



Ministry of Public Health and Sanitation
Ministry of Medical Services



INJECTION SAFETY AND SAFE DISPOSAL OF MEDICAL WASTE

National Communication Strategy



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ACRONYMS AND ABBREVIATIONS

AD	Auto Disable
AED	Academy for Educational Development
AIDS	Acquired Immune Deficiency Syndrome
APHIA	AIDS, Population, and Health Integrated Assistance
BSS	Behavioural Surveillance Survey
CBO	Community-Based Organisation
CDC	Centers for Disease Control and Prevention
CHEW	Community Health Extension Worker
CHW	Community Health Worker
DHS	Demographic and Health Survey
FBO	Faith-Based Organisation
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
IEC	Information, Education, and Communication
IPC	Infection Prevention and Control
JSI	John Snow, Inc.
KAIS	Kenya AIDS Indicator Survey
KAPB	Knowledge, Attitude, Perceptions, and Behaviour
KEMSA	Kenya Medical Supply Agency
KMTC	Kenya Medical Training College
KNASP	Kenya National HIV/AIDS Strategic Plan
MARP	Most At Risk Population
MMIS	Making Medical Injections Safer
NASCOP	National AIDS and STD Control Programme
NEMA	National Environmental Management Agency
NGO	Nongovernmental Organisation
PATH	Programme for Appropriate Technology in Health
SIGN	Safe Injection Global Network
SWOT	Strengths, Weaknesses, Opportunities, and Threats
WHO	World Health Organisation

FOREWORD

The Ministry of Public Health and Sanitation and Ministry of Medical Services acknowledge the development of the Injection Safety and Safe Disposal of Medical Waste National Communication Strategy.

This communication strategy was developed in line with the Community Strategy, the National Policy on Injection Safety and Medical Waste Management (2007), the National Standards and Guidelines in Injection Safety and Medical Waste Management (2007), and the National Infection Prevention and Control Guidelines for Health Care Services in Kenya (2010).

In providing a framework for action, this communication strategy connects and mobilizes people around the common cause of injection safety and safe disposal of medical waste. It aims to bring about synergy and collaboration between individuals, communities, social networks, and policy makers who will be connected through participatory activities and dialogue to develop an integrated and consolidated approach to communication in injection safety and safe disposal of medical waste.

The need for injection safety and safe disposal of medical waste in health services is cross cutting; therefore, integration of best practises in service delivery is essential. All partners in the health sector and working with communities are encouraged to use this strategy as a tool to guide communication activities in relation to injection safety and safe disposal of medical waste.



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ACKNOWLEDGMENT

This National Communication Strategy for Injection Safety and Safe Disposal of Medical Waste is a result of concerted efforts of many individuals and stakeholders.

The Ministry of Public Health and Sanitation and the Ministry of Medical Services wish to acknowledge all those who were involved in one way or another in the development of this strategy. We particularly thank the Head of the National AIDS and STD Control Programme (NAS COP), Dr. Nicholas Muraguri and the Infection Prevention and Control team comprised of Dr. Rachael Kamau, Rose Mokaya, and Margaret Muthoni, for overseeing and guiding the process of developing the strategy. Special thanks go to Dr. Daniel Kimani and Suzanne Theroux from the Centers for Disease Control and Prevention (CDC) for their support and guidance throughout the development of the strategy.

We wish to acknowledge the contributions of all stakeholders who participated in the regional and national workshops. The stakeholders included doctors, clinical officers, nurses, laboratory technologists, counsellors, public health officers, community members, health educators, development partners and representatives of nongovernmental organisations (NGOs), faith-based organisations (FBOs), and community-based organisations (CBOs) from the following organisations: Ministry of Public Health and Sanitation (MOPHS), the Ministry of Medical Services (MOMS), NAS COP, Kenya Medical Training College (KMTC), Kenya Episcopal Conference (KEC), National Blood Transfusion Service (NBTS), National Environmental Management Agency (NEMA), National Public Health Laboratory Services (NPHLS), Kenya Network of Women with AIDS (KENWA), St. Jude's, CDC, John Snow International Research and Training Institute (JSI R&T), Danya International (K) Limited, Population Services International (PSI) Bon Santé Consulting, Black Butterfly, Apex Communication, Academy for Educational Development (AED) C-Change Program, JHPIEGO, United States Agency for International Development Kenya (USAID/K), Programme for Appropriate Technology in Health (PATH), Disciples of Mercy, Kisumu Medical and Educational Trust (KMET), Nyanza Reproductive Health Society, Penjo Osiko, St Francis Community Development Programme (FRACODEP), St. Peters Faith HIV/AIDS, Youth Against AIDS Group (YAAG), Impact Research and Development Organisation, Tuungane, TSS Mosque Mombasa, and Aga Khan Hospital.

Appreciation is extended to Danya International for facilitating the development of this strategy, which was made possible by the financial and technical support of CDC Kenya.

EXECUTIVE SUMMARY

The administration of unsafe and unnecessary injections and inappropriate management of medical waste is a serious health challenge in Kenya. Many patients prefer treatment through injections despite the fact that there are increased health risks when compared to alternative methods due to unsafe injection practises of many health care workers, yet the alternative routes are equally, if not more so, effective as injections.

In addition to being unsafe, many injections are also unnecessary. Surveys have indicated that injections are the preferred method of treatment for patients and clients, and the Kenya AIDS Indicator Survey (KAIS) data showed that 43 percent of the sampled respondents to the study received two to three injections; preference for injections over oral medications was high and ranged from 39–49 percent. The Modes of Transmission¹ study conducted in 2008 estimated that nationally 2.5 percent of new HIV infections are health facility related. Injection activities also generate waste, which includes used sharps and waste materials contaminated by body fluids, which pose a major risk to health workers, waste handlers, and the community.

Partners in collaboration with the Ministry of Public Health and Sanitation and Ministry of Medical Services have worked on injection safety and safe disposal of medical waste activities, and, as a result, health workers have adopted safer practises. Despite significant achievements, much remains to be done to remove existing barriers and overcome challenges. In response to this situation, the Government of Kenya and stakeholders recognized that strategic communication can be used to combat these challenges through behaviour change interventions among community members and health care workers to reduce injection overuse and improve injection safety and safe disposal of medical waste.

This communication strategy was developed through a consultative and participatory process with stakeholders and is informed by existing evidence obtained from a literature review of research, policy documents, reports, and existing communication materials. The goal of this strategy is to support the government and partners to achieve the objectives of the Kenya National HIV Strategic Plan (KNASP III) and contribute to reducing the number of new HIV infections in Kenya.

The specific KNASP III higher level output result that this communication strategy contributes to is the achievement of universal prevention of medical transmission of HIV through interventions in injection safety and safe disposal of medical waste. A reduction in

the number of new HIV infections in health care settings will be achieved by successfully reaching the following objectives:

- Reducing the number of unnecessary injections
- Reducing the number of unsafe injections administered
- Promoting alternative methods of treatment
- Facilitating safe disposal of medical waste

The strategies recommended for impacting behaviour include the following:

- Capacity strengthening on injection safety and safe disposal of medical waste among decision makers and health care workers to improve their knowledge and competence
- Development of evidence-based targeted information tools and materials based on current knowledge, attitudes, and practises of various target groups to drive demand for injection safety, alternative treatment methods, and sanitary medical waste disposal
- Media advocacy to raise awareness and promote accurate and analytical coverage of injection safety and safe disposal of medical waste as an important health and safety issue
- Outreach to influencers at the community and health care delivery system level to enable them to include injection safety and safe disposal of medical waste issues on their agenda when interacting with the intended audiences
- Policy advocacy among decision makers to raise the profile of injection safety and safe disposal of medical waste as a national problem, mobilize resources, and build institutional commitment

A wide variety of partners will be implementing activities under the umbrella of this communication strategy, and, although there will be diversity in content and format of materials, key elements such as audiences, communication objectives, strategies, key messages, and monitoring and evaluation approaches will be similar. Clearly defined roles and responsibilities for communication activities among partners will need to be defined, depending on availability of resources and mandate. Implementation will be coordinated at the national level and linked with activities at regional and local levels. To enhance coherence of messages and create synergy across different communication activities, communication will be delivered from a branded platform identified by an overarching theme, logo, and slogan.

REFERENCES

1. Office of the President, National AIDS Control Programme. (2008). A study on the modes of HIV transmission final synthesis report.

The administration of unsafe and unnecessary injections and unsafe management of medical waste is a serious health challenge in Kenya. In response to this challenge, the Government of Kenya and stakeholders recognized that strategic communication can be used to combat these challenges through behaviour change interventions among community members and health care workers to decrease unnecessary injections and improve injection safety and safe disposal of medical waste. This communication strategy provides a framework for analyzing, designing, implementing, and evaluating communication activities for injection safety and safe disposal of medical waste.

1.1 BACKGROUND ON INJECTION SAFETY AND SAFE DISPOSAL OF MEDICAL WASTE

INJECTION SAFETY

Injections are the most commonly administered treatment procedure in several developing countries, including Kenya. Many patients prefer treatment through injections despite the fact that there are increased health risks when compared to alternative methods due to unsafe injection practises of many health care workers and lack of access to safe injection equipment.

Unsafe injection practises that harm the recipient include reuse of syringes and needles, non-aseptic techniques, and injections at incorrect anatomical sites. Health care workers who practise recapping, overfilling of safety boxes, detaching needles from syringes, or placing syringes and needles on a surface prior to disposal place themselves at risk for needlestick injuries.

On the contrary, a safe injection is one that is given using appropriate equipment, does not harm the recipient, does not expose the provider to any avoidable risk, and does not result in any waste that is dangerous for other people.² Best practises in injection safety involves selection of safe medications, proper storage, use of sterile injection equipment, avoiding contamination of equipment and medication using aseptic techniques, and washing of hands. Injection waste and sharps should be disposed of in appropriate leak- and puncture-proof safety boxes.

Although injection drug users (IDUs) reuse syringes and needles and are at high risk of infection from HIV hepatitis B transmission, this strategy focuses on safety of injections intended for medical use. Interventions for IDUs are addressed in separate government-led strategies and programmes for most at risk populations (MARPs).

UNNECESSARY INJECTIONS

In addition to being unsafe, many injections are also unnecessary. When an injection is given when it is usually not warranted, it is considered unnecessary according to standard treatment guidelines. The over prescription of unnecessary injections is prevalent in many health care institutions. Health care workers often administer injections when oral alternative medications are just as effective. Health care workers prescribe injections for a variety of reasons, including the belief that injections satisfy the patients and oral alternatives are not available, and to generate more income. The risks associated with unsafe injection practises include transmission of infections, paralysis, drug reactions, development of abscesses, trauma, litigation, and death. According to the World Health Organisation (WHO), worldwide unsafe injections cause 8–16 million cases of hepatitis B, 2.3–4.7 million cases of hepatitis C, and 80,000–160,000 HIV infections each year.

