioned that all the doctors and nurses had been trained prior to the WIT seminar.

*From national level – not sure enough of that info – probably why we’re having problems with the doctors – given to the general public. This will help make our job easier, if this information is already out there.*

*As I suggested earlier – would be good to have a regular ad – at least once or twice a day, so when we see them (the people of the organizations), they would already have heard something.*

*Also if work is done with health practitioners. Sensitizing them on safer injections and that we’re working with the communities- there is a multi-level program.*

*When I went for my second Hep B shot, the nurse had already drawn the injection before I got there, so I asked her to open a new needle in front of me. When I came for my final shot, the same nurse came and showed the closed packet before opening.*

In terms of how they plan to continue promoting injection safety with the community, the answers were to get a new mandate – new geographical areas – since they have reached everyone in the municipalities, a refresher course and more work with health practitioners.

*We’ve already got the group going. Refresher course.*

*Identify other areas and other groups we did not touch yet. So sensitize more of the community. Put out a program of followup.*

*More work with private health practitioners. They constantly ask. Do they know what they’re supposed to do?*
In terms of what they would need to continue this work the answers were: funding, materials like flyers, posters, billboards. The funds would be for transport to areas away from where they live, additional meetings/workshops with the community and some remuneration, to “keep the interest of volunteers”. Other forms of incentives could include “exposure: see another regional outreach (e.g., like in Linden)”. 
F. CONCLUSIONS

A. GSIP training and BCC materials and activities have been effective.

1. Nurses, sanitation staff, WITs and community members who have had training/contact with the program know what they’re supposed to do and why.
   - The training/seminar and equipment provided by GSIP has helped all except one injection provider and most of the health facility sanitation staff feel safer than previously and most claim to be doing things differently to protect themselves and others.
   - Despite more protective equipment, most of the municipal waste handlers feel more or less safe, to some extent BECAUSE the training has made them more aware of their risk, much of which they have no control over, even if they protect themselves appropriately. They appreciate the efforts made to improve the safety of the waste they collect at the health facilities through segregation and use of safety boxes, but they spend most of their time collecting waste from other sources, with no idea of the contents of what they handle all day long.

B. Most say they learned a lot from the workshops and are doing things differently
   - Feel more confident
     - Environments are healthier
     - Use information at home – to dispose of own waste
   - Wear gear more regularly
     - Don’t recap, wash hands more often, etc.
     - Job is easier to do now

C. Barriers to following recommended safe injection and disposal procedures
   - Injection providers:
     - Lack of running water in the injection area/room and none or limited hand sanitizer
     - At hospitals, too many people waiting/not enough time
     - Insufficient number of nurses
     - Lack of red bags at all (out of stock) and red bags of the right size for the bins.
     - Lack of clarity as to whose responsibility it is to close, seal and transport the safety boxes.
     - Some nurses (especially at hospitals) are not following procedures – assumption is that they need training, though some say “old habits die hard,” especially for recapping
     - Different equipment at hospitals and health center re: disposal of needles; needle cutters not used much at hospitals, but are at all the health centers
   - Sanitation staff
     - Lack of gear, infrequently given, ruined gear not replaced
     - Gear does not fit or is uncomfortable, hot, causes itching
o Others don’t wear, because not aware or don’t want to take the time when doing something “small” quickly.
o Lack of enforcement about wearing gear
o Specific times more important for wearing gear:
  ▪ Boots are not seen to be needed inside the health facility unless in some dangerous area.
  ▪ Aprons – most needed when dealing with sharps, bins, blood
  ▪ Gloves – most needed when emptying bin, cleaning toilets, and handling sheets
o In health facility: lack of red bags at all or of right sizes for bins.
o Lack of water/detergent to wash gear and/or place to store gear
o Low status/ashamed to wear gear
o Nurses who don’t dispose of needles appropriately
o Private doctors and public who dispose of needles in regular trash (Municipal Sanitation Staff)
o Red bags not available or not in right size; it’s not always clear which waste is infectious
o Lack of system for sharps and infectious disease pickup for Health centers in Region 6

▪ Vaccinations against Hep B and tetanus
  o Fear of injections (pain, reactions, etc.)
  *Note: In region 10, everyone we talked to said they had to get these injections; the hospital nurses explained it was a policy and if they did not get the injections, their contracts would be suspended. Some in Region 6 suggested more enforcement.

▪ Post Exposure Prophylaxis (PEP)
  o Reluctant to report
    ▪ Supervisors and colleagues will think you are careless or not using gear (sanitation staff)
    ▪ Concern about stigma related to HIV – related somewhat to…
    ▪ Lack of confidentiality
    ▪ If perceive it’s not a serious stick, why report it?
    ▪ ARV drugs not available at health centers – have to travel to get and pay for transport
  o Reluctant to take or continue treatment
    ▪ Side effects (others have reported they’re bad)
    ▪ Stigma

▪ Community – talk to doctor about orals
  o Some prefer injections
  o Even most who prefer orals believe that injections work faster
  o Some fear of talking to doctors; though most now say they would ask, it is not that easy to talk to doctors as equals.
o Only source of information was the one seminar – long time ago
Poster not seen in Skeldon and not by all in New Amsterdam

- Providers – counseling patients to talk to doctor about orals
  - Communication barriers between doctors and nurses
  - Some doctors prescribe injections
  - Some patients insist on injections
  - Lack of time to counsel while giving injection
  - Assume patients can read the poster
  - Injection already prescribed

- WITs – conducting activities with community members
  - Other activities; injection safety is about 10-20% of what they do
  - No link with health sector
  - No other sources providing same information to the public
  - Lack of new people and new geographic areas to reach; believe they’ve exhausted everyone in their area
  - Lack of funds and supplies (materials) for additional activities
  - Lack of incentives – financial and non-financial incentives, such as exposure or visits to other regions– to increase motivation for the volunteers

D. Relationships, integration, management

- Training resulted in
  - Health staff thinking that someone (GSIP) cares about their well-being
  - Better relations between staff (nurses and sanitation staff) at HC in both regions and in hospitals in Region 10

- Lack of integration between WITs and health workers
- Lack of clear involvement of MOH at regional or national levels in the community and health facility safe injection/protection activities

E. Information sources, messages, and materials

- Sources/messages
  - GSIP seminar main and often sole source about injection safety
  - Some TV information – mostly coverage of GSIP activities, messages related to sharps transmission of HIV, assorted other topics
  - MOH not clearly associated with activity
  - Sanitation workers mention solid waste training – Region 10
  - Region 10 health workers mention quarterly trainings which touch on some IS issues and monthly supervision of the GSIP consultant as helpful
  - WITs not very well known by health facility staff
  - Community
    - Some mention internet as source
    - Could cite all 3 key messages; believe they are important
BCC Materials
- “Wear your gear” poster - sanitation staff
  - Generally liked and accepted by sanitation staff at health facilities and municipalities as for them.
  - HF staff see it every day and it reminds them to wear their gear to protect themselves.
  - Municipal waste handlers – most in region 10 never saw before; about half in region 6 never saw.
- “Act fast” poster - injection provider and sanitation staff
  - Generally liked and accepted by IP and SS at health facilities and municipalities as for them.
  - Injection providers and sanitation staff at health facilities see it every day.
    - Helpful for what to do if get stuck.
    - Many (especially nurses) also said it reminds them to follow the right procedures so they don’t end up like the nurse in the poster.
  - Only a couple of the municipal waste handlers in Region 10 and several in Region 6 have ever seen it, but thought it was an important message and related to them and their work.
  - The item of most concern is the picture of the hand.
    - Most participants thought it looks like “she (nurse) is squeezing her finger” and almost all the sanitation staff and some of the nurses, especially in Region 10 think you SHOULD squeeze if you get stuck.
    - Some suggested that the image also include running water and a needle somewhere and a bit more information be added:
      - How wash? (Water and soap?)
      - Who report to?
      - How treat? (some thought bleach or squeezing was how to treat)
- “Talk to your doctor” poster - community (WITs said they used it for group discussions, after they received it)
  - About half had seen it – some during their training, some where they worked.
  - Generally liked and accepted by them as for them as well as for doctors. Thought it showed doctor talking with the 2 people.

F. Facilitating factors that can be built on
- Know what to do, know how they should protect selves and others; many say they ARE doing things differently.
- Feel safer, better, more confident, less at risk (except for municipal waste handler).
- All the providers and sanitation staff and WITs consider their job to be important.
- Most of the providers and sanitation staff consider themselves to be at risk and want to protect selves;
most consider people who do their job to be MOST at risk, except that most providers at Region 10 Health centers consider sanitation staff most at risk. Here are some suggestions:

- Regular effective sharps and infectious waste pick up in Region 10
- Enforcement of Hep B and tetanus vaccination in Region 10
- Enforcement of gear wearing (2 weeks suspension) for municipal sanitation staff in Region 6, if they have appropriate gear and are not wearing it.
- GSIP regional consultant in Region 10 effective at reminding sanitation staff of what to do on regular basis.
- Desire for clarification of rules and consequences for not following them
  - Gear
  - Who is supposed to do what with safety boxes (assemble, close, seal with tape and remove)
- Providers believe that orals are more effective than injections; those in Region 10 are actively promoting them, even if prescription is for injection.
- Community believes information important and have shared with others;
  - feel empowered to talk to doctor about orals and to ask nurse to open needle for them to see
- Region 6 WITS were an effective channel for the community members they worked with.
- Current program activities with home users of needles are important, especially as regards disposal.
- BCC materials effective and relevant to multiple target audiences

G. Suggestions/requests from participants

a. Injection providers: Train new nurses, refresher training for them, need more nurses; train the doctors about orals, especially the foreign doctors; regular supplies (correct size red bags); running water in injection area; other posters (e.g., wash hands); desire to have HIV medication for PEP available at health centers; use monthly meetings and peer feedback to reinforce actions to take.

