

The role of proper waste management in improving WASH/IPC in HCFs: The case of Bongo District

Presented by:

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CONIWAS XXXIV

PRESENTATION OUTLINE

- BACKGROUND
- HEALTHCARE WASTE COMPOSITION
- FINDINGS FROM MONITORING -3S WASH PROJECT
- ACTIVITIES CARRIED OUT
- MEASURES OF REDUCING WASTE
- CHALLENGES
- RECOMMENDATIONS

LI 1446 (1988)

District Profile

Governance

TC: Town Council
AC: Area Council

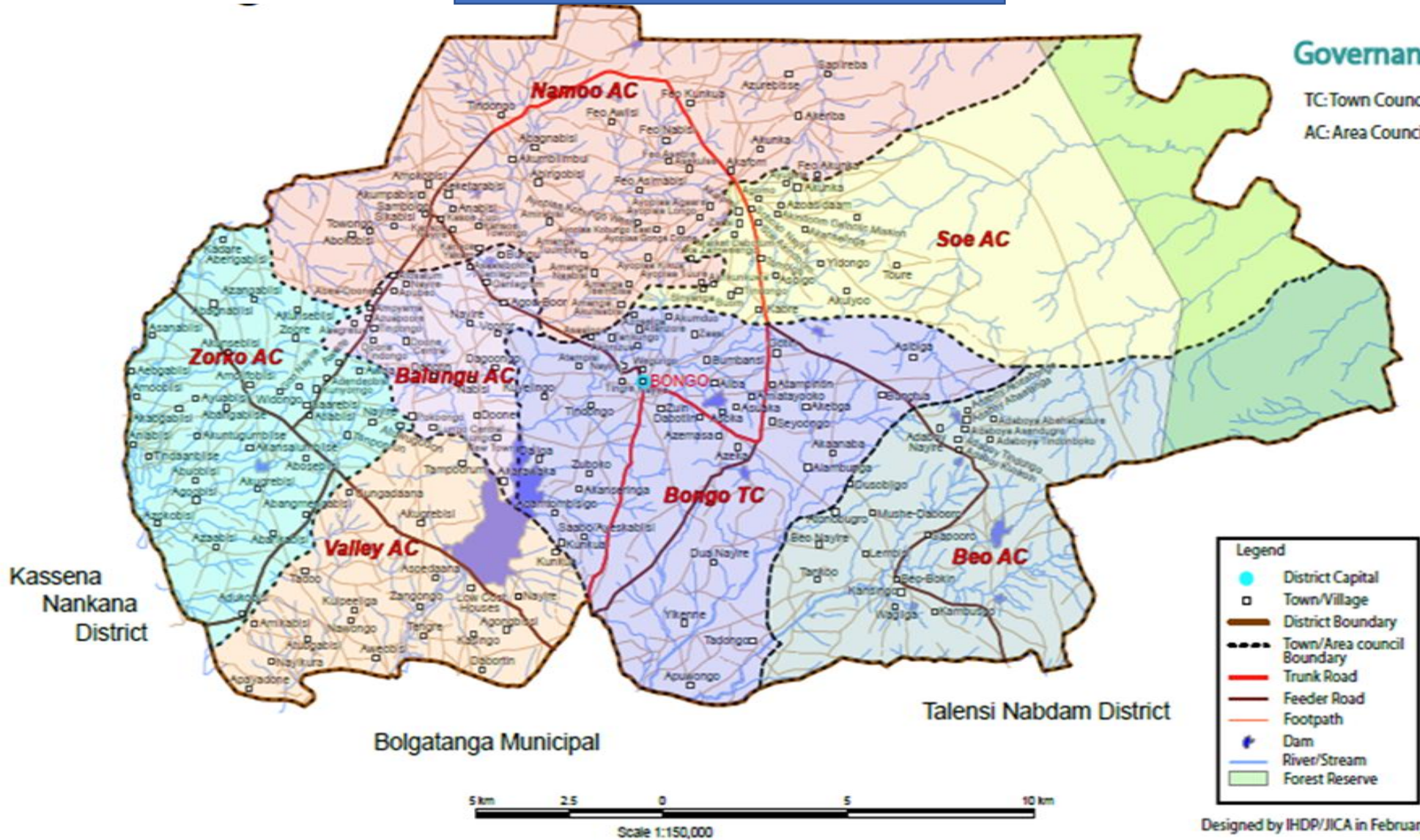
Area Councils: 7
Electoral Areas: 38

POPULATION:
125,358

MALES: 59,294
(47.3%)

FEMALES:
66,064 (52.7%)

GROWTH RATE:
(1.5%)



land area of 459.5 square Kilometer.