GENERATION AND SAFE DISPOSAL OF MEDICAL WASTE AT HEALTH FACILITY AND COMMUNITY LEVELS

Injection activities generate medical waste, which is categorized as infectious waste, pathological and anatomical waste, and sharps.³ Infectious waste, such as dressings, swabs, and blood bags, is waste that is likely to contain pathogens in sufficient concentration to cause disease. Highly infectious waste consists of microbiological cultures, stocks of highly infectious agents from medical laboratories, and body fluids of patients with highly infectious disease. Pathological and anatomical waste consists of organs, tissues, body parts, or fluids, such as blood. Sharps, such as needles, lancets, and broken glass, can cause cuts or puncture wounds. Sharps waste poses a major risk to health workers, waste handlers, and the community. Whether they are infectious or not, sharps waste is considered highly dangerous and potentially infectious waste.

At community level, medical waste is generated from community-based activities and community-based health facilities and must be segregated at the point of use and disposed of safely. This waste includes placentas, foreskins resulting from male circumcision, and expired and unused drugs.

Health care waste management activities are intended to establish the most effective, practical, and safe waste disposal systems in health care settings. Proper health care waste management is said to be achieved when waste is properly handled from point of

generation to point of incineration or disposal; for example, segregation of waste includes the use of safety boxes, use of bin liners, and colour-coded bins to ensure infectious waste is handled safely. If they are not properly handled and disposed of, sharps and, more specifically, needles are considered the most hazardous category of health care waste for health care workers and the community at large. This is because needlestick injuries can easily occur and carry a high potential for infection⁴.

1.2 PROCESS OF COMMUNICATION STRATEGY DEVELOPMENT

This communication strategy was developed through a consultative and participatory process with stakeholders and is informed by existing evidence obtained from a literature review of research, policy documents, reports, and existing communication materials. The method used in developing this communication strategy is an adaptation of a process for developing communication strategies created by Johns Hopkins University that involved conducting a situation analysis, designing the strategy, and describing aspects of managing, monitoring, and evaluation.⁵

This communication strategy used information obtained from three regional communication strategy development stakeholder workshops held in Kisumu, Mombasa, and Nyeri, as well as a national workshop held in Nairobi from September to October 2010. During the regional workshops, participants identified the target audiences, issues, concerns, information needs, resources, and problems affecting the ability of different target groups to change their behaviour in relation to injection safety and safe

disposal of medical waste. The most influential people in the community who were trusted to provide information on health issues and effective channels of communication were explored. Existing communication materials and messages from which the communication strategy will learn and build on were identified.

The national workshop was an opportunity to provide feedback on the regional workshops, build consensus on major issues that need to be addressed, discuss the implications of the findings,

THIS COMMUNICATION STRATEGY WAS DEVELOPED THROUGH A CONSULTATIVE AND PARTICIPATORY PROCESS

and identify key elements and strategies of the communication strategy. The participants of the regional and national communication strategy development workshops comprised a diverse range of stakeholders, including doctors, clinical officers, nurses, laboratory technologists, counsellors, public health officers, community members, health educators, and development partners. Representatives of nongovernmental organisations (NGOs), faith-based organisations (FBOs), and community-based organisations (CBOs) participated at the workshops. From within the community, representatives from women's and youth groups working in injection safety and safe disposal of medical waste participated in the workshops.

After the workshops, a draft communication strategy was developed, which was reviewed by a wide array of stakeholders who provided comments and inputs that were used to finalize the strategy.

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2. Ministry of Health. (2006). Making medical injections safe in Kenya do no harm: Injection safely in the context of infection prevention and control training of trainers facilitation guide.
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Understanding the situation is a necessary first step in developing communication strategies and involves understanding the context and looking at the direct and indirect causes of the problems. In addition to identifying the problems, a scan of existing efforts in regard to programmatic, policy, and communication initiatives was done.

2.1 PROGRAMMATIC ENVIRONMENT

Since 2004, the 5-year initiative, Making Medical Injections Safer (MMIS) project, in collaboration with the Ministry of Public Health and Sanitation and Ministry of Medical Services, worked on injection safety and safe disposal of medical waste focusing on training and capacity building, safe injection commodity management, advocacy and behaviour change, and sharps waste management. MMIS was implemented by a consortia led by John Snow, Inc. (JSI), in collaboration with the Programme for Appropriate Technology in Health (PATH), the Academy for Educational Development (AED), and the Manoff Group.

The project was able to train over 25,000 health workers in the public sector on injection safety and infection prevention and control. Injection safety and infection prevention and control has been integrated and strengthened in pre-service training at the School of Nursing at the University of Nairobi and in nursing, laboratory, and clinical medicine courses at the Kenya Medical Training College (KMTTC).

Other partners implementing injection safety and safe disposal of medical waste include the WHO; AIDS, Population, and Health Integrated Assistance II (APHIA II); PATH; Jhpiego; local municipal councils and government agencies; private-sector companies; and FBOs. Danya International, under the Injection Safety Project, provided technical support in the development of the communication strategy in collaboration with the Ministry of Public Health and Sanitation and Ministry of Medical Services, with support from the Centers for Disease Control and Prevention (CDC).

As a result of the combined initiatives of partners, health workers are adopting safer practises through the use of safe injection devices, such as the reuse of prevention syringes. Policies, guidelines, standards, and specifications for injection safety commodities have been developed, and the ministries of health are procuring safety syringes (including reuse prevention injection devices and auto disable [AD] syringes) routinely. AD syringes

and safety boxes are routinely distributed to facilities. Quantification of national injection safety requirements is now possible, and facilities are able to make requests for supplies using the pull system, which entails facilities forecasting their needs, monitoring stock levels, and ordering supplies using standard order forms that are in line with the specifications supplied by the Kenya Medical Supply Agency (KEMSA). To coordinate the activities, infection prevention committees have been established at the national, provincial, district, and facility levels.

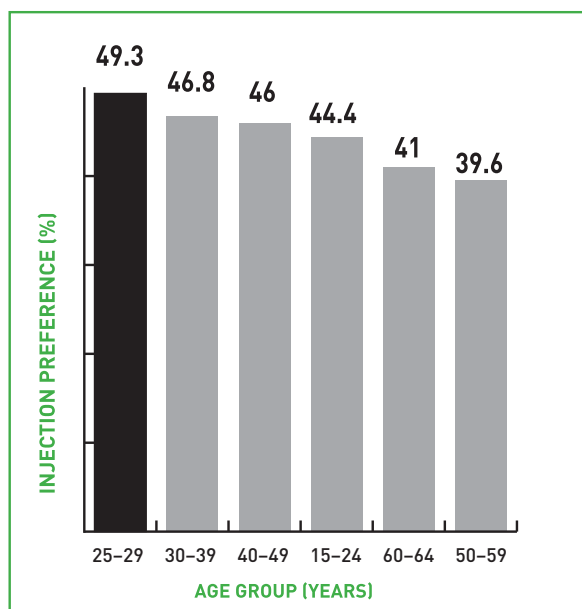
2.2 DEFINING THE PROBLEM

Despite these achievements, much remains to be done barriers remain and challenges exist. The challenges faced by the MMIS project were the inability to cover the whole country nationally, lack of participation of the private sector, inadequate budgetary provisions by the government to ensure a full supply of safe injection equipment, and lack of final disposal facilities for health care waste. Standard treatment guidelines and the Essential Medicines List are yet to be revised.

The MMIS project provided evidence on the urgent need to reduce the demand for unnecessary injections in the community. Patient preference for injections over oral medication was 48.9 percent at baseline and 49 percent at follow-up.⁶ This finding is supported by recent data from the 2007 Kenya AIDS Indicator Survey (KAIS),⁷ which reveals much about specific knowledge, attitudes, and practises of various populations in Kenya. Surveys have indicated that injections are the preferred method of treatment for patients and clients. KAIS data showed that 43 percent of the sampled respondents to the study received two to three injections. The preference for injections over oral medication was high and ranged from 39–49 percent. KAIS reported that, in general, there was a higher preference of injections among young adults than the elderly, as shown in Table 1.

It is imperative that the strong preference for injections over oral alternatives in the community is addressed. HIV infection due to transmission in health care settings is still high. The Modes of Transmission⁸ study conducted in 2008 estimated that nationally 2.5 percent of HIV transmission is health facility related.

TABLE 1: PREFERENCE OF INJECTIONS BY AGE GROUP



2.3 POLICY ENVIRONMENT

From the human rights perspective, the Bill of Rights in the recently enacted Constitution of Kenya⁹ recognizes the rights and fundamental freedoms of individuals. The Constitution states that every person has a right to health and a clean and safe environment. More than ever before, individuals have the right to complain when a right or fundamental freedom has been denied, violated, infringed, or threatened. From this perspective, individuals and communities are greatly empowered to demand for basic quality health services and a clean and safe environment. Individuals and communities should monitor the safety of their environment in relation to medical waste and demand that they receive only necessary and safe injections.

INDIVIDUALS AND COMMUNITIES SHOULD MONITOR THE SAFETY OF THEIR ENVIRONMENT IN RELATION TO MEDICAL WASTE AND DEMAND THAT THEY RECEIVE ONLY NECESSARY AND SAFE INJECTIONS.

The national AIDS coordinating agency, National AIDS Control Council, with the vision for an HIV-free society in Kenya, has specified key prevention impact results to reduce the number of new infections by at least 50 percent by 2013. This will be achieved in part through elimination of medical transmission of HIV in health care settings.

Agencies such as the National Environmental Management Agency (NEMA) are responsible for developing regulations and monitoring the enforcement of applicable laws and regulations.¹⁰ Policy makers and decision makers have a responsibility to ensure that programmes are developed that enable individuals and communities to realize their rights and freedoms.

With the support of the MMIS project, in 2006, the Ministry of Health developed a *National Policy on Injection Safety and Waste Management*.¹¹ The Ministry of Health in Kenya, in its *National Standards and Guidelines on Injection Safety and Medical Waste Management*,¹² states that it is particularly concerned with the reuse of syringes and needles without sterilization. At the community level, the *Community Strategy*¹³ provides guidelines on service delivery at level one, which focuses on communities and households and will be used in implementing activities at this level.