  *Maintain the activities – a lot of time courses just run for a period of time (IP, Hosp, Region 10)*

b. Sanitation staff: More supplies/equipment, correct sizes; tools for work – rakes, etc, more enforcement of rules about wearing gear; copies of both gear and “Act Fast” poster available where sanitation staff (including municipal) work to see daily.

c. Both injection providers and sanitation staff suggested more supervision, clarification of rules and responsibilities (e.g., re safety boxes), and clarification of procedures, for example “Do we squeeze if get needle stick?”

d. Municipal sanitation staff and WITs: more training of private doctors and home users of needles

e. WITS: more funding, incentives, new areas to work, more BCC materials

f. Community group: we could form some kind of local injection safety committee

g. All above groups: more information needs to be targeted directly to the community, especially through TV, on an ongoing basis

*TV is the best means; everyone has TV.* (Community member)
G. RECOMMENDATIONS AND FOLLOWUP ACTIVITIES

BCC Assessment and current materials

MOH and GSIP should:

- **Consider revising the “Act Fast” poster** to eliminate the idea of squeezing blood out after a needlestick injury and to add crucial missing information mentioned in conclusions.
- Provide copies of the new “Act Fast” poster and the “Wear Your Gear” poster to all sites where sanitation workers work, including municipal sanitation workers.
- Provide copies of the “Tablets” poster to all health facilities with instructions to post them in the injection room to remind nurses to discuss with patients and patients to ask about orals when they come for injections. (Suggested by some nurses.)
- **Disseminate results** of the BCC assessment to WITs and Community members as well as injection providers and health staff (several participants asked when they would have results)

2. BCC Strategy – for remainder of project

- GSIP and MOH should seriously consider:
  - In order to reach the public, especially as the project is expanding into Region 4, **developing several TV spots** and other TV materials and **airing them at a significant level** of exposure.
    - Ideally, three different spots would be designed – each with one of the key messages:
      - You have the right to discuss with your doctor about oral medications
      - If you have an injection, make sure that the equipment is taken from a new unopened packet
      - How to dispose of needles you use or find.
  - Continuing the WIT seminar approaches with **community groups** in new geographic areas, especially Region 4. One way of rewarding the WITs in Region 6 for a job well done - that they say they would appreciate - would be to have them conduct some of these seminars in other regions.
  - Developing **community-mobilization** approaches around injection safety such as a poster competition, a script competition, or a song contest, etc. for school children or other groups. The MOH recently ran ads in the Sunday paper for a poster competition for primary students and a script competition for secondary students for an anti-smoking theme.
  - Expanding BCC activities with home users of injections and private doctors to reduce problems with disposal of used needles. Work with private doctors could also focus on the promoting rational injection use.
• Developing/producing **new reminder materials for injection providers and sanitation staff**, such as:
  • Personal copies of the instructions for PEP so that each injection provider and sanitation staff has an individual copy that they can refer to in private
  • Stickers for hospital carts about washing hands before preparing each injection

3. **Training, supervision**
   • GSIP and MOH should seriously consider:
     • Developing and implementing short **refresher training** for injection providers (1 day or less) focused on key injection skills and counseling about orals. Injection providers also need to be taught and practice how to counsel patients about requesting orals when providing injections; this would include how to negotiate with the doctors that prescribed the injections.
       • This training should be conducted annually at a minimum, possibly as part of EPI update training. However, it’s important to also train hospital staff who handle sharps but might not provide immunization.
       • This refresher training should be coupled with regular **on-site supervision** by MOH staff trained in injection safety, and reinforced during monthly meetings.
     • Developing and implementing a short (1-2 hour) module for injection providers AND facility sanitation staff (to be trained together when possible) that focuses on **waste disposal issues** – **including clarification of roles and responsibilities** related to disposing of needles/syringes and where, whose job it is to close and seal the safety boxes, whose job it is to remove them, and issues with ordering and using appropriate bin liners. Also, who should resolve any disputes that arise. This module could be used at the end of the refresher course above, as well as integrated within the current general curricula for the upcoming training in Region 4.
       • A key focus of this training should be review of the new safe worker policy.
       • It will be important to address injection providers’ concern about having to seal safety boxes without gloves and how they can keep empty boxes ready so that they don’t overfill the boxes to start with.
       • It will also be important to make this module participatory and fun, in order to reduce the degree of “MUST dos”. Perhaps a role play with providers and sanitation staff playing the other person would be a good way to build teamwork as well and encourage better understanding of the situation that exists for each.
■ Developing an approach to provide **in-service training to untrained injection and sanitation staff** in regions where safe injection has already been introduced and most providers and sanitation staff have been trained.

■ Developing an **integrated approach to train doctors** – public and private (especially foreign doctors working in Guyana) – on safe injection, including why they should prescribe orals when at all possible and behavior modeling for how to safely dispose of waste (especially for private doctors who not use needle cutters, safety boxes or red bags).

  • This should include pre-service training, continuing education and in-service training and/or regular supervision.
  
  • Perhaps partnering with the medical association and GPHC would increase effectiveness.

■ Developing one-page **checklists**, including key actions for prescribers, providers, and sanitation staff, as the basis of training and supervision. The mid-term assessment observation questionnaires for injection providers and sanitation staff should be adapted for this purpose.

  • Regular supervision of waste handlers, including municipal waste handlers, using checklists like this, could be helpful in resolving issues and encouraging regular use of gear.

### 4. Supplies, logistics and system/policy issues

The following are recommendations related to supply-related issues and best practices cited by FGD participants.

■ GSIP should work with the MOH and the Ministry of Local Government (municipalities) to advocate for the following which constitute the key barriers to improved practices and safety:

  o Assure more protective gear in appropriate sizes (smaller, especially for women) is available more regularly for sanitation staff.

  ▪ Anything that could be done to provide places for sanitation staff to wash and safely store their gear (lockers) would help them keep the gear on site and clean.

  o Provide sufficient appropriate gear AND implement or enforce existing rules (sanctions) about wearing the right gear to help sanitation staff better protect themselves. Enforcement of sanctions related to not wearing gear seems to be effective where used for Municipal Waste Handlers in Region 6, and was suggested by sanitation staff in both regions.

  o Develop regular pickup of infectious and sharps waste, as seems to be working in Region 10 health centers.
Develop ways of providing water, especially running water, and hand sanitizers (as a backup) in injection areas to facilitate injection providers washing their hands before each injection.

Review the system for providing red bags. It seems that the health centers need more small red bags and the hospitals need more large ones to fit their bins.

Increase the level of confidentiality around counseling and testing to encourage more of those affected to get tested.

Seek to provide ARV drugs at health centers in order to encourage treatment-seeking and compliance for those who receive needle sticks.

Increase adherence to vaccination for Hepatitis B and Tetanus by making it mandatory, as in Region 10.

5. Expansion/sustainability

*As GSIP enters its fifth and final year, it is critical to the continued success of injection safety that the activities be seen as an integrated system of activities, under the responsibility of the MOH, rather than of a separate project.* This may require additional activities to institutionalize certain functions currently carried out by GSIP, such as conducting trainings of trainer workshops for MOH staff.

- In new regions, continue the current technical approach. However, all activities – especially training and media - should be implemented under the mantle of the MOH and come through the health system. GSIP should increasingly position itself as providing the technical support and expertise to the MOH, rather than serving as the primary implementer.

- In regions where the project has been working for a while, the refresher trainings would provide the occasion to help associate the MOH as a full partner in supporting the objectives and activities related to Injection and Waste Safety. However, it might be necessary to have some kind of “turnover activity” that could be publicized by the media.

- Feedback from the group participants that the activities on injection safety and concern about their welfare are seen as coming from GSIP make it especially important that GSIP develop effective ways to increase the recognition of MOH commitment and transfer ownership of injection safety activities to the MOH.

- The training, materials, and BCC materials all need to be embedded within an overall system including supervision, monitoring etc. in order to assure that all the elements work together and that the different elements are reinforcing each other effectively.

The upcoming “Success Stories” workshop is a unique opportunity to begin to facilitate this synergy, especially, if as suggested earlier, the workshop is renamed and positioned in a way that indicates how injection safety can help improve the MOH’s operations and results through reducing patient infections and health costs and increasing health worker safety.
Other high visibility opportunities to showcase the commitment of the MOH to rational use of injections, to injection and waste safety and to protecting its human resources for health include the media strategy proposed in Eleonore Seumo’s recent trip report, the TV spots and community-focused activities recommended above, as well as the activities/launch in Region 4. GSIP and the MOH should take advantage of these opportunities to highlight the health worker policy as a “renewed commitment” by the government to the welfare of health personnel.
ANNEX 1 — Socio-Demographic Information of Participants

4 groups of injection providers

On Tuesday May 13, the group consisted of 6 nurses from 4 hospitals in region 6. All were female, 4 had tertiary education, one secondary, and one primary. Three were 22-24 years of age, one was 32 and the others were 49 and 53.

On Wednesday May 14, the group consisted of 8 nurses and midwives from 8 different health centers in region 6. 3 were mid-wives, 3 assistant nurses, 1 nursing assistant and 1 nurse-midwife. All were female and 7 had secondary education and one primary. Ages ranged from 39-53.

Monday May 19, the group consisted of 9 female injection providers from 3 hospitals in region 10. All were nurses, though 2 of the 3 from Kwakwani hospital were an assistant nurse and nurse aid. These 2, who had secondary education, were the oldest (58-60). The rest had tertiary education levels and ranged in age from 27 to 46.

Tues May 20, the group consisted of 9 injection providers from 5 different health centers in Region 10. All were female. 3 were community health workers, 1 midwife, 2 medexes, 1 registered nursing assistant and 2 health visitors (one senior). All but one had tertiary education. Ages ranged from 33 to 59, with all but 2 between 41 and 59.

6 groups of sanitation staff

On May 13, the group consisted of 6 hospital sanitation staff from 3 hospitals in Region 6. 4 women (2 maids, a laundress and orderly) and 2 men (porters). Ages ranged from 44 to 53 and all had primary education. Please note, since some participants objected, this group was not taped, so the quotes are likely not to be verbatim.

May 19, the group consisted of 9 hospital sanitation staff from Region 10; 7 from Linden hospital complex and 2 from Kwakwani. The four men were porters and the five women were maids. No laundry staff. Except for 2 maids with secondary education, the education level was primary. Other than 2 maids aged 57-68, the age range was 32-41.