DISTRICT PROFILE

INDICATOR	NUMBER
NUMBER OF SUB-DISTRICTS	6
HOSPITALS	1 District and 2 private
HEALTH CENTRES	7
STRUCTURED FACILITIES	29
FACILITIES CONDUCTING DELIVERY	17
NUMBER OF COMMUNITIES	143

TREND OF POPULATION STATISTICS

INDICATOR	2021	2022	2023
Total Population	105,413	120,254	125,358
Expected Pregnancy (4%)	4,217	4,810	5,014
WIFA (24%)	25,303	28,860	30,086
Children 0 – 11 months	4,217	4,810	5,014

KEY TERMS

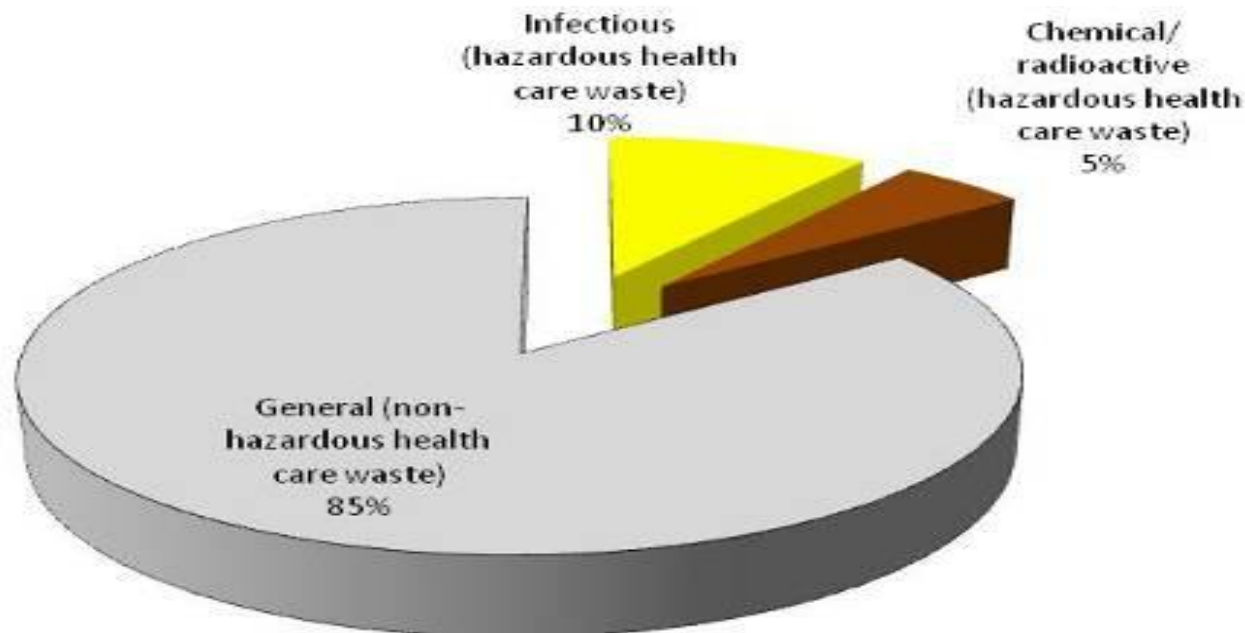
- **HEALTHCARE WASTE**: Total waste stream from major healthcare establishments and from minor scattered healthcare activities
- **WAG**: WaterAid Ghana
- **HCFs**: Healthcare Facilities
- **3S PROJECT** : System Strengthening for Sustainable WASH Project.
- **WASHFIT** : Water Sanitation and Hygiene Facility Improvement tool

BACKGROUND

- The lack of WASH services compromises the ability to provide safe and quality care.
- The provision of health care, like any other human activity, waste is generated
- Both health care providers and those seeking care at substantial risk of infection-related morbidities and mortality.
- Interestingly, waste management has been neglected in most cases in improving WASH
- This poses a significant economic and social burden to the district and nation as a whole.