INJECTION SAFETY IS AN INTEGRAL COMPONENT OF THE INFECTION PREVENTION AND CONTROL (IPC) POLICY IN KENYA

Injection safety is an integral component of the *Infection Prevention and Control (IPC) Policy* in Kenya,¹⁴ which was developed by the ministries of health. To coordinate implementation of this policy, national-, provincial-, district-, and hospital-level IPC Committees have been established that meet regularly and are supervised by respective coordinators. Very few are operational, but the policy calls for their formation at these levels.

Communication is a critical element for behaviour change. In its effort to promote positive behaviour, the government appreciates that without guidance on priority issues, efforts are ad hoc and unfocused. The government has recognized the importance of having a communication framework to guide activities and has produced several other national communication strategies focusing on youth,¹⁵ condom use,¹⁶ male circumcision,¹⁷ life skills targeting the youth in school,¹⁸ and reproductive health.¹⁹ This national communication strategy for injection safety and safe disposal of medical waste was developed in response to the need to change behaviour and reduce risk of infection of HIV and other pathogens.

2.4 EXISTING COMMUNICATION EFFORTS/PROGRAMME ENVIRONMENT

Globally, the WHO has developed extensive communication interventions and tools through the Safe Injection Global Network (SIGN).²⁰ The components of the three-part strategy focus on changing behaviour of health care workers, ensuring availability of equipment and supplies, and managing waste safely and appropriately. In its guidelines for management of waste from injection activities at district level,²¹ district health managers should calculate and communicate their needs to health authorities. They are encouraged to estimate the investments needed, as well as recurrent costs, and develop a health care waste management plan. This plan should be the basis for discussion and validation of options with local and national health representatives, managers of health care facilities, and campaign partners (e.g., NGOs and development partners).

At the local level in Kenya, the MMIS project developed communication materials on injection safety and safe disposal of medical waste, including posters, leaflets, t-shirts, booklets, radio messages, and dramas. Communication strategies previously used by JSI

to do this included radio messages, television spots, community dialogue, policy advocacy, videos, posters, school health education, and face-to-face training of health care workers. Due to unavailability of funds, community mobilization activities were limited. To conform to the recently developed community strategy, it is acknowledged that community mobilizers and outreach workers would be more effective if provided with communication materials. Radio, by its nature, achieved widespread reach across the regions covered by the project. Formats used included radio spots and interactive radio shows, including live call-ins, which were broadcast on local radio. Given the wide reach of radio, use of radio programming should be intensified. However, the coverage of activities and materials needs to be scaled up and more evenly distributed throughout the region.

The existing materials used recognizable logos that created trust and credibility and illustrative images that were easy to understand and specific to the local population and health care workers. The materials offered practical information and used simple messages and languages (English and Swahili) understandable to the general majority of the population in Kenya. Identified gaps were that the majority of the messages were in English and

Kiswahili, restricting the audience and primarily targeted health care workers in health facilities. They did not place emphasis on reaching the communities to change their behaviour on injection preference or safe disposal of medical waste.

During the strategy development stakeholder workshops, it was noted that consideration should be given to addressing the special needs of vulnerable groups when developing communication messages. There is a need to address the special needs of persons with disability to ensure that information is available in formats

that are accessible to persons with disability, use language that is appropriate, and reach individuals with all types of disabilities, including the physically challenged, visually impaired, hearing impaired, and those with mental disabilities. In line with the Kenya National HIV Strategic Plan (KNASP III) communication strategy,²² separate intervention packages will need to be designed and tailored for vulnerable and MARPs, such as IDUs.

COMMUNITY MOBILIZERS AND OUTREACH WORKERS WOULD BE MORE EFFECTIVE IF PROVIDED WITH COMMUNICATION MATERIALS

2.5 SWOT ANALYSIS

Meetings with stakeholders identified strengths, weaknesses, opportunities, and threats (SWOT) that will affect implementation of this communication strategy. They are presented in **Table 2**.

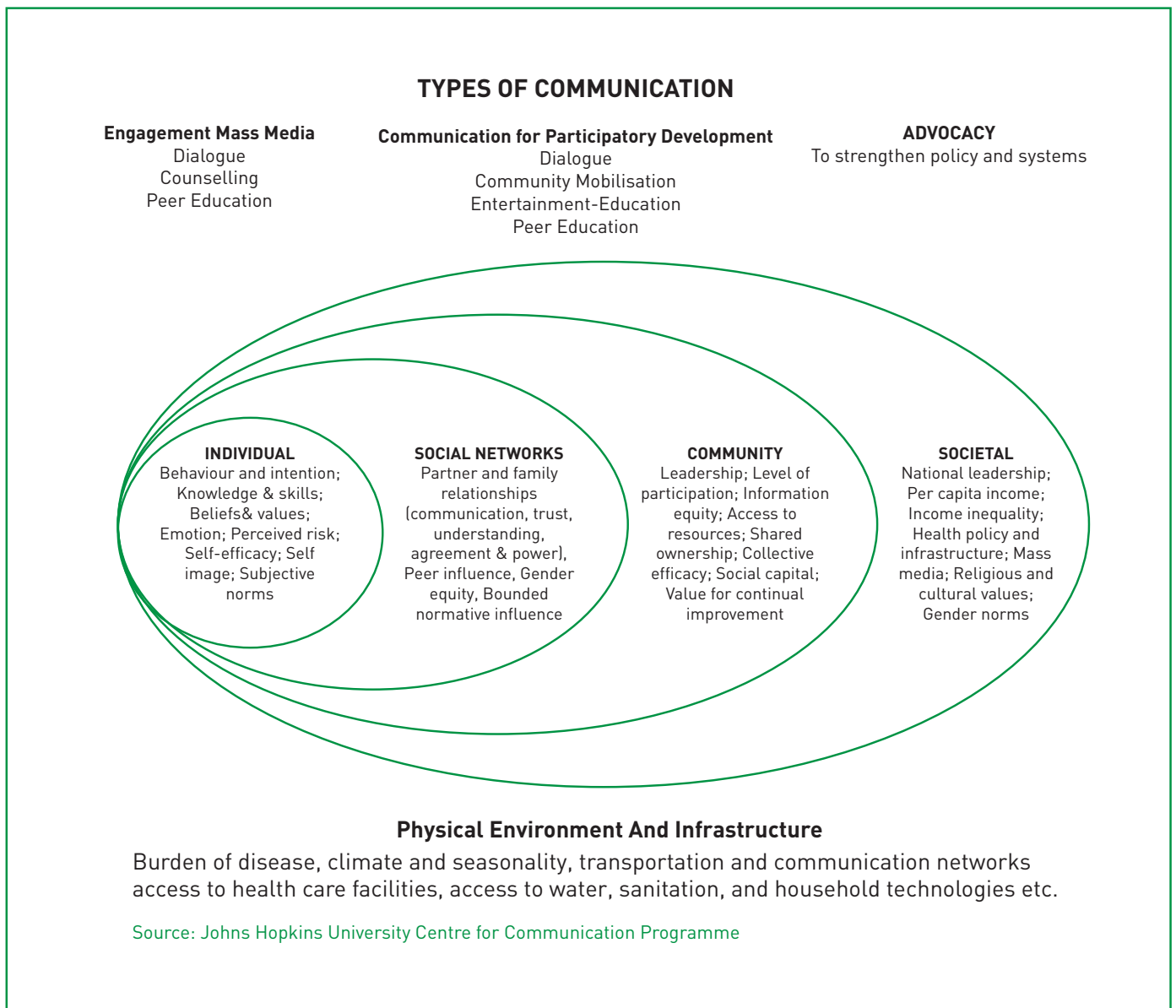
TABLE 2: SWOT ANALYSIS

STRENGTHS - existing capabilities or resources within the community that this strategy will build on	WEAKNESSES - internal negative factors that will hinder the success of the program
Existing policy, guidelines, and standards on injection safety and medical waste management	Information not delivered in a strategic and coordinated manner
Bill of Rights in new Constitution	Community members' poor attitude toward generation and disposal of biomedical waste
Evidence of support for interventions in the area of injection safety and safe disposal of medical waste by stakeholders	Community members do not understand the risk posed by medical waste, such as used syringes, needles, and sharps
Community strategy used by ministries of health	
Existing champions and role models in the community that appreciate the danger posed by unsafe injection practises and poor disposal of medical waste and are motivated for change	Unscrupulous people who administer unnecessary injection and lack of capacity within communities to manage waste they generate
Advocacy on best practices in management of biomedical waste by NEMA	
OPPORTUNITIES - positive factors external to the program that will favorably affect its success	THREATS - external factors that will adversely affect successful implementation of the strategy
Evidence of documented best practises or promising approaches from elsewhere with potential for impact	High poverty levels; competing priorities; lack of adequate equipment supplies, and resources; and social norms
Existence of alternative routes for treatment to present good opportunity when dealing with reducing demand for injections	Lack of adequate knowledge and awareness on waste management by waste handlers, health care workers and community health workers, and policy makers
Existence of a core group of training of trainers and over 20,000 health care workers who have been trained on injection safety under the MMIS project to provide an opportunity for building on injection safety and safe disposal of medical waste	Lack of capacity to enforce existing policies and standards in injection safety and safe disposal of medical waste
	Lack of capacity of many institutions to implement injection safety and safe disposal of medical waste interventions

2.6 COMMUNICATION APPROACHES IN THE CONTEXT OF HIV

It is important to use a combination of communication approaches to support the rollout of any development or health programme. These approaches can range from social mobilization, policy advocacy, behaviour and social change communication, social marketing, media advocacy, public relations, and advertising. Communication programmes generally produce the best results when they work at multiple levels. The decisions, actions, and behaviours of individuals are influenced by family and community networks, as indicated in **Figure 1**.²³

FIGURE 1: SOCIAL ECOLOGY MODEL OF COMMUNICATION



2.7 STAKEHOLDER AND AUDIENCE ANALYSIS

The social ecology model was used to define the primary, secondary, and tertiary audiences the most affected persons and their direct and indirect influencers. The model enables analysis of how individuals are influenced by their peers, family, community, and the overall enabling environment, and how their health behaviours are influenced by the information they receive, their motivation, and their ability to act. This model helps to analyze the context, as well as choose appropriate strategies to bring about change at different levels.

COMMUNICATION FOR SOCIAL CHANGE INVOLVES SEEING PEOPLE AS AGENTS OF CHANGE

Communication for social change involves seeing people as agents of change, rather than as objects of change, and values dialogue, which aims to support behaviour change by addressing social norms, cultural practises, and policies that may constrain health-enabling practises. Communication for

social change has been described as “a process of public and private dialogue through which people themselves define who they are, what they want, and how they can act collectively to get what they want and need to improve their lives.”²⁴

RATIONALE FOR SELECTION OF AUDIENCES

An analysis of the deliberations from the stakeholders’ meetings and review of literature about the barriers that impede successful implementation of injection safety and safe disposal of medical waste highlighted that a number of key participants, rather than just health workers, patients, and clients, should be the focus of communication strategies. This is in line with the model of communication for social change, which stresses the role of dialogue and collective action to bring about a set of shared objectives. According to this approach, it is not appropriate to identify individuals to be targeted as though they are objects of change waiting to be fed information. Emphasis must be placed on developing relationships among relevant participants who, through cooperative action, are able to bring about relevant change at both the individual and societal level.