On May 14, the group consisted of 4 female clinic attendants from 4 health centres in Region 6. One was aged 21 and the other 3 from 36-48. All had secondary education.

On May 20, the group consisted of 4 female clinic attendants from 4 health centres in Region 10. 3 were aged 28-34 and one 49. All but the youngest (who had primary education) had secondary education.

On May 15, the group consisted of 9 municipal sanitation staff from 4 areas (1 from Port Mourant). 2 women, 7 men, 3 cleaners and 6 garbage collectors. Aged from 29 to 56 (most from 39-50). All had primary education, except for one with secondary education.
On May 21, the group consisted of 9 male municipal waste handlers from Linden municipality – 3 drivers and 6 laborers. One had secondary education; the rest had primary. The ranged in age from 20 to 65; 2 were under 30 and 2 were over 50.

Community Participant demographics

On May 14, the group consisted of 3 community members in Skeldon (2 from NIS and 1 from PTA) – all women, 2 single and one married, one with secondary and 2 with tertiary education. The number of children ranged from 1 to 3. One was a homemaker, the other 2 worked outside the home. One was 25 and the others were 35 and 37.

On May 15, the New Amsterdam group of 11 community members consisted of 1 man and 10 women (5 married, 5 single and one widow). 1 person had primary education, 6 secondary and 4 tertiary. 4 had no children, 4 had two, 2 had 4 and 1 had 5 children. Two were volunteers, two were self-employed and the other 7 were employees. Ages ranged from 21 to 50 (5 were 32 or younger and 6 from 38 to 50). Four were from NIS, 3 were from an NGO, 4 were from schools/PTA and one from the prison system.

WTTS

On May 12, the group consisted of 11 participants from the 3 municipalities (4 from New Amsterdam, 2 from Rosehall, and 5 from Corriverton): 6 women and 5 men; 7 with secondary education and 4 with tertiary. Ages ranged from 31 to 66, all but 3 between 35 and 54 years.
ANNEX 2 -- Assessment Instruments

TOPIC GUIDE A – INJECTION PROVIDERS
Focus:
- Issues around adherence to recommended practices, message understanding and actions.
- Present selected results of Health facility Assessment (HFA) and use them to generate discussion, interpretation, and ideas for improvement.
- Sources of information, feedback on training and poster.

INTRODUCTION (5-10 MIN)
- Welcome and thank you for taking the time to talk with us this morning/afternoon/evening. My name is _______________. I am an independent researcher, hired by GSIP to provide feedback to them on their activities.

With your help, the results of this study will hopefully help improve the quality of healthcare for the people of Guyana.

We want your opinions on the topics raised, based on your beliefs and experiences. There are no right or wrong answers, so please feel free to say whatever you believe. Your comments will be kept confidential; no comments will be connected to a specific person.

It is OK for you to express either positive or negative ideas, to disagree with what others have said, or to change your mind. It’s important to respect the views of others, even if you do disagree.

I will not give my opinions. My role is to guide the discussion so that everyone gets a chance to speak and to make sure that all the topics are covered. ________ will be helping me today by taking notes. (Explain why any observers may be present.)

In order to make sure that everything you say is noted, we would like to tape-record the conversation. Again, we want to reassure you that your comments will be kept completely confidential. In addition, if there are any specific questions you do not want to answer, that’s all right. Do I have permission to turn the recorder on now? (If someone disagrees): Okay, since there’s an objection, we will just be taking notes, instead of taping the discussion. (Otherwise turn on recorder)

It is important for us to hear what each one of you thinks so let's try to give everyone a chance to speak. Please avoid side conversations so that everyone can hear what is said. Also, please turn off your cell phones (demonstrate) until our discussion is over. We are providing you with transport and refreshments.

This discussion might last about 90 minutes. As you can see (show topic guide), we have a lot to discuss so I might move quickly through some subjects, but stop me if you have something to say. If there are no questions…. let’s start……
**Introduction of Participants (5 min)**
Please introduce yourselves by stating your first name, where you work, how long you’ve been there, etc. Let’s start here. *(Go around the room)*.

**Attitudes (20 min)**
1. How important do you feel your job is to your health facility? For what reasons?

2. About how many injections do you give per day/week? *(Probe: curative vs. vaccination)*

3. How would you describe a safe injection? *(Probe: what else?)*

4. In your opinion, who is at risk from unsafe injections and sharps waste? *(Get list)*
   Who else? *(Probe for: Sanitation staff, Providers, patients)*
   a. Who is MOST at risk *(VOTE)*? For what reasons?

5. Do you think injection providers at your facility (facilities in your region) are MORE at risk now than they were a couple years ago or LESS at risk now?
   *(Probe: How much did you worry about the possibility of being exposed to infection or disease in the past? How much do you worry now?)*
   a. Please explain the reasons for your opinion.

6. What, if anything, makes it difficult for you to follow safe injection and waste disposal practices for every injection? *(Probe: what else?)*

7. What suggestions do you have for improving injection safety practices at a health facility like yours?

8. In your opinion, for fever, which is MORE effective … medicine taken by mouth or medicine taken by injection? For what reasons?

**Behavior (30 min)**
9. What are the key things that you tell patients related to injections? *(Get list)*
   a. If you could only tell them one thing, what would that be? *(Vote)*
   b. For what reasons?

10. Recently there was a study conducted among injection providers in a number of Health Facilities here in Guyana. The results were generally positive. However, there are still some areas that could be improved. I’d like to share some of the results with you and hear what you think and ideas you might have.
   a. 54% of observed injection providers did NOT counsel the patient to talk with the doctor about oral formulations.
      • Further, one-third of these said that someone else should do this, not them.
      • What might help more injection providers counsel the patient to talk to the doctor about oral formulations?
b. 13% of observed injection providers did NOT wash their hands before preparing the injection
   • For what reasons might this be happening?
   • How do you think they can be encouraged or reminded to wash their hands first?

c. After the injection, 19% of observed injection providers removed needles from syringes and 12% recapped needles before disposing of them
   • For what reasons might some still be removing needles from syringes or recapping?
   • How can be they be encouraged not to recap or remove needles from syringes?

d. 33% of facilities observed had full safety boxes that are NOT sealed. In addition, ALL the facilities had some full safety boxes in an unsecured area (public access).
   • For what reasons might full safety boxes NOT be sealed?
   • For what reasons might full safety boxes be left in unsecured areas?
   • What can be done to assure less risk from full safety boxes?

e. 34% of facilities had bins for medical waste without red plastic liners.
   • For what reasons might so many medical waste bins NOT have red liners?
   • What can be done to assure all bins for medical waste have red liners?

11. What do you do or what ideas can you think of to help remind other injection providers to open a new needle/syringe packet in front of a patient before every injection?

12. For what reasons might health providers like yourselves be reluctant to get vaccinated for tetanus or Hepatitis B?
   a. How do you think they can be motivated to do so?

13. For what reasons might health providers like yourselves who are stuck with needles be reluctant to report this?
   a. What about those who report, but do not take or complete the regimen of ARV drugs?
   b. How do you think health providers can be motivated to report needle sticks AND complete the ARV regimen?
**Sources of information (20 min)**

14. From what sources did you receive information about sharps/needles and infectious waste in the last couple of years? *(Probe: supervisors, TV, posters, training, colleagues, what else?)*

15. How did the training on injection safety benefit you personally?
   a. Please give examples of how you….
      i. personally benefited
      ii. how you feel about your job after the training
         *(Probe: feel safer, more appreciated/valued/respected, etc.)*
      iii. what you have done differently?
      iv. what you have done that makes you feel safer now?

*(SHOW THE “ACT FAST” POSTER).*

16. Where have you seen this poster?

17. Who do you think it is for? *(Probe: Which health workers? Which sanitation staff? For you and others who do the same work you do?)*

18. What do you think is the key message? *(Write down actual words)*

19. What, if anything, is unclear about this poster?

20. What do you NOT like about this poster?
   a. What do you like?

21. How have you used this poster? How have you found it useful?

22. In the recent study, only 26% of providers used, explained or referred to materials or job aids while the patient was there.
   a. For what reasons might so few use or refer to materials while the patient is there?
   b. How might providers be motivated to use materials more often when seeing patients?

23. Other than this poster and the job aids, what else might help injection providers like yourselves follow the safe injection procedures?
   a. What else might help remind them what to discuss with patients? How?

24. Is there anything else you would like to say? Or to ask?

*Thank you for your time. Your input has been very valuable.*
TOPIC GUIDE B- SANITATION STAFF (Health Facility and Municipality)

Focus:
- Adherence issues (including availability and use of protective gear), message understanding, and actions.
- Sources of information, feedback on training and posters.

INTRODUCTION (5-10 MIN)
- Welcome and thank you for taking the time to talk with us this morning/afternoon/evening. My name is ____________. I am an independent researcher, hired by GSIP to provide feedback to them on their activities.

With your help, the results of this study will hopefully help improve the quality of healthcare for the people of Guyana.

We want your opinions on the topics raised, based on your beliefs and experiences. There are no right or wrong answers, so please feel free to say whatever you believe. Your comments will be kept confidential; no comments will be connected to a specific person.

It is OK for you to express either positive or negative ideas, to disagree with what others have said, or to change your mind. It’s important to respect the views of others, even if you do disagree.

I will not give my opinions. My role is to guide the discussion so that everyone gets a chance to speak and to make sure that all the topics are covered. ________ will be helping me today by taking notes. (Explain why any observers may be present.)

In order to make sure that everything you say is noted, we would like to tape-record the conversation. Again, we want to reassure you that your comments will be kept completely confidential. In addition, if there are any specific questions you do not want to answer, that’s all right. Do I have permission to turn the recorder on now? (If someone disagrees): Okay, since there’s an objection, we will just be taking notes, instead of taping the discussion. (Otherwise turn on recorder)

It is important for us to hear what each one of you thinks so let's try to give everyone a chance to speak. Please avoid side conversations so that everyone can hear what is said. Also, please turn off your cell phones (demonstrate) until our discussion is over. We are providing you with transport and refreshments.