TYPICAL HEALTHCARE WASTE COMPOSITIONS

- Between **75%** and **90%** of the waste produced is similar to domestic waste and usually called ‘**non-hazardous**’ or ‘**general health care waste**’
- **10-25%** of health care waste is regarded as ‘hazardous’ and may pose a variety of environmental and health risks



Source: Safe management of waste from health-care activities, WHO, 2014

MEASURES TO REDUCE WASTE AND IMPROVE MANAGEMENT



RECOMMENDED COLOUR CODES

- **BLACK** - General waste (e.g. kitchen waste, paper, cardboard)
- **YELLOW** - Infectious waste (e.g. sharps, patient waste, human/animal tissue and cultures/specimens)
- **BROWN**- Pharmaceutical waste (e.g. expire drugs, vaccines and chemicals)
- **RED** — highly infectious materials (Covid19/,,Ebola waste)

STANDARD COLOUR CODED BIN

**Black
Color Bin**



**Yellow
Color Bin**



**Brown
Color Bin**



**Red
Color Bin**



FINDINGS FROM SUPPORTIVE MONITORING (29 HCFs)-3S

WASH PROJECT - April 2023

- **No** healthcare facility in the district had the recommended coloured coded waste bins in service delivery areas. (most resorted to “**parking cases**”).
- **All** facilities had safety boxes for managing sharps and needles.
- **All** facilities had unprotected hand-dug pits for burning although some had incinerators.
- **6** out of **17** HCFs conducting delivery had placenta pits (*but not standard*). Home burial poses IPC consequences.

FINDINGS FROM SUPPORTIVE MONITORING (29 HCFs)-3S WASH PROJECT

- Lack or poor treatment of waste generated (only placentas are treated with bleach) by Healthcare facilities.
- Generally, health staff were not aware of the healthcare waste management policy and guidelines.

HEALTHCARE WASTE AND IPC (29 HCFs)



HOW WE MANAGE WASTE



HOW WE MANAGE WASTE



HOW WE MANAGE WASTE



ACTIVITIES TO IMPROVE UPON WASTE MANAGEMENT

- Trained **150** health staff on WASHFIT 2 and **150** on IPC
- Conducted quarterly self-assessment of facilities through the WASHFIT tool (August 2022 till date)
- Drafting and implementing quarterly action plans (waste management inclusive – Oct 2022 till date)
- Follow-up mentoring and coaching visits to facilities (October 2022 and April 2023)
- Commitment of DHD and SDMTs spending in WASH (procurement of dustbins)

SUPPORT FROM **WAG** TO IMPROVE WASTE MANAGEMENT.



NAMOO HEALTH CENTRE INCINERATOR

ST.THERASA INCINERATOR

THE BONGO SITUATION - INCINERATORS

SUB-DISTRIC	CENTRA	SOE	NAMOO	VALLEY ZONE	ZORKO	BEO
FACILITY	Anafobisi HC (UNICEF)	SOE HC (GHS)	Namoo HC (WAG)	Vea HC (GHS)	Kodorogo HC (WAG)	Wagliga CHPS (WAG)
	Lungo CHPS (WAG)	Feo CHPS (WAG)		Gowrie CHPS (WAG)	St Theresa HC (WAG)	Apatanga CHPS (WAG)
	Balungo CHPS (WAG)	<ul style="list-style-type: none"> 12 facilities out of 29 in the Bongo district have incinerators (10 by WAG) 				Adaboya CHPS

GENERAL CHALLENGES IN HCFs

- No cleaners in almost all healthcare facilities
- The use of packing cases and unlined opened waste bins in HCFs
- Poor leadership/coordination in some facilities and sub-districts
- Lack or inadequate budgeting and spending towards waste management
- Dissemination of the MoH waste management policy (lower level)
- No placenta pits in most healthcare facilities conducting delivery (with home disposal challenging)

GENERAL RECOMMENDATIONS

- The district/ facilities need to sustain gains from partner support
- Management and facilities need to budget and spend to improve upon the area of WASH in healthcare facilities especially **waste management** (procurement and maintenance)
- Dissemination and enforcement of waste management policy to health staff and communities.
- More synergy from partners in waste management like other domains in WASH
- All facilities must report on the WASH-IPC indicators in DHIMS
- There is the need for an impact assessment of support from partners

CONCLUSION



- ❑ DOING THINGS THE SAME WAY ALL THE TIME WILL SURELY PRODUCE THE SAME OR LESSER RESULTS.
- ❑ IF IT MUST BE DONE, THEN IT MUST BE DONE WELL WITH INNOVATION

ACKNOWLEDGEMENT

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- DA
- HEALTH STAFF AND VOLUNTEERS
- COMMUNITY MEMBERS



THANK YOU