The social ecology model helps to define audiences most affected and their direct and indirect influencers (also known as primary, secondary, and tertiary audiences). The perspectives of the different audiences on injection safety and safe disposal of medical waste are different and thus handled differently.

The key participants to be reached through communication strategies for injection safety are individuals, communities, social networks, and policy makers. Individuals, the primary audience, are most affected by unsafe injections and include patients, clients, and IDUs. At the next level, there are family and community members who may directly influence the patients, clients, and IDUs. Prescribers and administrators of injections also influence the decision to have or not to have an injection. Policy makers indirectly influence the individual and are responsible for creating an enabling environment.

The key audiences to be reached for safe disposal of medical waste include waste handlers at community and facility level, health care practitioners and programme managers, and policy makers.

AUDIENCE PROFILE FOR INJECTION SAFETY

To ensure that communication is customer-centered; that is, audience-driven and not simply information-driven, it is crucial that we have an in-depth understanding of the person whose behaviour we hope to impact. We have developed a Target Audience Profile, below, describing one of the members of the primary target audience. Insights gained through discussion with stakeholders serve as a foundation for this profile, which will help those of us designing materials and activities to address the obstacles and barriers to adopting the promoted behaviours in addition to increasing awareness.

Matindi is a 24-year-old mother of three who lives outside of Kisumu. She lives with her in-laws, who help care for the children as she and her husband have full-time day jobs. Although she does not live near a health center and her life is busy, she is proud that she has managed to keep two of her children, both under age 5, up to date on their immunizations. Her older son, Samuel, has been feeling quite sick lately, too sick to attend school. With no time to get him to the health center, she has taken him to the chemist and asked that he be given an injection. Little does she know that the lay pharmacist is not adequately trained and is using recycled syringes. Samuel, instead of improving as expected, takes a turn for the worst.

AUDIENCE SEGMENTATION FOR INJECTION SAFETY

Matindi's profile provides insight into one of the segments in the primary target audience. She is well-intentioned, but faces several obstacles. In addition to raising her awareness about injection safety and alternative treatments, it is important to target those who she trusts, including the lay pharmacist, community health worker, and even her in-laws. It is also key to provide access to alternative treatment methods and ensure that those

delivering them are adequately trained. Sample target audience segments are included in Table 3.

TABLE 3: AUDIENCE SEGMENTATION FOR INJECTION SAFETY

PRIMARY AUDIENCE - people most affected whose behaviour we hope to impact	Community members: adult patients/consumers; parents of children (in and out of school), young adults (in and out of school), and health care workers who administer injections
SECONDARY AUDIENCE - people directly influencing them	Health practitioners (licensed and unlicensed), respected family members, and community leaders
	Community outreach workers, community health workers (CHW), community health extension workers (CHEWS), and pharmacists
TERTIARY AUDIENCE - people indirectly influencing them	Policy makers (including local authorities and development partners), programme managers and coordinators, trainers, lecturers from training institutions, and media

1. INDIVIDUALS /HEALTH CARE CONSUMERS

Individuals living in the community, the primary audience, are most affected by unsafe injections and include patients and health care consumers. Patients can be further segmented into children, adolescents and young adults, adult patients, and parents. Health care workers who administer injections, included in the secondary audience of influencers, are also at risk of HIV infection when they do not adhere to safe injection practises.

PARENTS (CHILDREN UNDER 5): Parents (including guardians and other children’s keepers) are responsible for immunizing and requesting injections for their children. It will be key to target communication to both parents and prescribers.

YOUNG CHILDREN AND ADOLESCENTS (5–14): Children receive injections for various conditions. Children receive unnecessary injections mainly due to their parent’s request and discretion of prescribers.

YOUTH (15–35): Youth were cited in the KAIS of 2008 as a group that presented the highest percentage of people that demanded injections when they sought medication.

ADULTS (36+): The general population of adults is responsible for requesting injections for themselves.

2. SOCIAL AND CULTURAL NETWORKS

At the next level, there are family and community members who may directly influence patients and health care consumers. The people directly influencing individuals to have injections are parents, respected family members, community members, and peers. From the stakeholders' workshops, the most influential people entrusted by the community to talk about health issues included health workers, people in positions of leadership (religious, administration, political, and formal organisations in the community), and formal institutions in the community, including schools and churches.

It is important to engage the gatekeepers of the society, such as community leaders, spiritual leaders, and respected elders, as they are important sources of communication and trusted sources of information. It is important to partner with these individuals and equip them to actively communicate information that contributes to a supportive and enabling environment.

FAMILY MEMBERS:

Although the mother is the primary caregiver in the home, women are more likely to practise healthy behaviours when they have the support of their male partner. Rather than focusing on the mother alone, it is important that the male partners are involved as they can be instrumental in encouraging healthy behaviour in the household. Given that all members of the household play a role and are active participants, the family health model, which focuses on the entire family rather than just the mother, is an ideal approach.

INFLUENTIAL COMMUNITY MEMBERS:

This group includes key opinion leaders, such as teachers, respected elders, traditional leaders, healers, circumcisers, and faith-based leaders, who are important sources of communication. It is important to partner with these individuals as their buy-in is crucial to supporting communication initiatives. It ensures that communication occurs from within existing social networks, rather than being imposed from the outside.

3. COMMUNITY PARTICIPANTS

Various categories of prescribers and administrators of injections are also part of the secondary audience and influence the decision to have or not to have an injection. Key influencers of individuals receiving injections are service providers (medical doctors, dentists, clinical officers, nurses) and include unlicensed persons or “quacks” who provide injections in the community.

COMMUNITY HEALTH OUTREACH WORKERS:

Community health workers (CHWs) and community health extension workers (CHEWS) in the community strategy play a crucial role in communicating essential information. These volunteers need up-to-date information, resources, and training to ensure that they are able to provide accurate information.

COMMUNITY ORGANISATIONS:

There is added value in engaging FBOs, NGOs, CBOs, and the private sector. CBOs are able to mobilize communities and communicate important information through already established social networks.

HEALTH CARE WORKERS / HEALTH CARE PRACTITIONERS:

Health care workers in hospitals and health care establishments (both public and private) have the responsibility for ensuring only injection safety. Health care practitioners may not adhere to safe injection practises and therefore require continuous information and support. Unlicensed health practitioners, a separate segment of this target population, have harmful injection practises and require particular attention and enforcement of rules and regulations.

For an integrated and comprehensive approach, the full range of health care workers (laboratory technologists, pharmacists, clinicians, nurses, and public health technicians) need to be connected through participatory activities and dialogue. Poor attitudes and practises of health care workers toward injection safety can become barriers to communication activities. Health care workers are in need of up-to-date information and ongoing technical and interpersonal communication training to ensure that they provide quality information and service to their clients.

4. POLICY MAKERS AND SOCIETAL PARTICIPANTS

MANAGERS OF HEALTH FACILITIES:

From deliberations at the stakeholders’ meetings, it was evident that lack of communication within health facilities and between different levels of service delivery at times inhibited successful safe disposal of medical waste and injection safety activities. It was evident that there is an urgent need to bring together facility managers, programme coordinators, and supervisors so that injection safety and disposal of waste is handled in a manner that is consistent, integrated, and comprehensive.

POLICY MAKERS:

The tertiary audiences are the policy makers who create the enabling environment. They play a critical role in allocating resources and formulating policy. These policy makers include ministry officials, IPC Committees, heads of learning institutions, local authorities, heads of health facilities, and development partners.

MEDIA:

Media executives, editors, and journalists play a critical role in promoting accurate and analytical coverage of issues around injection safety and safe disposal of waste.

AUDIENCE SEGMENTATION FOR SAFE DISPOSAL OF MEDICAL WASTE

The target audience for safe disposal of medical waste includes the health workers who generate the waste, waste handlers at health facility and community level and health care workers. Sample target audience segments are included in **Table 4**.

TABLE 4: AUDIENCE SEGMENTATION – SAFE DISPOSAL OF MEDICAL WASTE

PRIMARY AUDIENCE - people most affected whose behaviour we hope to impact	Health workers, and waste handlers at facility and community levels
SECONDARY AUDIENCE - people directly influencing them	Public health officers
	Community outreach workers, CHWs, and CHEWS
TERTIARY AUDIENCE - people indirectly influencing them	Policy makers (including local authorities and development partners), programme managers and coordinators, and media

1. HEALTH CARE WORKERS AND WASTE HANDLERS

HEALTH CARE WORKERS

Health care workers generate medical waste and, due to lack of supplies and training, may dispose of it in unsafe ways and therefore need information and resources to enable them to dispose of it in a safe way. Unlicensed health practitioners, a separate segment of this target population, require particular attention and enforcement of rules and regulations.

WASTE HANDLERS

Waste handlers are responsible for handling and transporting waste to designated disposal areas. The need to wear protective gear and ensure that waste is effectively disposed of through incineration, burning, or burying.

2. PUBLIC HEALTH PRACTITIONERS AND COMMUNITY WORKERS AND ORGANISATIONS

PUBLIC HEALTH PRACTITIONERS:

Public health practitioners in hospitals and health care establishments (both public and private) have the responsibility for the environment and public health in relation to the medical waste they produce. They carry a responsibility to ensure that there are no adverse health and environmental consequences as a result of provision of services and waste handling, treatment, and disposal activities. Health care practitioners may not adhere to safe disposal of medical waste and therefore require continuous information and support.

COMMUNITY HEALTH WORKERS AND ORGANISATIONS:

There is added value in engaging FBOs, NGOs, CBOs, and the private sector. CBOs are able to mobilize communities to take action on safe disposal of medical waste in the community. Already, there exist CBOs working toward creating a clean and safe environment. These organizations are in need of up-to-date information and training to ensure that they are able to provide accurate information and support of activities.

3. POLICY MAKERS, PROGRAMME MANAGERS, SOCIETAL PARTICIPANTS, MEDIA

MANAGERS OF HEALTH FACILITIES: From deliberations at the stakeholders' meetings, it was evident that lack of communication within health facilities and between different levels of service delivery at times inhibited successful safe disposal of medical waste. It was evident that there is an urgent need to bring together facility managers, programme coordinators, and supervisors so that disposal of waste is handled in a manner that is consistent, integrated, and comprehensive.