This discussion might last about 90 minutes. As you can see (show topic guide), we have a lot to discuss so I might move quickly through some subjects, but stop me if you have something to say. If there are no questions…. let’s start……
Introduction of Participants (5 min).
Please introduce yourselves by stating your first name, where you work, how long you’ve been there, etc. Let’s start here. (Go around the room).

Attitudes and knowledge (20 min)
1. How important do you feel your job is to your place of work? For what reasons?

2. In your opinion, who is at risk from unsafe injections and sharps waste? Who else? (Probe for: different types of Sanitation staff, nurses, public/patients)
   a. Who is MOST at risk? (Get vote) For what reasons?

3. Do you feel that sanitation staff in your facility/municipality/region are ….MORE at risk now than they were a couple years ago or ….LESS at risk now? PROBE: How much did you worry about the possibility of being exposed to infection or disease in the past? How much do you worry now?
   a. Please explain the reasons for your opinion.

4. What exactly should be done with sharps and needles after use? Probe: Immediately after use?… During transport?… At final destination?… Who is supposed to do what?
   a. For what reasons might segregation of waste not be maintained though the chain of disposal?

5. What, if anything, makes it difficult for you to follow the recommended procedures to protect yourselves when doing your job? Probe: what else?, sufficient supplies)

Behavior (20 min)
6. Recently there was a study conducted related to practices of sanitation staff at health facilities in Guyana. The results were generally positive. However, there are still some areas that could be improved. I’d like to share some of the results with you and hear what you think and ideas you might have.
   a. 38% of Sanitation staff were NOT wearing gloves when carrying waste
   b. 50% of Sanitation staff were NOT wearing boots when carrying waste outdoors
   c. 13% did not wear ANY gear when handling waste
      i. For what reasons might they not be wearing gear? What else?

   d. Further, even when they had aprons and boots, a good number did NOT wear them regularly
      i. For what reasons might Sanitation staff who HAVE boots and/or aprons NOT wear them regularly? What else? (Probe: hot, ill fitting, rashes)

   e. A number of Sanitation staff said that protective gear was not necessary. Can you explain to me why they might think that…..
      a. Aprons might not be necessary? When do you feel aprons are necessary?
      b. Boots might not be necessary? When do you feel boots are necessary?
      c. Gloves might not be necessary? When do you feel gloves are necessary?
f. What do you do or what ideas can you think of that might encourage these Sanitation staff to use their gear more regularly? (Probe: How can they be convinced that the benefits of wearing gear are worth the bother of wearing it?)

7. Why might some sanitation staff take their protective gear home?
   a. For what reasons might it not be a good idea to take gear home?
   b. How can sanitation staff be encouraged to leave their gear at work?

8. Why might some sanitation staff not clean their gear every day after they use it?
   a. What ideas can you think of to remind or encourage sanitation staff to clean their gear at the end of each day when they use it?

9. For what reasons might sanitation staff like yourselves be reluctant to get vaccinated for tetanus or Hepatitis B?
   a. How do you think they can be encouraged to get vaccinated?

10. For what reasons might sanitation staff like yourselves who are stuck with needles be reluctant to report being stuck?
    a. What about those who report, but do not take or complete the treatment to prevent HIV/AIDS?
    b. How do you think sanitation staff can be motivated to report needle sticks AND complete the medical treatment?

**Sources of information (20 min)**

11. From what sources did you receive information about how to handle and dispose of sharps/needles and infectious waste in the last couple of years? (Probe: training, supervisors, TV, posters, colleagues, what else?)

12. How did the training on waste management benefit you personally?
    a. Please give examples of how you…. 
       i. personally benefited 
       ii. how you feel about your job after the training 
          (Probe: feel safer, more appreciated/respected, etc.) 
       iii. what you have done differently? 
       iv. what you have done that makes you feel safer now?
SHOW “WEAR YOUR GEAR” POSTER or “ACT FAST” POSTER. Start with a different one each group. Ask the next 5 questions.

13. Where have you seen this poster?

14. Who do you think it is for? (Probe: Which health workers? Which sanitation staff?)

15. What do you think is the key message? (Write down actual words)

16. What, if anything, is unclear about this poster?

17. What do you NOT like about this poster?
   a. What do you like?

Show the other poster and ask the same 5 questions again.

18. Where have you seen this poster?

19. Who do you think it is for? (Probe: Which health workers? Which sanitation staff?)

20. What do you think is the key message? (Write down actual words)

21. What, if anything, is unclear about this poster?

22. What do you NOT like about this poster?
   a. What do you like?

23. What else, other than these posters, might help sanitation staff like yourselves follow recommended safety procedures when doing your job? How?

24. Is there anything else you would like to say? Or to ask?

Thank you for your time. Your input has been very valuable.
TOPIC GUIDE C – Waste Implementation Management Team (WITs)

Focus:
- Explore what messages they received, comprehension and sources.
- What messages they give and format – group, individual, etc.
- Suggestions of the WITs on new approaches/methods of delivering messages.

INTRODUCTION (5-10 MIN)
- Welcome and thank you for taking the time to talk with us this morning/afternoon/evening. My name is ___________________. I am an independent researcher, hired by GSIP to provide feedback to them on their activities.

With your help, the results of this study will hopefully help improve the quality of healthcare for the people of Guyana.

We want your opinions on the topics raised, based on your beliefs and experiences. There are no right or wrong answers, so please feel free to say whatever you believe. Your comments will be kept confidential; no comments will be connected to a specific person.

It is OK for you to express either positive or negative ideas, to disagree with what others have said, or to change your mind. It’s important to respect the views of others, even if you do disagree.

I will not give my opinions. My role is to guide the discussion so that everyone gets a chance to speak and to make sure that all the topics are covered. ________ will be helping me today by taking notes. (Explain why any observers may be present.)

In order to make sure that everything you say is noted, we would like to tape-record the conversation. Again, we want to reassure you that your comments will be kept completely confidential. In addition, if there are any specific questions you do not want to answer, that’s all right. Do I have permission to turn the recorder on now? (If someone disagrees): Okay, since there’s an objection, we will just be taking notes, instead of taping the discussion. (Otherwise turn on recorder)

It is important for us to hear what each one of you thinks so let’s try to give everyone a chance to speak. Please avoid side conversations so that everyone can hear what is said. Also, please turn off your cell phones (demonstrate) until our discussion is over. We are providing you with transport and refreshments.

This discussion might last about 45 minutes. As you can see (show topic guide), we have a lot to discuss so I might move quickly through some subjects, but stop me if you have something to say. If there are no questions…. let’s start……
**Introduction of Participants. (5 min)**
Please introduce yourselves by stating your first name, where you work, how long you’ve been doing this work, etc. Let’s start here. (Go around the room).

**Behavior (15 min)**
1. Please describe what activities you have undertaken with GSIP? *(Probe: what else?)*
   a. What activities have you conducted most recently?

2. Who among the community do you target for injection-related information?
   a. For what reasons?

3. What are the key things that you tell these people related to injection and injection safety? *(PROBE: what about orals, what about waste, what about safe injections?)*
   a. If you could only tell them one thing, what would that be? For what reasons?

4. Describe what approaches have been most effective in reaching the community about injection safety. *(Probe: group meetings, individuals discussions, role plays, how often, where, how many, how long?)*

5. What other ways might be possible for you to promote injection safety with the community?

6. What, if any, materials do you use when discussing injection safety with the community? *(Probe: talking points, community health talk script, role play, Q&A).*
   a. How do you use them?

**Sources of information/future (15 min)**
7. From what sources did you receive information about injections or injection waste in the last couple of years? *(Probe: Training, Health workers, TV, posters?)*

8. How did the training on working with the community to improve injection safety benefit you personally?
   a. Please give an example of how you use the training in your work.
   b. Give examples of how it has benefited your life overall.

9. What, if anything, makes it difficult for you to promote injection safety with the community? *(Probe: what else?)*

10. What, if anything, makes it easy for you or would make it easier for you to promote injection safety with the community?

11. How do you plan to continue promoting injection safety with the community?
   a. What might WITS need to continue this work? *(Probe: what else?)*

12. Is there anything else you would like to say? Or to ask?
   **Thank you for your time. Your input has been very valuable.**
TOPIC GUIDE  D– members of groups exposed to WIT sessions

Focus
- Exposure to messages – and sources of exposure
- Understanding of messages
- Attitudes changes and/or actions taken as result of being exposed to the messages

INTRODUCTION (5-10 MIN)

- Welcome and thank you for taking the time to talk with us this morning/afternoon/evening. My name is _______________. I am an independent researcher, hired by the Guyana Safer Injection Project to provide feedback to them on their activities.

With your help, the results of this study will hopefully help improve the quality of healthcare for the people of Guyana.

We want your opinions on the topics raised, based on your beliefs and experiences. There are no right or wrong answers, so please feel free to say whatever you believe. Your comments will be kept confidential; no comments will be connected to a specific person.

It is OK for you to express either positive or negative ideas, to disagree with what others have said, or to change your mind. It’s important to respect the views of others, even if you do disagree.

I will not give my opinions. My role is to guide the discussion so that everyone gets a chance to speak and to make sure that all the topics are covered. ________ will be helping me today by taking notes. (Explain why any observers may be present.)

In order to make sure that everything you say is noted, we would like to tape-record the conversation. Again, we want to reassure you that your comments will be kept completely confidential. In addition, if there are any specific questions you do not want to answer, that’s all right. Do I have permission to turn the recorder on now? (If someone disagrees): Okay, since there’s an objection, we will just be taking notes, instead of taping the discussion. (Otherwise turn on recorder)

It is important for us to hear what each one of you thinks so let's try to give everyone a chance to speak. Please avoid side conversations so that everyone can hear what is said. Also, please turn off your cell phones (demonstrate) until our discussion is over. We are providing you with transport and refreshments.