POLICY MAKERS AND PROGRAMME MANAGERS:

The tertiary audiences are the policy makers who create the enabling environment. They play a critical role in allocating resources and formulating policy. The enabling environment for safe disposal of medical waste relates to availability of supplies, and development, implementation, and enforcement of legislation, policies, and guidelines. These policy makers include ministry officials, IPC Committees, heads of learning institutions, local authorities, heads of health facilities, and development partners.

MEDIA:

The media play a vital role in shaping knowledge, perceptions, and choices of the primary audience and need to be engaged as powerful advocates.

ANALYSIS OF AUDIENCE BEHAVIOUR

Some of the current poor practises and the recommended best practises in relation to injection safety and safe disposal of medical waste are highlighted in *Annex 1*. Positive motivating factors for behaviour change include the knowledge that oral medications work just as fast as injections, knowledge, and the belief that they have the right to request alternative treatment. Negative motivations include fear of infections and pain from injections, and the desire not to appear knowledgeable.

Kenyans across the country receive a large number of injections every year. A baseline survey done in the Kiambu and Bondo districts using Knowledge, Attitude, Perceptions, and Behaviour (KAPB) analysis, and patient exit interviews in 29 facilities revealed that 53 percent of the providers in Bondo and 67 percent in Kiambu admitted to having difficulties in complying with many of the outlined injection safety measures.²⁵ Even when prescribers and providers knew safer alternative methods for injections, most of them complied with requests from patients to provide injections. This was primarily due to prescribers and providers fearing that their competency would be questioned or to protect patients from seeking injections from unqualified personnel. The survey further found that in private health facilities, injections were added purely for financial gain.²⁶

In a stakeholders' meeting held at the National AIDS and STD Control Programme (NAS COP) on June 25, 2009, a brainstorming session indicated that the reasons for community preference are primarily myths and misconceptions. The misconceptions include that injections act faster, are more convenient, and are longer acting than medication taken orally. Where there are social implications like methods of family planning and treatment of a sexually transmitted infection, an injection is the easier option to hide information from one's spouse, family, or the wider community.

Data from the 2007 KAIS reveal much about specific knowledge, attitudes, and practises of various populations in Kenya. KAIS data showed that 43 percent of the sampled respondents to the study received two to three injections. Surprisingly, KAIS reported that there was a preference of injections among the youth more than the old. This is in contrast to some previous studies and the common perception among Kenyan policy makers who thought the elderly preferred injections. The rationale for thinking that the older generation preferred injections was that in past decades injections were all that was available and thus injections became their trusted mode of treatment.

Tables 5 and 6 provide an analysis of the motivating factors, influences, and proposed actions for the audience segments.

TABLE 5: AUDIENCE ANALYSIS- CURRENT BEHAVIOUR – HIGH DEMAND FOR INJECTIONS

PRIORITY AUDIENCE	REASON FOR CURRENT BEHAVIOUR	BARRIERS TO CHANGE	POSITIVE MOTIVATION	NEGATIVE MOTIVATION	INFLUENCE	PROPOSED ACTION	INDICATORS
YOUTH (AGES 16–34)	<ul style="list-style-type: none"> Peer influence Belief that injections are stronger than oral medication Belief that injections work faster than oral medication 	<ul style="list-style-type: none"> Lack of knowledge on dangers of unsafe injections Lack of sensitization activities for youth on injection safety 	<ul style="list-style-type: none"> Belief that oral medications work just as fast Belief that oral medications are just as effective Belief that oral medication is much safer 	<ul style="list-style-type: none"> Fear of infections (especially HIV) from unsafe injections 	<ul style="list-style-type: none"> Peer groups Mass media 	<ul style="list-style-type: none"> Peer-to-peer education Mass media campaign Social media (Internet/SMS) 	<ul style="list-style-type: none"> Proportion of youth reporting preference for injections and average number of injections per youth per year
CHILDREN (AGES 5–15)	<ul style="list-style-type: none"> Belief by parents that injections are stronger than oral medication Belief that injections work faster than oral medication Belief that prescriber knows best 	<ul style="list-style-type: none"> Lack of knowledge of the risks of unsafe injections Prescriber’s unwillingness to discuss form of treatment Not a child’s decision 	<ul style="list-style-type: none"> Belief alternative routes of treatment may be safer and I can influence my caregiver Knowledge of alternative routes of treatment Less pain 	<ul style="list-style-type: none"> Fear of infections (especially HIV) from unsafe injections 	<ul style="list-style-type: none"> Mass media Parents Older siblings Teachers and youth leaders 	<ul style="list-style-type: none"> Sensitization for parents, youth leaders, and prescribers 	<ul style="list-style-type: none"> Proportion of injections prescribed for children
PARENTS	<ul style="list-style-type: none"> Belief that prescriber knows best Belief that injections are stronger than oral medication Belief that injections work faster than oral medication 	<ul style="list-style-type: none"> Lack of knowledge on the risks of unsafe injections 	<ul style="list-style-type: none"> Belief that other forms of medication are just as effective Assurance that patients are open to prescription of alternative routes of treatment 	<ul style="list-style-type: none"> Fear of infections (especially HIV) from unsafe injections 	<ul style="list-style-type: none"> Other parents, mass media 	<ul style="list-style-type: none"> Sensitization activities for parents 	<ul style="list-style-type: none"> Proportion of parents reporting preference for injection Average number of injections per parent per year
HEALTH PRACTITIONERS	<ul style="list-style-type: none"> Lack of proper understanding of policy guidance for prescribers Prescriber’s preference for injections Belief that prescriber knows best Prescriber’s preference for injection for profit reasons 	<ul style="list-style-type: none"> Excess of injectable medication on the essential drug list Financial incentive for prescribing injections Fear that patients will go elsewhere if an injection is not prescribed 	<ul style="list-style-type: none"> Desire to appear as a good doctor who knows the risks associated with injections Belief that oral medications are much safer Self-efficiency to protect oneself from needlestick injuries 	<ul style="list-style-type: none"> Fear of infection (especially HIV) that can be caused by needlestick injuries 	<ul style="list-style-type: none"> Kenya Medical Association Ministry of Health Medical schools Satisfied clients 	<ul style="list-style-type: none"> Behaviour modeling activities to enable health practitioners to discuss treatment options with patients Access to alternative treatment 	<ul style="list-style-type: none"> Proportion of health practitioners reporting reduced numbers of injections prescribed
POLICY MAKERS AND PROGRAMME MANAGERS	<ul style="list-style-type: none"> Complacency Competing priorities Failure to adhere to existing guidelines 	<ul style="list-style-type: none"> Lack of adequate knowledge of the risks of unsafe injections 	<ul style="list-style-type: none"> Belief that alternative routes of treatment are safer and just as effective 	<ul style="list-style-type: none"> Fear of infection (especially HIV) from unsafe injections 	<ul style="list-style-type: none"> Civil groups Mass media Media advocacy 	<ul style="list-style-type: none"> Sensitizing policy makers on the need to ensure that guidelines on safer injection practises are adhered to 	<ul style="list-style-type: none"> Proportion of policy makers and program managers reporting enforcing adherence to safer practises of injection safety

TABLE 6: AUDIENCE ANALYSIS - CURRENT BEHAVIOUR - UNSAFE DISPOSAL OF MEDICAL WASTE

PRIORITY AUDIENCE	REASONS FOR CURRENT BEHAVIOUR	BARRIERS TO CHANGE	POSITIVE MOTIVATION	NEGATIVE MOTIVATION	INFLUENCE	PROPOSED ACTION	INDICATORS
WASTE HANDLERS IN THE COMMUNITY	<ul style="list-style-type: none"> Lack of knowledge on what medical waste is Lack of knowledge on the risks that medical waste pose A form of employment Lack of equipment to be used while handling waste like gloves and gumboots Many waste handlers and recyclers do not observe safety standards because they do not want to pay for safety equipment to maximize profits 	<ul style="list-style-type: none"> Lack of knowledge on safe procedures of handling waste Lack of other forms of employment 	<ul style="list-style-type: none"> Desire to comply to best practises in handling waste Ease of safe disposal if equipment is available 	<ul style="list-style-type: none"> Fear of going against standard practises in waste disposal Fear of medical waste-associated infections 	<ul style="list-style-type: none"> Local authorities Media Community leaders 	<ul style="list-style-type: none"> Sensitization activities Media campaigns Access to personal protective equipment Training for waste handlers in the community on best waste handling practises by authorities involved in waste management 	<ul style="list-style-type: none"> Proportion of waste handlers in community observing safety in handling and disposing of waste
WASTE HANDLERS IN HEALTH FACILITIES	<ul style="list-style-type: none"> Lack of knowledge on the extent of risk posed by medical waste Absence of safe disposal equipment Lack of equipment for use while handling waste like gloves and gumboots Have to keep their jobs despite risks involved 	<ul style="list-style-type: none"> Lack of adequate knowledge on safe waste disposal procedures They are used to the way they do their work and do not see the need for change 	<ul style="list-style-type: none"> Desire to comply to best practises if disposal equipment is available Willingness to take safety procedures like use of gloves and gumboots if they are provided 	<ul style="list-style-type: none"> Fear of medical waste-associated infections 	<ul style="list-style-type: none"> Health facilities Local authorities Media 	<ul style="list-style-type: none"> Media campaigns Provision of safe waste disposal equipment Awareness creation on the risk posed by medical waste Provision of safety equipment like gloves and gumboots 	<ul style="list-style-type: none"> Proportion of waste handlers using personal protective equipment while on duty Proportion of waste handlers knowledgeable on issues of waste segregation and safe disposal
HEALTH CARE PRACTITIONERS	<ul style="list-style-type: none"> Absence of safety boxes or other safe sharp containers Recapping perceived safer in the absence of safety boxes Natural reaction to recap needle Lack of incinerators 	<ul style="list-style-type: none"> Lack of waste management options Cost of waste management options Complacency of waste management activities 	<ul style="list-style-type: none"> Adhering to professional practise Incentives for good professional practise Availability of equipment 	<ul style="list-style-type: none"> Fear children may play with discarded syringes Fear discarded syringes may be scavenged, repackaged, and resold Fear of reprimand Managing waste should be seen as part of duty of care 	<ul style="list-style-type: none"> MoH policy Supervisors 	<ul style="list-style-type: none"> Budgetary allocation for waste management Supervise and motivate staff to manage waste safely Training health worker of safer waste management practises 	<ul style="list-style-type: none"> Number and proportion of health facilities, including waste management activities as part of annual operational plan (AOP) Proportion of health care facilities where used injection equipment can be seen in the surrounding environment Annual number of needlestick injuries per injection provider and facility Proportion of unsecured disposal sites with medical waste
POLICY MAKERS AND PROGRAMME MANAGERS	<ul style="list-style-type: none"> Lack of knowledge on the risks posed by medical waste Lack of resources to enable safer disposal of medical waste 	<ul style="list-style-type: none"> Complacency of waste management options 	<ul style="list-style-type: none"> Adhering to professional practise Availability of equipment Good understanding of waste disposal issues 	<ul style="list-style-type: none"> Waste plan as part of accreditation evaluations Waste handler safety Fear of reprimand 	<ul style="list-style-type: none"> Environmental policies NEMA Mass media Media advocacy 	<ul style="list-style-type: none"> Budgetary allocation for waste management Training of managers responsible for waste management Local production of appropriate low-cost options 	<ul style="list-style-type: none"> Level to which health care waste management is established within the community Number of fora where messages on safe disposal of medical waste are disseminated Proportion of health facilities abiding by waste management regulations

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03 THE COMMUNICATION STRATEGY

The purpose of this strategy is to provide a framework for partners and stakeholders to design communication promoting injection safety and safe disposal of medical waste in line with the Kenya National HIV/AIDS Strategic Plan and national injection safety and safe disposal of medical waste guidelines and policies.

In providing a framework for action, the communication strategy will connect and mobilize people around the common cause of injection safety and safe disposal of medical waste. To bring about synergy and collaboration, individuals, communities, social networks, and policy makers will be connected through participatory activities and dialogue to develop an integrated and consolidated approach to injection safety and safe disposal of medical waste.

3.1 GOAL

The goal of the National Injection Safety and Safe Disposal of Medical Waste Communication Strategy is to support the government and partners to achieve the objectives of KNASP III and contribute to reducing the number of new HIV infections in Kenya. In addition to reducing the number of HIV infections, the strategy will contribute to the reduction of other infections such as hepatitis B and C.

3.2 OBJECTIVES

A reduction in the number of new HIV infections will be achieved through the following objectives:

- Reducing the number of medically unnecessary injections
- Reducing the number of unsafe injections administered
- Promoting alternative methods of treatment
- Facilitating safe disposal of medical waste

Table 7 presents the intended outcomes of achieving the specific objectives. To guide users, the table in Annex 4 presents a description of the behavioral objectives for each audience and the key promise - the immediate benefit that will outweigh the obstacles in the minds of the target audience.

TABLE 7: BEHAVIOURAL OBJECTIVES AND INTENDED OUTCOMES

NO.	BEHAVIOURAL OBJECTIVES	INTENDED OUTCOMES
1	To reduce the number of medically unnecessary injections	Reduction in number of injections prescribed and administered Reduction in number of people demanding injections Increase in number of people seeking alternative methods of treatment
2	To reduce the number of unsafe injections administered	Increased awareness on safe injection practises <ul style="list-style-type: none"> • Increase in proportion of health care facilities administering injections with sterile single use syringe and needles • Increase in proportion of health care facilities having sufficient stocks of single-use injection equipment • Reduction in number of needlestick injuries per injection provider and health facility
3	To promote alternative routes of treatment	Increased awareness on the effectiveness of alternative routes of treatment <ul style="list-style-type: none"> • Increased proportion of the community members reporting preference for alternative routes of treatment • Health facilities with sufficient stocks of alternative routes of treatment
4	To facilitate safe disposal of medical waste	Increased awareness regarding risks associated with medical waste <ul style="list-style-type: none"> • Increased awareness on the segregation of medical waste • Waste handlers, community members, and health workers in health facilities disposing of medical waste according to guidelines • Reduction of cases where medical waste can be observed in places where it poses risk to people, animals, and the environment • Reduction of cases where medical waste can be observed in places where it poses risk to people, animals, and the environment • Increased access to sanitary waste disposal • Increased number of secured disposal sites available in the community

3.3 BEHAVIOUR CHANGE STRATEGIES

The strategies for motivating and reinforcing behaviour change include the following:

- **Capacity strengthening** on injection safety and safe disposal of medical waste among decision makers and health care workers to improve their knowledge and competence on handling the issues. An assessment of current provider training will be conducted and new content developed based on gaps and needs identified and lessons learned.

- **Development of evidence-based targeted information tools and materials** based on current knowledge, attitudes, and practises of various target groups to drive demand for injection safety, alternative treatment methods, and sanitary medical waste disposal.
- **Media advocacy** to promote accurate and analytical coverage of injection safety and safe disposal of medical waste as an important health and safety issue.
- **Outreach** to influencers in the community and health care delivery system to add injection safety and safe disposal of medical waste issues to their agenda.
- **Policy advocacy** among decision makers to raise the profile of injection safety and safe disposal of medical waste as a national problem and mobilize resources and build institutional commitment.

3.4 MESSAGES AND COMMUNICATION CHANNELS

MESSAGE CONTENT

Key message content promoting injection safety, alternative routes of medication, and improved safety of medical waste management follow and are also included in *Annex 2*. Using audience research, an overall campaign positioning statement, slogan, brand identity (logo, font types, and colours), brand guidelines, and various materials will be developed by a creative team in conjunction with partners. With the ever-increasing advertising clutter, having a cohesive campaign that delivers messages clearly and has an emotive connection with the target audience groups is important. A strong branded campaign will create trust, raise awareness of the issues, and motivate behaviour change.

To ensure that communication is consumer-centered and relevant to community members as well as health care providers, we recommend the following:

- **Injection safety and medical waste management should be developed as two discreet phases of the campaign.** If you are a public health professional, it makes good sense to couple the two subjects under one overarching infection prevention and control umbrella; however, from a consumer perspective, the behaviours, barriers, and drivers to adopting behaviours around injection safety and medical waste management are quite distinct. To impact behaviour and show results, the two should be introduced separately and barriers to behaviour, both structural and behavioural, addressed adequately.
- **Avoid unintended messages and consequences.** Communication promoting injection safety holds its own set of challenges, the principle challenge being that by promoting safer alternative treatment, we run the risk of stigmatizing injections and immunization in general. Message design, concept, and materials development will need to be carefully directed and crafted to ensure that this unintended effect does not result.

- **Draft a Creative Brief as a strategic foundation.** The Creative Brief, an international best practise used by private and public sectors to develop audience-driven strategic communication, should be drafted with stakeholders as a foundation for all message design, concept development, and materials development. The Creative Brief is a synthesis of audience research that clearly identifies target audience, knowledge, belief, and behavioural objectives, barriers, benefits, communication channels, tone, and other key creative considerations. A sample Creative Brief is attached in *Annex 3*.

The cross-cutting examples of message content are presented below:

Reduction of demand for injections:

- Do not demand to be injected whenever you are seeking treatment.
- Other forms of treatment prescribed by a qualified health worker are as effective as injections.
- Do not seek injections in places that are not licensed health facilities or by unlicensed individuals.
- Injections administered under unsafe conditions can be infectious and harmful to your health.
- Other routes of medication are less costly (monetary and nonmonetary costs) than injections.
- Injections generate infectious waste from used needles and syringes.
- Treatment does not have to be painful to be effective.
- Other routes of treatment have the convenience of enabling one to carry drugs home and minimize the number of visits to the health facility.
- It is a crime to administer injections if you are not qualified or licensed to do so.

Alternative routes of treatment:

- Administration of other forms of treatment is less painful.
- Other routes of treatment are more economical than injections.
- The chance of getting infections through other routes of treatment does not exist, while it is possible to get an infection from unsafe injections.
- You should always inquire about other methods of treatment unless it is necessary, according to the health service provider, to be injected.
- Health workers should always prescribe other routes of treatment unless injections are necessary.
- Other routes of treatment do not generate as much waste compared to injections.
- Do not rely on misinformation discrediting other routes of treatment that are not injections; rely on information from qualified health care providers.
- Other forms of medication can be carried home and taken as per the prescription of the health care provider.
- Injections are not essential to treat illnesses; alternative routes of treatment are just as effective as injections.

Safe disposal of medical waste:

- Medical waste includes: used syringes, needles, sharps, used vials, used dressing materials, used sanitary pads, used condoms, urine, stool, placenta, and used pampers.
- Medical waste is infectious and should not be disposed of in unsafe places in the community.
- Different types of waste should be segregated at the point of generation and placed in their respective colour-coded containers.
- Sharps waste, such as used needles, are highly infectious and should be put in a safety box and disposed of in an incinerator or secured disposal area.
- Medical waste should not be dumped anywhere in the community (medical waste should be disposed of in designated areas).
- Highly infectious medical waste should be incinerated or treated before it is disposed of in dump sites.
- Sites where medical waste is disposed of should be well secured.
- Medical waste is harmful to human beings, animals, and the environment.
- Noninfectious waste should be burned.
- Everyone has a responsibility to ensure that medical waste is disposed of in a safe way.
- Public health regulations prohibit dumping of waste in places that are not designated.
- Fumes and smoke from improperly working incinerators can be harmful to people living nearby.

COMMUNICATION CHANNELS AND MATERIALS

Communication interventions are most effective if disseminated in a sustained manner using all possible and available communication channels. The communication strategy will be implemented using a multichannel approach. Injection safety and safe disposal of medical waste will complement existing HIV prevention messages and be delivered in an innovative and revitalized manner to counter message fatigue related to HIV prevention.

Orientation and training programs will be conducted with health care providers to ensure a trained group of providers and “messengers.” Once the supply side is adequately trained, print, radio, television, Internet, and point-of-service materials will be produced to increase demand for safe services and a sanitary environment. A media plan for advertising, developed by agencies that have the capacity to negotiate with media houses, will be based on the most recent media use data.

The tables that follow present a summary of the key aspects of each strategy for selected audiences: message content, methodologies, tools, channels, and expected outputs.