This discussion should last about an hour or so. As you can see (show topic guide), we have a lot to discuss so I might move quickly through some subjects, but stop me if you have something to say. If there are no questions…. let’s start……
Introduction of Participants. (5 min)
Please introduce yourselves by stating your first name, where you live, how you earn a living, etc. Let’s start here. (Go around the room).

Attitudes/Message Recall/Interpretation (20 min)

1. When you are suffering from fever, do you prefer to get injections or oral medicine? Mix of answers…..
   a. For what reasons?
   b. How do you think that people who prefer injections can be encouraged to try oral medicine?

2. In the last year or so, what information, if any, have you seen or heard about injections or needles or syringes?
   (Probe: what info about tablets? what info about waste? what info about safer injections?)

3. With whom, if anyone, have you discussed the information you’ve heard? For what reasons?

4. In what way, if any, has any of this information made a difference in…
   i. …what you believe?
   ii. …what you do? …
   iii. …what you will do?
   iv. For what reasons?
   b. Have you ever talked to your doctor about options such as tablets?
   c. For what reasons did you/did you not talk to a doctor about tablets?

5. What can you do to be sure that you and your family receive a safe injection every time? What else?

6. Who here has gotten an injection or accompanied someone who got an injection in the last 6 months at a Health Facility?
   a. Did the nurse open a new syringe in front of you?

7. Who has heard or seen anything about how to dispose of needles/syringes that are used at home?
   a. What specifically did you hear? From what sources?
8. How commonly are used needles seen lying around in your community?
   a. What can people do to avoid getting stuck by used needles?
   b. What suggestions do you have to reduce the amount of used needles lying around?

**Sources of Information** (20 min)

9. From what sources did you see or hear ANY information or ideas about injections or oral medication in the last 6 months?
   Probe: Waste Implementation Management Teams (WITs), Health workers (specify type), poster, TV, other - Get list
   a. What messages did you get from TV, radio, other media?

10. From which source did you receive this information MOST often (VOTE)?
    a. About how many times?

11. Which sources of information do you trust for information about health issues?
    PROBE – WIT, Health worker, poster, TV/radio, pharmacy, other Community leader.

12. Which ONE source do you trust the most? (VOTE)

SHOW THE POSTER WITH THE DOCTOR.
13. Where have you seen this poster? (How many have not seen it?)
    a. How many times have you seen it?

14. Who do you think it is for? (Probe: Doctors/patients? For people like yourselves?)

15. What do you think is the key message? (Write down actual words)

16. What, if anything, is unclear about this poster?

17. What do you NOT like about this poster?
   a. What do you like?

18. What, other than this poster, might help you remember the messages about….
   a. asking doctors about oral medication?
   b. making sure that any needle and syringe is opened in front of you
   c. safely dispose of used needles and lancets?

    How will this/these things help you remember?

19. Is there anything else you would like to say? Or to ask?

**We have finished. Thank you very much for your participation**
EVALUATION OF GUYANA SAFER INJECTION PROJECT POSTERS
2006

Eleonore Fosso Seumo
Academy for Educational Development
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Appendix 1: Evaluation tool
I. INTRODUCTION

At the request of the United States Agency for International Development (USAID), the Guyana Safer Injection Project (GSIP), managed by Initiatives, Inc., developed and implemented a pilot phase at 13 facility/sites in four regions to achieve the following overall objectives: 1) improve the rational use of injections; 2) reduce the risk of needle-stick injuries; and 3) improve the safety and effectiveness of injection equipment disposal.

The emphasis of the behavior change communication (BCC) strategy at the start of the pilot phase was two-pronged: A) work with providers and prescribers to motivate them to reduce the prescription of injectables in favor of oral medication and reduce the risk of needle-stick injuries; and B) work with waste handlers/carriers to motivate them to improve their safety on the job as well as effectively of injection equipment disposal.

The decision to focus on providers/prescribers was made because it was clear that: A) providers and prescribers make daily decisions about treatment of patients/clients, including whether to use injections or oral medications; and B) findings showed that clients were largely happy to leave these decisions to providers/prescribers, believing them to know best.

Based on the results of the quantitative and qualitative assessments, the project designed five posters that were pre-tested and submitted to the Ministry of Health (MOH) for approval. The MOH approved the five posters which were then produced and distributed to the pilot health facilities. One poster was for the patient/client, three were for the providers, and two were for the waste handlers. The list of posters and target groups are listed in table 1.

Table 1: Posters distributed in GSIP pilot health facilities

<table>
<thead>
<tr>
<th>Poster</th>
<th>Target audience</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tablets</td>
<td>Patients/clients</td>
<td>Tablets work as well as injections. Talk to your doctor</td>
</tr>
<tr>
<td>2. Act fast</td>
<td>Providers/prescribers</td>
<td>Needlestick injury? Act fast: Clean it, report it, treat it</td>
</tr>
<tr>
<td>3. Do not recap</td>
<td>Providers/prescribers</td>
<td>Do not recap</td>
</tr>
<tr>
<td>4. Protect yourself</td>
<td>Waste handlers</td>
<td>Protect yourself Wear your gear</td>
</tr>
<tr>
<td>5. Use the safety box</td>
<td>Waste handlers and providers</td>
<td>Dispose of sharp safely... Use the safety box</td>
</tr>
</tbody>
</table>

The project has decided to evaluate the effectiveness of the posters to help guide decisions as to which posters should be reproduced and distributed in the health facilities in the project expansion area.
II. DESIGN OF THE EVALUATION

2.1 Objectives of the evaluation

The objectives of the evaluation of the posters were to:
1. Assess the effectiveness of each poster for its target audience
2. Identify sources of information on injection safety for patients/clients, providers, and waste handlers.

The components of the effectiveness of the posters that the evaluation looked into were:
- Attractiveness
- Comprehension
- Acceptability
- Self involvement, and
- Persuasion – call to action

2.2 Sites for the evaluation and sample size

Eight health facilities in regions 4, 6, 7, and 10 were selected for the evaluation of the GSIP posters. The facilities included one health clinic and one hospital in each region so as to get the views of patients/clients, providers, and waste handlers in different types of facilities and in all regions. The observation of the location of the poster was to be done in all health facilities and the interview with a sample of each target audience was to be carried out on the effectiveness of the poster(s) developed for the target audience.

Twenty seven patients/clients, sixteen providers, and eleven waste handlers were interviewed in eight health facilities in four regions. The patients/clients interviewed were selected randomly among the patients present at the health facility at the time of the evaluation. In Georgetown hospital, interviews of the patients could not be carried out because the posters had been placed in the in-patient ward where patients were bedridden.

The providers and waste handlers were selected randomly from the providers and waste handlers trained by the project. In the Bartica health center, the staff members to be interviewed were either in training or out for outreach activities at the time of the surveyor’s visit; similarly, no client was at the health center during the visit. The waste handlers were absent when the surveyors were at the GUM clinic, #64 health center, and in Christiansburg health center. The number of patients/clients, providers, and waste handlers to be interviewed in each site is listed in the table 2.
Table 2: Number of patients/clients, providers, and waste handlers to be interviewed in each site

<table>
<thead>
<tr>
<th>Region</th>
<th>Facility</th>
<th># Providers</th>
<th># Waste Handlers</th>
<th># Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 4</td>
<td>GPHC (OPD)</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GUM clinic</td>
<td>3</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Region 6</td>
<td>Skeldon Hospital</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>#64 Health Center</td>
<td>1</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Region 7</td>
<td>Bartica district hospital</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Bartica health center</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Region 10</td>
<td>Makenzie Hospital</td>
<td>4</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Christianburg Health center</td>
<td>2</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>16</td>
<td>11</td>
<td>27</td>
</tr>
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</table>

2.3 Evaluation tool

The evaluation tool was designed for each target audience. Refer to Appendix 1 for the tool used during the evaluation. Each evaluation tool was comprised of two sections:

- A section on the evaluation of the poster(s)
- A section on the source of information on injection safety

The section on the evaluation of the poster(s) included information to be collected for all the posters that were produced for their specific target audience. For the evaluation of each poster, the surveyor was to write down the information on the location of the poster and the information collected during the interview with the target audience member for which the poster had been designed. The elements that the interview covered were the attractiveness, comprehension, self involvement, and persuasiveness of each poster (that is, do they persuade end users to take action).

2.4 Data collection

The data collection was carried out by a team of two surveyors in April 2006. Prior to the field activity, the surveyors received two days of training by an AED consultant in Georgetown. The training of the surveyors was comprised of two parts:
An information session
The information session was destined to help the surveyors gain a better understanding on the background of the GSIP and the rationale for the evaluation of the posters. The session included the presentation and description of each poster and its target audience, the sites for the evaluation, the number of people to interview in each target group and in each site, how to select the people to be interviewed in each site, and the review of the evaluation tool for each target group.

A session with exercises on case studies
The session with exercises helped the surveyors sharpen their skills in filling out the interview and observation form correctly.

The evaluation tool was pre-tested and finalized before beginning data collection. The surveyors were sent to the field after the training. Each surveyor was to interview patients/clients, providers, and waste handlers in the pilot sites in two regions.

2.5 Analysis

The evaluation data was entered and analyzed by the GSIP monitoring and evaluation officer using MS Excel.

The following sections will present the results, conclusions, and recommendations per target audience.

III. EVALUATION WITH EACH TARGET AUDIENCE

3.1 Evaluation with the patients/clients of the poster client treatment preference

The project produced the poster “Client Preference Treatment” to promote the use of tablets (as opposed to injections) among patients/clients using the health facility.

a. Characteristics of the respondents

The total number of respondents was 27, of whom 19 were female and 9 were male. Most respondents (16) were Indo-Guyanese, 9 were Afro-Guyanese, and 2 were from other ethnic groups. Most respondents (18) were between the ages of 25 – 49, 6 were in the age range of 15 – 25, and 3 were more than 49 years of age.