STRATEGY ONE: Capacity strengthening on injection safety and safe disposal of medical waste among decision makers and health care workers to improve their knowledge and competence on handling the issues

AUDIENCE	KEY MESSAGE CONTENT	METHODOLOGIES	TOOLS AND CHANNELS	EXPECTED OUTPUTS
<p>HEALTH CARE PRACTITIONERS</p> <p>COMMUNITY OUTREACH WORKERS</p> <p>COMMUNITY HEALTH EXTENSION WORKERS</p>	<p>Reducing Demand for Injections</p> <ul style="list-style-type: none"> Other routes of treatment are convenient for patients It is a crime to administer injections if one is not licensed Patients have the right to ask about alternative routes of treatment that are just as effective <p>Promoting Alternative Routes of Treatment</p> <ul style="list-style-type: none"> Alternative routes of treatment have lower health risks than injections Alternative routes of treatment are just as effective as injections <p>Promoting Safe Disposal of Medical Waste</p> <ul style="list-style-type: none"> Medical waste is harmful to human beings, animals, and the environment Sharps waste must be disposed of in a safety box. Medical waste should be segregated and disposed of in designated areas 	<ul style="list-style-type: none"> Conduct needs assessment Evaluate current/previous training Forums for dissemination of key information Networks and forums that encourage discussion, planning, implementation, and monitoring and evaluation Update provider training 	<ul style="list-style-type: none"> Fact sheets Presentations Conferences and seminars Guides Flipcharts Information cards and job aids 	<ul style="list-style-type: none"> Increased levels of awareness on issues around injection safety and medical waste Reduction in prescription and provision of injections Alternative routes of treatment promoted Safe disposal of medical waste promoted Increased number of health workers implementing best practises around injection safety and safe disposal of medical waste
<p>POLICY MAKERS AND PROGRAMME MANAGERS</p> <p>INFLUENTIAL COMMUNITY MEMBERS</p>	<p>Reducing Demand for Injections</p> <ul style="list-style-type: none"> Injections are costly Unnecessary injections is a public health issue <p>Promoting Alternative Routes of Treatment</p> <ul style="list-style-type: none"> Cost effective In line with international best practises <p>Promoting Safe Disposal of Medical Waste</p> <ul style="list-style-type: none"> It is a public health issue Benefits of a well-managed waste system in line with international best practises Access to safe injection supplies is critical 	<ul style="list-style-type: none"> Conduct needs assessment Forums for dissemination of key information Networks and forums that encourage discussion, planning, implementation, and monitoring and evaluation 	<ul style="list-style-type: none"> Fact sheets Presentations Conferences and seminars Regular progress reports, such as newsletters and periodicals Media advocacy 	<ul style="list-style-type: none"> Increased levels of awareness on issues around injection safety and medical waste Increased number of partner organisations implementing communication activities within the framework of the national communication strategy and community strategy

STRATEGY TWO: Development of evidence-based targeted information tools and materials based on current knowledge, attitudes, and practises of various target groups to drive demand for injection safety, alternative treatment methods, and sanitary medical waste disposal.

AUDIENCE	KEY MESSAGE CONTENT	METHODOLOGIES	TOOLS AND CHANNELS	EXPECTED OUTPUTS
<p>ADOLESCENTS & YOUNG ADULTS ("YOUTH")</p>	<ul style="list-style-type: none"> Reducing Demand for Injections Risks of unnecessary injections Myths and facts around injections Promoting Alternative Routes of Treatment Effectiveness Convenience Promoting Safe Disposal of Medical Waste Description of medical waste Risks of unsafe disposal of medical waste 	<ul style="list-style-type: none"> Raise awareness through mass media campaign Disseminate information materials via health workers and health facilities 	<ul style="list-style-type: none"> TV/Film Radio Digital media (website, Internet banner ads, social networking sites, SMS campaigns) Community plays Theatre Brochures/Flyers Stickers Outdoor media (billboards, banners, posters) Peer group discussions 	<ul style="list-style-type: none"> Increased levels of awareness on issues around injection safety and medical waste Reduction in demand for injections Alternative routes of treatment requested Increased safe disposal of
<p>CHILDREN (THROUGH THEIR PARENTS, TEACHERS, YOUTH LEADERS)</p>	<ul style="list-style-type: none"> Reducing Demand for Injections Risks of unnecessary injections Myths and facts around injections Promoting Alternative Routes of Treatment Myths and facts around alternative routes of treatment Promoting Safe Disposal of Medical Waste Description of medical waste Risks of unsafe disposal of medical waste 	<ul style="list-style-type: none"> Raise awareness through mass media campaign Disseminate information materials via parents/guardians, health workers, and schools 	<ul style="list-style-type: none"> TV/Film Radio Digital media (website, Internet banner ads, social networking sites, SMS campaigns) Outdoor media (billboards, banners, posters) Community plays Theatre and sports Group discussions 	<ul style="list-style-type: none"> Increased levels of awareness on issues around injection safety and medical waste Children ask parents and providers about alternative treatment options
<p>PARENTS</p>	<ul style="list-style-type: none"> Reducing Demand for Injections Risks of unnecessary injections Myths and facts around injections Promoting alternative Routes of Treatment Myths and facts around alternative routes of treatment Cost effective Promoting Safe disposal of Medical Waste Description of medical waste Risks of unsafe disposal of medical waste Medical waste should be dumped in designated area 	<ul style="list-style-type: none"> Raise awareness through mass media campaign Disseminate information materials via health workers and health facilities 	<ul style="list-style-type: none"> TV/Film Radio Digital media (website, Internet banner ads, social networking sites, SMS campaigns) Community plays Theatre Brochures/Flyers Stickers Outdoor media (billboards, banners, posters) Chiefs, barazas Faith-based gatherings in churches and mosques 	<ul style="list-style-type: none"> Increased levels of awareness on issues around injection safety and medical waste Reduction in demand for injections Alternative routes of treatment promoted Increased safe disposal of medical waste
<p>HEALTH CARE PRACTITIONERS FAMILY MEMBERS INFLUENTIAL COMMUNITY MEMBERS COMMUNITY OUTREACH WORKERS COMMUNITY HEALTH EXTENSION WORKERS</p>	<ul style="list-style-type: none"> Reducing Demand for Injections Other routes of treatment are convenient for patients It is a crime to administer injections if one is not licensed Patients have the right to ask about alternative routes of treatment that are just as effective Promoting Alternative Routes of Treatment Alternative routes of treatment have lower health risks than injections Alternative routes of treatment are just as effective as injections Promoting Safe Disposal of Medical Waste Medical waste is harmful to human beings, animals and the environment Medical waste should be dumped in designated areas 	<ul style="list-style-type: none"> Raise awareness through targeted campaigns 	<ul style="list-style-type: none"> Fact sheets Presentations Continuing medical education sessions (CMEs) Conferences and seminars Instructional training videos and guides Flipcharts Information cards Community meetings and barazas 	<ul style="list-style-type: none"> Increased levels of awareness on issues around injection safety and medical waste Reduction in demand for injections Reduction in prescription and provision of injections Alternative routes of treatment promoted Increased safe disposal of medical waste

STRATEGY THREE: Media Advocacy to increase awareness and promote accurate and analytical coverage of injection safety and safe disposal of medical waste as an important health and safety issue.

AUDIENCE	KEY MESSAGE CONTENT	METHODOLOGIES	TOOLS AND CHANNELS	EXPECTED OUTPUTS
MEDIA	Availability of Ministry of Public Health and key partners to support the development of media programmes to enhance accuracy	<ul style="list-style-type: none"> • Increase knowledge of issues around injection safety • Develop and disseminate media kits • Provision of journalist training and media travel grants to cover specific injection safety and safe disposal of medical waste stories 	<ul style="list-style-type: none"> • Sensitization workshops and editorial briefings and journalist training • IEC materials • Media kits 	<ul style="list-style-type: none"> • Increased quantitative and qualitative media coverage on injection safety and safe disposal of medical waste • Increased number of media partners trained
INFLUENTIAL COMMUNITY MEMBERS HEALTH CARE PRACTITIONERS POLICY MAKERS AND PROGRAMME MANAGERS	Impact of the media on injection safety and safe disposal of medical waste	<ul style="list-style-type: none"> • Develop functions that continually manage and engage with the media 	<ul style="list-style-type: none"> • Sensitization workshops • Talking points • TV/Radio activities 	<ul style="list-style-type: none"> • Increased breadth and depth of media coverage on injection safety and safe disposal of medical waste

STRATEGY FOUR: Community outreach to influencers at the community and the health care delivery system to help them add injection safety and safe disposal of medical waste issues to their agenda.

AUDIENCE	KEY MESSAGE CONTENT	METHODOLOGIES	TOOLS AND CHANNELS	EXPECTED OUTPUTS
<p>HEALTH CARE PRACTITIONERS</p> <p>FAMILY MEMBERS</p> <p>INFLUENTIAL COMMUNITY MEMBERS</p> <p>COMMUNITY OUTREACH WORKERS</p> <p>COMMUNITY HEALTH EXTENSION WORKERS</p>	<p>Reducing Demand for Injections</p> <ul style="list-style-type: none"> • Best practises for injection safety • Unnecessary injections is a public health issue <p>Promoting Alternative Routes of Treatment</p> <ul style="list-style-type: none"> • Cost effective • In line with international best practises <p>Promoting Safe Disposal of Medical Waste</p> <ul style="list-style-type: none"> • It is a public health issue • Best practises for safe disposal of medical waste 	<ul style="list-style-type: none"> • Increase know• • Increase knowledge of issues around injection safety • Mobilizing dissemination of materials • Networks and forums that encourage discussion, planning, implementation, and monitoring and evaluation • Mainstreaming into various agendas 	<ul style="list-style-type: none"> • Fact sheet • Presentations • Conferences and seminars • Instructional training videos and guides • Flipcharts • Information cards • Community barazas • Consultative forums 	<ul style="list-style-type: none"> • Increased levels of awareness on issues around injection safety and medical waste • Increased dialogue between influencers and potential patients • Increased quality of knowledge on issues of injection safety and medical waste • Increased number of community influencers integrating injection safety and safe disposal of medical waste in their work

STRATEGY FIVE: Policy advocacy among decision makers to raise the profile of injection safety and safe disposal of medical waste as a national problem, mobilize resources, and build institutional commitment.

AUDIENCE	KEY MESSAGE CONTENT	METHODOLOGIES	TOOLS AND CHANNELS	EXPECTED OUTPUTS
<p>POLICY MAKERS AND PROGRAMME MANAGERS</p>	<p>Reducing Demand for Injections</p> <ul style="list-style-type: none"> • Best practises for injection safety • Unnecessary injections is a public health issue <p>Promoting Alternative Routes of Treatment</p> <ul style="list-style-type: none"> • Cost effective • In line with international and national best practises <p>Promoting Safe Disposal of Medical Waste</p> <ul style="list-style-type: none"> • It is a public health issue • Best practises for safe disposal of medical waste • Basic human right 	<ul style="list-style-type: none"> • Increase knowledge of issues around injection safety • Mainstreaming into policies • Mobilizing dissemination of materials 	<ul style="list-style-type: none"> • Fact sheets • Presentations • Conferences and seminars • Guidelines/ Standards toolkits • IEC materials toolkit • TV/Radio activities • Community barazas • Consultative forums • Interpersonal communication 	<ul style="list-style-type: none"> • Increased number of guidelines developed and disseminated • Increased number of toolkits developed and disseminated • Increased number of programmes using the communications strategy • Increased number of training around injection safety and safe disposal of medical waste • Increased number of facilities supporting implementation activities • Increased number of programmes integrating injection safety and safe disposal of medical waste in training programmes and materials

04 STRATEGY IMPLEMENTATION PLAN

A wide variety of partners will be implementing activities based on this communication strategy, and, although there will be diversity in the content and materials, a number of key elements will be similar, such as audiences, strategies, key messages, and monitoring and evaluation (M&E) approaches. The end result and impact of the communication strategy will only be realized after the strategy is implemented.