Almost all the respondents used the health facility frequently. Fifteen had visited the health facility at least 5 times in the 12 months prior to the evaluation, 11 had
visited the health facility between 2 – 4 times in the same period, and 1 respondent had visited the health facility once in the past twelve months.

b. Location of the poster

In most health facilities (5 out of 6), the poster was placed in a room to which patients/clients have access. In most instances, this room was the waiting room. However, in one of the facility, the poster was kept in the cupboard.

c. Interview with the patients/clients

Fifteen respondents out of 27 described the picture on the poster as a health worker giving tablets, while 12 saw it as a doctor talking to people. Twenty-three respondents out of 27 said they have seen the poster at least twice and 4 said they have seen the poster once. Most respondents said they liked the posters: 10 liked the color, 12 the message and 5 the picture.

For 21 respondents, the key message was that tablets work as well as injections; for 2 respondents, it was about using contraceptives; for 1 respondent, it was about preventing infection, and 3 respondents said they did not know what the message was about.

About two-thirds of respondents (19 out of 27) said the people on the poster looked like the people in their own community and 8 said that the people on the poster did not look like people in their community (mainly because they did not recognize or know the people on the poster).

The great majority of respondents (26 out of 27) said that the message applied to them because it addressed the problems and needs of the community and that the message was feasible. Four respondents said that it was not clear why they wanted people to take tablets. Most respondents (25 out of 27) said they believed in the message and 24 out of 27 said that they have tried the message.

d. Patients’ source of information on injection safety

Twenty-four respondents out of 27 said they had not heard anything regarding injection safety from the staff at the health facility and 3 said they had. The information received from the staff at the health facility regarding injection safety included:

- Needles can be used only once
- Injections don’t agree with everyone
- Use tablets instead of injection

Less than half of the respondents (10 out of 27) said they had heard additional information on injection safety from:

- People in the community (5 persons)
The additional information on injection safety that these respondents reported they heard was contradictory in that it included both that:

- Injection put you at risk of infection/is not good/not the best to heal you (5 persons)
- Injection is good/works faster (5 persons)
- Use injection only once (1 person)

**e. Conclusion**

Most respondents were able to describe the pictures on the posters and to state the message of the poster. Almost all the respondents said they believed what the message said and had already tried it. The health providers were not passing on information on injection safety to patients/clients. According to patients/clients, the message that injection works faster than tablets was still circulating. The majority of the respondents said they liked the poster and that the people on the poster looked like people in their community and the message in the poster applied to them.

**f. Recommendations**

The pictures and the message on the poster are well understood and accepted by patients/clients. GSIP should reproduce the poster on client preference treatment and distribute them to health facilities in the project expansion area. The provider should use the poster to inform, sensitize, and educate patients/clients on the fact that tablets work as well as injections.

GSIP should train the providers on how to use posters for group education and counseling. The message on the use of tablets should be reinforced through other communication channels accessible to patients/clients. Through its community component, the project should reinforce and promote the **rational** use of tablets through other channels such as radio, television, schools, and churches that are accessible to patients/clients. The project should sensitize and educate providers on the appropriate location for posters that are designed for patients/clients.

**3.2 Evaluation with the providers**

Three posters were produced for the providers and were distributed in the pilot health facilities. The three posters were:

- Act fast (after a needlestick injury)
- Never recap
- Use of the safety box
The providers selected for the evaluation were interviewed on their comprehension of the posters. They were also interviewed on how they use the poster on client preference treatment.

**Characteristics of the respondents**

Sixteen health providers were interviewed during the evaluation of GSIP posters. All the respondents were female; 9 were aged 25-49, 6 were more than 49, and one was between the ages of 15 – 25. Fifteen of the respondents had been working in the service since the last training carried out by GSIP, one year ago. Only one respondent was new in the service (3 months).

**Location of the poster**

All the three posters for providers were placed together in the same location in the facilities visited. In one of the facilities, the surveyor did not see the poster. In health facilities in two regions, the posters were kept in the drawer or in the OPD.

**3.2.1 Poster: Act Fast (after a needlestick injury)**

**a. Interview with the providers**

Of the 16 health providers who were interviewed on their comprehension of the Act Fast poster, 12 described the picture on the poster as a nurse who got stuck. Thirteen respondents said the key message was about what to do when stuck. Fifteen respondents said they liked the poster mostly because of the picture. All the respondents said that the nurse on the poster looked like them and that the message of the poster applied to them, mostly because it was feasible.

One respondent said it was not clear why the poster was encouraging health workers to act fast when stuck because drugs were not always available. Another respondent said she did not understand why the nurse on the poster was crying. Almost all the respondents (15) believed what the poster said and were already applying the message.

**b. Conclusion**

Almost all the respondents were able to describe the picture and the message of the poster. The providers interviewed said they believed and were already applying the message. The respondents said they liked the poster.

**c. Recommendation**

The Act Fast poster conveys a clear message to nurses on what to do when they have a needlestick injury. The respondents identify with the nurse on the poster and find the message relevant to them. The poster should be reproduced and
distributed to health facilities in GSIP expansion areas. The poster should be presented and discussed with providers during training.

3.2.2 Poster: Never Recap

a. Interview the providers

Fourteen providers that have seen the Never Recap poster were interviewed on their comprehension on the poster. All the respondents were able to describe the pictures/drawing and correctly state the message on the poster. Most respondents liked the poster mainly because of the message (10 out of 14). All the respondents explained that the message was about not capping the needle to prevent being stuck and they said that the message applied to them. The message was clear for all and they believed it because it was about safety, protection, and infection prevention. Almost all the respondents said they had tried the message because it was for their own safety and protection.

b. Conclusion

The providers interviewed understood and accepted the message of the poster. The respondents liked the poster and said they were applying the message because it was about their safety and protection.

c. Recommendation

The poster conveys a clear message to providers about not recapping. The poster should be reproduced and distributed to health facilities in GSIP expansion areas. The poster should be presented and discussed with providers during the training of health providers in the expansion areas.

3.2.3 Poster on the use of safety box

a. Interview of the providers

Fifteen providers that have seen the poster on the use of safety box were interviewed on their comprehension of the poster. The description of the poster varied greatly among the respondents; some described the poster as a lab technician using a safety box, others as a woman putting a needle in the safety box, and a third group as a man carrying a bucket with needles. The content of the message also varied among the respondents; for 4 respondents, the message was about how to dispose of sharps, for 6, it was about the use of safety box, and for 5 it was about wearing protective gear.

All the respondents (14) said they liked the poster mainly because of the message, although they had different interpretations of the message. All the respondents said that the message applied to them because the message was
feasible (9 respondents) and the poster addressed providers’ problems (5 respondents). Thirteen respondents said that the woman in the poster did not look like a nurse because she did not wear a cap, rather she looked like a lab technician. All the respondents said they believed what the poster said because it was about protecting themselves and others.

b. Conclusion

The description of the pictures on the poster and the message varied among the respondents. The providers interviewed did not identify with the nurse on the poster. The respondents said they liked the poster and that they were applying the message. It is not clear what message they were applying.

c. Recommendation

The poster on the use of safety box should be revised to target only nurses. The picture of the man carrying a bucket with needles should be removed. The nurse should wear a cap to look like a nurse in a health facility. The message should be revised to read, "Dispose of the sharp in the safety box immediately after giving an injection". This would convey the sense of immediacy. After being revised, the poster should be pre-tested with health providers to ensure they understand the message that is being conveyed and that they identify with the nurse in the poster.

3.2.4 Use of the poster on client preference treatment

a. Interview with the providers

Fourteen providers were interviewed on the use of the poster on client treatment preference. Five providers said they used the poster during group education, 7 said they never used the poster, and 2 did not answer the question.

b. Conclusion

Only 5 providers out of 14 (36%) had used the poster on client preference treatment during group education. This is consistent with the fact that only 3 patients/clients out of 27 said that they had gotten information on injection safety from the providers.

c. Recommendation

The providers should be trained on how to use the poster on the client preference treatment to facilitate a group education or counseling session with the patients/clients.
3.2.5 Source of information on injection safety for providers

All the providers interviewed got their information on injection from the training, which occurred less than one year ago.

Recommendation

The project should encourage the providers’ supervisors to reinforce the messages on injection safety during supportive supervision. The project should diversify the IEC materials for providers on injection safety and consider developing other types of IEC materials such as a newsletter, fact sheet, and technical update to increase the access to and to reinforce the messages on injection safety.

3.3 Evaluation of the posters with waste handlers

The waste handlers in the selected sites were interviewed on their comprehension of the posters on use of safety box and on protective clothing.

Characteristics of the respondents

Of the 11 waste handlers interviewed, 6 were men and 5 were women. Nine were in the age range 25 – 49 and 2 were more than 49 years of age. Almost all (10 persons) had been in service at least for one year when the project carried out the initial training for waste handlers. Three respondents out 11 did not know how to read.

Location of the posters

Not all the health facilities had a room where waste handlers sit or gather. In one health facility, the poster was kept by the facility manager, in two facilities the posters were placed on the wall in the ward, and in three facilities, the posters were placed in the porter station.

3.3.1 Poster on the use of safety box

a. Interview with the waste handlers

The description of the picture on the poster varied considerably from one respondent to another; some described the picture as a man holding a bucket, others as a man that was not wearing the protective gear, others described the sharps in the bucket, and another respondent said that the picture represents a man holding the bucket and a nurse using the safety box.

The message also varied considerably from one respondent to another. A few said it was about protection, wearing protective clothes or gloves, while some
said it was a message on the safe disposal of sharps. The meaning of the message also varied greatly among respondents: according to 3 respondents, the message was a call for protecting oneself by wearing protective gears/gloves, 5 said the message recommended that the nurse uses the safety box; one respondent said it was about being careful when holding the bin and two respondents could not give the meaning of the message. One respondent said that the poster was not clear because the nurse was not wearing gloves.

All the respondents said they liked the poster, mostly because of the message, although most of them were not sure what the message was. Six out of 11 respondents said the man on the poster did not look like a waste handler because he was not wearing protective gear. All the respondents said the message applied to them.

Most respondents (9 out of 11) said they believed what the poster said because it was dangerous to handle needles without protective gear. Two respondents said the nurse should always use the safety box. All the respondents said they were planning or had applied the message because it was about protecting themselves (9 respondents) and protecting the nurse (2 respondents).

**b. Conclusion**

The pictures of the man and the nurse on the poster seem to be confusing for the waste handlers; it is not clear if the focus is the nurse or the man carrying the bucket. The man carrying the bucket describes an action that is not recommended for waste handlers and the message that the poster is conveying is not understood by most respondents and the message and its meaning also varies considerably among the waste handlers. Most waste handlers interviewed don’t identify with the man on the poster because he is not wearing protective gear.

**c. Recommendation**

The pictures and the message of the poster are not understood by waste handlers. The poster should be revised and should target only one audience (waste handlers) and the message should focus on a recommended/positive action (message) for waste handlers. The man in the poster should wear protective gear as it is a recommendation for waste handlers.

### 3.3.2 Poster on protective clothing

**a. Interview with waste handlers**

All the waste handlers who were interviewed on their comprehension of protective clothing described the man in the picture as a man wearing the right gear. Eight respondents described the message as a call for protection by
wearing gloves and protective clothing, they said that protecting oneself helps prevent infection. Three of the respondents did not know how to read, however, they were able to state the correct message just by looking at the picture. This means that the picture alone conveys the correct message.

All the respondents liked the poster, mainly for the message (7 persons), and also for the picture (4 persons). All the respondents said that the man in the picture looked like them and that the message in the poster applied to them as well because it addressed the needs and problems of waste handlers and the message was feasible. Two respondents said the message was not clear because the man was not wearing any protection on his face.

All the respondents said they believed the message because it was about their safety and protection. All the respondents reported that they had tried what the poster said because it is about protecting themselves from cuts and infections.

b. Conclusion

Almost all the respondents were able to correctly describe the pictures and the message on the poster. Even those who could not read were able to grasp the message just by looking at the poster. The message was clearly understood and accepted by almost all the respondents. The respondents identified with the man on the picture; they said they were already applying the messages because it was about their safety and protection. The main source of information for waste handlers on protective gear is training. The additional information about handling sharps varies considerably among the respondents; only 2 respondents mentioned what to do when get stuck.

Some waste handlers do not have a stationary place to sit at work. When that is the case, the posters for waste handlers are kept or placed in a spot to which they don’t have access.

d. Recommendation

The pictures and the message on the poster on protective clothing were well understood by the waste handlers interviewed. The poster on wearing protective gear should be reproduced and distributed during training in the regions where GSIP is expanding. Given the fact that waste handlers do not always have a stationary place to sit or a wall to hang the poster, GSIP and the Ministry of Health should look into other types of IEC materials for the waste handlers that they can carry with them in their pocket or stick on their protective gear.

3.3.3 Additional information and source of information for waste handlers
a. Additional information

Additional information that the respondents reported about handling sharps includes:
Separate sharps from other waste
Use gloves (2)
Handle sharps carefully
Dispose sharps safely (3)
What to do when stuck with a needle (2)
Nothing (2)

b. Source of information

Almost all the respondents (10 out of 11) said the source of information for waste handlers was the training. The training took place during the previous 12 months for 10 respondents.

c. Conclusion

The training was the only source of information for waste handlers.

d. Recommendation

GSIP should sensitize waste handlers’ supervisors on the importance of discussing key messages with waste handlers while carrying out supportive supervision.

VI. CONCLUSIONS AND RECOMMENDATIONS

4. 1 Posters to be reproduced and distributed in the project expansion health facilities

The posters listed in table 3 should be reproduced and distributed in the project expansion sites because they are well understood and accepted by the target audience.

Table 3: Posters to be reproduced by the project

<table>
<thead>
<tr>
<th>#</th>
<th>Poster</th>
<th>Target audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Client preference treatment</td>
<td>Patients/clients</td>
</tr>
<tr>
<td>2</td>
<td>Act fast (needlestick injury)</td>
<td>Providers</td>
</tr>
<tr>
<td>3</td>
<td>Never recap</td>
<td>Providers</td>
</tr>
<tr>
<td>4</td>
<td>Protective clothing</td>
<td>Waste handlers</td>
</tr>
</tbody>
</table>
4.2 Posters to be revised and pretested before producing

The poster on the use of safety box was neither understood nor accepted by providers and waste handlers. The poster should target only one audience instead of two. The suggested modifications are the following:

a) Develop a poster that targets only providers:
   - Remove the picture of the man carrying the bucket
   - Put a cap on the head of the nurse
   - Rephrase the message as follow: "Dispose of the sharp in the safety box immediately after giving an injection"

b) Develop a flyer only for waste handlers
   - Replace the picture of the man with the picture of a waste handler wearing protective clothing, as promoted by the project.
   - The qualitative assessment of the project revealed that reports of needle stick injuries were common among waste handlers; therefore, the message on the poster should be on post exposure prophylaxis. Because a good proportion of waste handlers cannot read, the IEC materials produced by the project should have mostly pictures or drawings with a minimum of text.

4.3 Increase the type of IEC materials and communication channels to reach out to each target group

- Diversify the types of IEC materials

To date, posters are the only type of IEC material produced by the project. Posters are not appropriate for waste handlers because most of them don’t have a stationary.

- Use multiple channels to reach out to each target audience and to reinforce messages on injection safety

Interpersonal communication remains a powerful type of communication that the supervisors of providers and waste handlers should use to discuss and promote the appropriate messages on injection safety with each target audience during supportive supervision. However, the project should emphasize the use of other channels such as mass media, radio, television, and print media, particularly for the community. Radio and television should be used to promote the concept that tablets are as effective as injections for patients/clients. A variety of print materials should be used for providers.

Table 4 below gives a list of additional materials and channels that can be used for each target audience.
Table 4: Additional types of IEC materials and channels for each target audience

<table>
<thead>
<tr>
<th>#</th>
<th>Target audience</th>
<th>IEC materials and channels</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Patients/clients</td>
<td>flyer, drama, radio scripts, television talk shows,</td>
</tr>
<tr>
<td>2.</td>
<td>Providers</td>
<td>Newsletter, fact sheet, technical update, job aids, articles</td>
</tr>
<tr>
<td>3.</td>
<td>Waste handlers</td>
<td>Flyer, stickers, protective clothing with the message</td>
</tr>
</tbody>
</table>

4.4 Need for orientation and training of providers and supervisors

The data collected during the evaluation highlights the need for capacity building for the following groups in the following areas:

- Training the providers on the effective use of the posters for group education and counseling of patients/clients
- Orientation of providers on the appropriate locations for posters for patients/clients
- Orientation of supervisors on how to reinforce injection safety messages during supportive supervision with providers and waste handlers.
Appendix 1
Evaluation tool

1. EVALUATION WITH THE CLIENT

Facility Name: ______________________________ Date: ______________

Observation - Poster on client preference treatment

Location of the poster

_In a few facilities, providers have not placed the poster on client treatment preference on the wall. The providers take the poster out only when they plan to conduct a health education session on the importance of tablets. If that is the case, write the following information "poster kept by the providers" in the space above for location of the poster and skip the next question and go to the exit interview with the client._

How many other posters are on the wall in the room where the poster on client treatment preference is placed? _______

Guidance: Conduct 5 exit interviews with clients in______________________________
Conduct the exit interview with one in every three clients
I. Exit interview with the client

Facility name __________________________________________ Date ______________________

Thank you for agreeing to talk to us today. We appreciate your help.

1. Information on the respondent

   a. Respondent gender  M, F
      Circle the sex of the respondent

   b. Respondent ethnic group
      Circle the ethnic group of the respondent
      Afro-Guyanese
      Indo-Guyanese
      Other (specify) __________

   c. In which of the following age range are you?
      Read the age ranges and circle the age range of the respondent
      >15 – 25
      >25 -49
      > 49

   d. How many times have you come to this health facility in the past year? ______

2. Did you notice anything displayed on the walls of the health facility?  Yes,  No
   Circle the respondent’s answer

   If not, show a sample of posters and ask, “Which of these posters have you seen displayed on the walls of the health facility or elsewhere?”

   If the patient has never seen the poster on client treatment preference anywhere, stop the exit interview and thank the patient for his time. Start an exit interview with another patient.

3. If the patient mentions the poster on Client Treatment Preference ask, “Please describe what you remember being displayed on that specific poster.” Write patient recollections:
   Picture __________________________________________________________
   Message __________________________________________________________

   If the client does not state any message probe for:
   Do not remember ______ Do not know how to read ______

4. How many times have you seen this poster? ______
   Probe and write down the number of times

5. Do you like the poster?  Yes,  No
   Circle the respondent’s answer

   If yes why? Color, Message, Picture, Other (Specify) ____________________________
   Circle the respondent’s answer(s)
If not, why not? Color, Message, Picture, Other (Specify)__________________________
Circle the respondent’s answer(s)

6. What did the poster say? ________________________________________________

7. What does it mean? _____________________________________________________
   *If the question is not clear, ask the patient to explain what the message (answer question 6) means*

8. Did the people in the picture look like people from your community? Yes, No
   Circle the respondent’s answer

   For those who say no ask, “Why do you say that the people in the picture don’t look like people from your community?”
   ________________________________________________________________

9. Do you feel that this message applies to you? Yes, No
   Circle the respondent’s answer

   Why? Circle the respondent’s answer(s)
   - Addresses needs and problems encountered by community members
   - Message is feasible
   - Other (specify) ________________________________________________

10. Was there something not clear in the poster? Yes, No
    Circle the respondent’s answer

    If yes, what was not clear?
    ________________________________________________________________

11. Do you believe what the poster says? Yes, No
    Circle the respondent’s answer

    Why? ____________________________________________________________

12. Are you planning to try or have you tried what the poster says? Yes, No
    Circle the respondent’s answer

    Why? ____________________________________________________________

13. What else have you heard about injections?
    __________________________________________________________________

14. If the patient mentions anything about injections ask, where did you hear that?
    __________________________________________________________________

15. If the respondent does not mention the health workers ask, “Did you hear anything about injections from the staff of this health facility?” Yes, No
    Circle the respondent’s answer

16. If yes, what did you hear? _________________________________
    Thank you for your time.
2. INTERVIEW WITH THE PROVIDER

Facility Name: _________________________________ Date: ___________________

Observation on poster on Act Fast
Ask to see where the posters on Act Fast, Never Recap, and Use of Safety Box are displayed and fill out the 3 sections on observations before starting the interview with the provider.

Location of Act Fast ____________________________________________________
How many posters are on the walls in the room where the Act Fast poster is displayed? _____

I. Interview with the provider on poster on Act Fast

Thank you for agreeing to talk to us today. We appreciate your help.

1. Information on the respondent
   a. Respondent gender   male, female
      Circle the respondent’s gender

   b. In which of the following age range are you?
      Circle the respondent’s age range
      >15 – 25
      >25 – 49
      > 49

   c. Length of time in the service_____

2. What are the posters that are displayed in…? (Room where the Act Faster poster is displayed.)
   (Do not carry the interview in the room where the posters are displayed)
   If the poster on Act Fast is not mentioned, show a sample of the five posters and ask, do you recognize any of these posters? Yes, No
      Circle the respondent’s answer-

3. If the provider mentions the poster on Act Fast ask, please describe what you remember on that specific poster
   Picture_____________________________________________________________
   Message___________________________________________________________

4. Do you like this poster? Yes, No
   Circle the respondent’s answer
   If yes, why? Color, Message, Picture, Other (Specify)_____________________
   Circle the respondent’s answer
   If not, why not? Color, Message, Picture, Other (Specify)__________________


Circle the respondent’s answers

5. What did the poster say? _______________________________________________
The answer could be exactly the same as the message in question 3

6. What does it mean? ____________________________________________________

7. Point at the provider in the poster and ask, “Does this person look like a provider?”
   Yes, No (Circle the respondent’s answer).
   If no, why not? _______________________________________________________

8. Is the message in the poster relevant for you? Yes, No
   Circle the respondent’s answer
   Why? (Circle the respondent’s answers)
   - The poster addresses health workers’ needs and problems
   - Message is feasible
   - Other (specify) ____________________________________________________

9. Was there something not clear in the poster? Yes, No
   Circle the respondent’s answer
   If yes, what was not clear?
   _________________________________________________________________

10. Do you believe what the poster says? Yes, No
    Circle the respondent’s answer
    Why? _______________________________________________________________

11. Are you planning to try or have you tried what the poster says? Yes, No
    Circle the respondent’s answer
    Why? __________________________________________________________________

II. Poster on Never Recap

1. If the poster on No Recap is mentioned ask, “Please describe what you remember
   on that specific poster.”
   Picture
   Message

2. Do you like this poster? Yes, No
   Circle the respondent’s answer
   If yes, why? Color, Message, Picture, Other (Specify) __________________________
   Circle the respondent’s answers
   If not, why not? Color, Message, Picture, Other (Specify) _______________________
   Circle the respondent’s answers

3. What did the poster say? _______________________________________________
4. What does it mean? ______________________________________________________

5. Do you feel that this message applies to you? Yes, No
   Circle the respondent’s answer
   Why? (Circle the respondent’s answers)
   - The poster addresses health providers’ needs and problems
   - Message is feasible
   - Other (specify) ______________________________________________________

6. Was there something not clear in the poster? Yes, No
   Circle the respondent’s answer
   If yes, what was not clear?
   __________________________________________________________

7. Do you believe what the poster says? Yes, No
   Circle the respondent’s answers
   Why? ____________________________________________________________

8. Are you planning to try or have you tried what the poster says? Yes, No
   Why? ____________________________________________________________

Observation - Poster on Never Recap

Location of the poster____________________________________________________

How many other posters are on the wall in the room where the poster on Never Recap is
placed? ________

III. Poster on the Use of the Safety Box

1. If the nurse mentions the poster on the Use of the Safety Box ask, “Please describe
   what you remember on that specific poster.”
   Picture_________________________________________________________________
   Message_______________________________________________________________

2. Do you like this poster? Yes, No
   Circle the respondent’s answers
   If yes, why? Color, Message, Picture, Other (Specify) _______________________
   Circle the respondent’s answers
   If no, why not? Color, Message, Picture, Other (Specify)_____________________
Circle the respondent’s answers

3. What did the poster say? ________________________________________________

4. What does it mean? _____________________________________________________

5. Point to the nurse in the poster and ask, “Does this person look like a nurse?”
   Circle the respondent’s answer
   Yes, No
   If not, why not? _________________________________________________________

6. Is the message in the poster relevant for you? Yes, No
   Circle the respondent’s answer
   Why? (Circle the respondent’s answers)
   - The poster addresses health providers’ needs and problems
   - Message is feasible
   - Other (specify) ______________________________________________________

7. Was there something not clear in the poster? Yes, No
   Circle the respondent’s answer
   If yes, what was not clear? _____________________________________________

8. Do you believe what the poster says? Yes, No
   Circle the respondent’s answer
   Why? __________________________________________________________________

9. Are you planning to try or have you tried what the poster says? Yes, No
   Circle the respondent’s answer
   Why? __________________________________________________________________

Observation - Poster on the Use of Safety Box

Location of the poster _____________________________________________________

How many other posters are on the wall in the room where the poster on the Use of Safety Box is placed? ________

VI. Poster on Client Treatment Preference

1. If the poster on client treatment preference was mentioned when you showed the sample of posters refer to the client treatment preference poster and ask,

   When do you use this poster?
   Circle the respondent’s answer
Group education
Never used
Other (Specify) ____________________

2. What else have you heard about injections?
______________________________________________________________________

Where do you get your information on injections from?
______________________________________________________________________

3. If training is not mentioned ask, “When last did you receive any training about injection versus oral medication?” ____________________

4. When did you last receive training about the safety of injections?
____________________

Thank you for your time.
3. INTERVIEW WITH WASTE HANDLERS

Facility Name: _________________________________ Date: __________________

Observation on poster on the Use of Safety Box

Location of the poster

If waste handlers do not have a room where they sit and the poster is not placed on the wall, ask, where do you keep the poster on the use of safety box

(Skip the next question and start the interview with the waste handler, AND do not fill in any information on the location of the poster on protective gear)

How many other posters are on the wall in the room where poster on the Use of Safety Box is displayed? ___

I. Interview with the waste handler on the Use of Safety Box

Thank you for agreeing to talk to us today. We appreciate your help.

1. Information on the respondent

a. Respondent gender  Male, Female
Circle the respondent’s gender

b. In which of the following age range are you?
Read the age ranges and then circle the respondent’s answer
>15 – 25
>25 – 49
>49

c. Length of time in the service ___

2. What are the posters that are displayed in…? (Room where the poster on the Use of Safety Box is displayed.) Do not carry out the interview in the room where the posters are displayed.

If the poster on the Use of Safety Box is not mentioned, show a sample of the five posters and ask, “Do you recognize any of these posters?” Yes, No
Circle the respondent’s answer

3. If the waste handler mentions the poster on the use of the safety box ask, “Please describe what you remember on that specific poster.”
Message______________________________________________________________

If the waste handler does not mention any message, probe for:

Do not remember ______ Do not know how to read________

4. Do you like this poster? Yes, No
   Circle the respondent’s answer

   If yes why? Color, Message, Picture, Other (Specify)
   ______________________________
   Circle the respondent’s answers

   If no, why not? Color, Message, Picture, Other (Specify)
   ______________________________
   Circle the respondent’s answers

5. What did the poster say?
   _______________________________________________________
   Could be the same as the same as the message in question 3

6. What does it mean?
   _______________________________________________________

7. Point to the waste handler in the poster and ask, “Does this person look like a waste
   handler?” Yes, No
   Circle the respondent’s answer

   If no, why not? _______________________________________________

8. Does the message in the poster apply to you? Yes, No
   Circle the respondent’s answer

   Why? (Circle the respondent’s answer)
   - The poster addresses waste handlers’ needs and problems
   - Message is feasible
   - Other (specify) ______________________________

9. Was there something not clear in the poster? Yes, No
   Circle the respondent’s answer

   If yes, what was not clear?
   ______________________________

10. Do you believe what the poster says? Yes, No
    Circle the respondent’s answer

    Why?
    ______________________________
11. Are you planning to try or have you tried what the poster says? Yes, No
   Circle the respondent’s answer
   Why?
   ____________________________________________________________

II. Interview with waste handlers on the poster on Protective Clothing

1. If the poster on protective clothing was mentioned when you showed the sample of
   posters, refer to the poster on protecting clothing and ask, “Please describe what you
   remember on that specific poster.”

   Picture_________________________________________________________________
   Message_________________________________________________________________
   If the waste handler does not state any message, probe for:
   Do not remember _____ Do not know how to read _____

2. Do you like this poster? Yes, No
   Circle the respondent’s answer
   If yes why? Color, Message, Picture, Other (Specify)
   Circle the respondent’s answers
   If not why not? Color, Message, Picture, Other (Specify)
   Circle the respondent’s answers

3. What did the poster say?
   (Answer could be the same as the message in question 1)

4. What does it mean?
   __________________________________________________________

5. Did the people in the picture look like a waste handler? Yes, No
   Circle the respondent’s answer

6. Does the message in the poster apply to you? Yes, No
   Circle the respondent’s answer

   Why? (Circle the respondent’s answers)
   -The poster addresses waste handlers’ needs and problems
   -The message is feasible
   - Other (specify) ____________________________
7. Was there something not clear in the poster? Yes, No
Circle the respondent’s answer

If yes what was not clear?
__________________________________________________

8. Do you believe what the poster says? Yes, No
Circle the respondent’s answer

Why?
__________________________________________________

9. Are you planning to try or have you tried what the poster says? Yes, No
Circle the respondent’s answer

Why?
__________________________________________________

10. What else have you heard about handling sharp?
__________________________________________________

11. Where do you get your information on handling sharp?
__________________________________________________

12. If training is not mentioned, ask, when last did you receive any training about handling sharp? _______

13. When did you last receive training about handling sharp?____________________

Thank you for your time.

Observation on Poster on Protective Clothing

Location of the poster
__________________________________________________

How many posters are on the wall in the room where poster on protecting clothing is displayed?

_______