Partners need to work together to achieve the desired results. These partners include the Ministry of Public Health and Sanitation, Ministry of Medical Services, and ministries of education, environment, and local government. Specific organisations include NASCOP, PATH, Jhpiego, NEMA, KMTC, and University of Nairobi. Others include FBOs, CBOs, parliamentarians, media, implementing agencies, and development partners. Clearly defined roles and responsibilities for communication activities among partners will need to be defined depending on availability of resources and mandate. A phased approach will be used in implementing the strategy. Implementation will be coordinated at the national level and linked with activities at regional and local levels. To enhance coherence of messages and create synergy across different communication activities, communication will be delivered from a branded platform with themes, logo, and slogans.

Mobilization of adequate human and financial resources from public, private, and development partner funds will be key to successful implementation of the strategy and achieving the objectives. Budgets for communication activities will be developed depending on the resources available and the scale and coverage of implementation.

The strategy implementation plan below shows expected outcomes/ outputs and an indicative time frame for activities that the stakeholders will be responsible for mobilizing resources for implementation.

**PARTNERS NEED TO
WORK TOGETHER TO
ACHIEVE THE DESIRED
RESULTS**

STRATEGY 1:

Capacity strengthening on injection safety and safe disposal of medical waste among decision makers, service providers, and community health workers to improve their knowledge and competence on handling and communicating the issues.

NO.	ACTIVITY	EXPECTED OUTPUTS / OUTCOMES	PERIOD		
			2011/12	2012/13	2013/14
1.1	Assess communication capacity needs among policy makers and programme implementers	Capacity needs assessed	X		
1.2	Determine the technical and financial needs for implementing the communication activities	Technical and financial needs identified	X		
1.3	Develop training materials and tools for capacity building based on needs	Training tools and materials developed	X	X	
1.4	Implement capacity building activities	Capacity building activities implemented, best practises adopted	X	X	X
1.5	Conduct monitoring and evaluation of the capacity strengthening activities	Regular monitoring of activities and evaluation of impact conducted	X	X	X

STRATEGY 2:

Development of evidence-based targeted information tools and materials based on current knowledge, attitudes, and practises of various target groups to drive demand for injection safety, alternative treatment methods, and sanitary medical waste disposal.

NO.	ACTIVITY	EXPECTED OUTPUTS / OUTCOMES	PERIOD		
			2011/12	2012/13	2013/14
2.1	Collect evidence for communication activities	Evidence basis for communication activities gathered	X		
2.2	Develop targeted communication messages and plans on priority issues	Evidence-based communication messages and plans developed	X		
2.3	Implement communication plans	Communication campaigns conducted		X	X
2.4	Conduct monitoring and evaluation of the communication activities	Progress routinely tracked; evaluation conducted		X	X

STRATEGY 3:

Media advocacy to promote accurate and analytical coverage of injection safety and safe disposal of medical waste as an important health and safety issue.

NO.	ACTIVITY	EXPECTED OUTPUTS / OUTCOMES	PERIOD		
			2011/12	2012/13	2013/14
3.1	Assess communication needs among media	Communication needs of media obtained	X		
3.2	Develop media briefing kits	Briefing kits developed	X		
3.3	Sensitize the media on injection safety and safe disposal of medical waste	Media sensitized		X	X
3.4	Create and manage regular forum for the media and stakeholders with a view to promoting positive change in issues relating to injection safety and safe disposal of medical waste	Forum for media established and operational		X	X
3.5	Conduct monitoring and evaluation of the communication activities	Progress routinely tracked; evaluation conducted	X	X	X

STRATEGY 4:

Community outreach to community members and influencers at the community, such as community health workers and champions at the community level, to help them add injection safety and safe disposal of medical waste issues to their agenda.

NO.	ACTIVITY	EXPECTED OUTPUTS / OUTCOMES	PERIOD		
			2011/12	2012/13	2013/14
4.1	Identify partners at national, regional, and community level who will be conducting outreach activities	Partners identified at national, regional, and community level	X		
4.2	Establish technical teams that provide guidance on implementation of the communication strategy at the different levels	Technical teams established	X	X	X
4.3	Develop tools to support outreach activities	Tools for outreach developed	X	X	X
4.4	Conduct the outreach activities	Community members sensitized and take action	X	X	X
4.5	Conduct monitoring and evaluation of the community outreach activities	Progress routinely tracked; evaluation conducted	X	X	X

STRATEGY 5:

Policy advocacy among decision makers to raise the profile of injection safety and safe disposal of medical waste as a national problem and mobilize resources and build institutional commitment.

NO.	ACTIVITY	EXPECTED OUTPUTS / OUTCOMES	PERIOD		
			2011/12	2012/13	2013/14
5.1	Establish partnerships and networks focusing on injection safety and safe disposal of medical waste	Alliances, partnerships, and networks established	X		
5.2	Identify priority activities and areas requiring increased budgetary allocations	Priority activities identified	X		
5.3	Develop advocacy materials	Advocacy kits and materials developed	X		
5.4	Sensitize policy makers on priority injection safety and safe disposal of medical waste issues	Policy makers sensitized on priority activities	X	X	X
5.5	Advocate for adequate budgetary allocations and implementation of activities	Increased budgetary allocation and activities implemented	X	X	X
5.6	Conduct monitoring and evaluation of the communication activities	Progress routinely tracked; evaluation conducted	X	X	X

05 MONITORING AND EVALUATION

Assessing the outcomes and impact of communication will be achieved through research, monitoring of programme activities as they happen, and evaluation of project activities. M&E will facilitate resource mobilization. Findings from research are important in forming an understanding of the situation and in designing evidence-driven communication activities.

Individual communication projects and programmes will need to identify process and impact indicators that are relevant to their objectives and cost effective. Communication objectives need to be formulated to provide programmes with achievable, realistic, and measurable targets to track progress in relation to target audiences and prevailing situations. Together with the ministries of health, project implementing partners will identify input and output indicators for process evaluation and outcome indicators for summative evaluation for selected audiences.

To measure social change at the community level, tools and methods for measuring individual and social change that are community-based and participatory, simple, understandable, and measurable will be developed and used. Participatory M&E using tools that build on work already done will be used, which will serve as a means by which beneficiaries will be empowered through their ownership of the M&E process. Selection of objectives, indicators, and tools should be debated, negotiated, and adapted by dialogue methods.²⁷

M&E will be linked to existing surveillance for behaviour change and population-based surveys such as the Behavioural Surveillance Survey (BSS), Demographic and Health Survey (DHS), and the KAIS. It is understood that the effects of communication processes take a long time to be realized, and long-term outcomes would require long-term studies that focus on processes of change.

REFERENCES

27. Parks, W., Grey Helder, D., Hunt, J., & Brne, A. (2005). *Who measures change? An introduction to participatory monitoring and evaluation of communication for social change*. Communication for Social Change Consortium.

06 ANNEXES

ANNEX 1: CURRENT PRACTISES AND EXPECTED GOOD PRACTISE

The table below highlights the current practises and the best practise that is required to improve injection safety and safe disposal of medical waste.

INJECTION SAFETY

POOR (CURRENT) PRACTISE	BEST PRACTISE
<ul style="list-style-type: none"> • Unqualified personnel are giving unsafe injections in the community • Overuse of injections • Community members request injection • Community members accept injections without question • Community members accept needles and syringes regardless of source • Some injection providers leave dirty needles and syringes lying around • Some injection providers recap needles with two hands • Poor availability of single-use injection equipment • Lack of initial or in-service training 	<ul style="list-style-type: none"> • Community members should only receive injections from health personnel trained and qualified to administer injections • Blood should only be drawn by qualified health personnel, such as doctors, dentists, clinical officers, nurses and laboratory technologists and technicians. • Oral medication should be prescribed wherever possible. • If prescribed an injection, patients and the community members should ask if medication can be given orally instead. • Community members should demand that a syringe and needle be taken from a new, sealed, and undamaged package. They should observe the health workers open a new pack. • Injection providers should use a syringe and needle from a new, sealed, and undamaged packet for every injection. • Injection providers, without recapping, should place syringes and needles in a safety box immediately after use. • Training of injection providers on injection safety • Adequate supply of single-use injection equipment

PROMOTION OF ALTERNATIVE ROUTES OF MEDICATION

POOR (CURRENT) PRACTISE	BEST PRACTISE
<ul style="list-style-type: none"> • Standard treatment guidelines recommend unnecessary injections • Excess injectable medication on the essential drug list • Prescribers prefer injections rather than orals • Poor implementation of standard treatment guidelines 	<ul style="list-style-type: none"> • Prescribe oral medication and other alternative routes, rather than injection whenever possible. • Remove unnecessary injections from the essential drug list.

SAFE DISPOSAL OF MEDICAL WASTE

POOR (CURRENT) PRACTISE	BEST PRACTISE
<ul style="list-style-type: none"> • Inadequate segregation of waste into infectious and noninfectious matter; garbage contains syringes • Waste disposed of in unsecured, unprotected, open rubbish areas • Reported cases of children playing with used syringes • Lack of community awareness about the risks from potentially infectious materials or blood-borne diseases • Lack of know-how among community members in waste handling • Insufficient personnel and time dedicated to proper waste management • Lack of supplies (personal protection equipment such as gloves and bags) and/or improper use of those supplies • Lack of money and know-how to build infrastructure (protected pits) • Weak management and supervision of the waste management in the community • Lack of enforcement of regulations • Open burning and broken incinerators polluting the air 	<ul style="list-style-type: none"> • Segregate waste into infectious and noninfectious waste. • Collect entire syringe or needles in a puncture- and leak-proof container (with colour coding or bearing a biohazard sign/symbol). Alternatively, needles are removed immediately after injection via needle remover and disposed of onsite. • Non-sharp infectious wastes are collected in bags (with colour coding or bearing a biohazards sign/symbol). • Infectious waste bags and sharp containers are safely handled and transported (onsite). • Infectious waste bags and sharp containers are stored in secured places prior to transportation for treatment/disposal. • Availability and use of Personal Protective Equipment (PPE) and facility for washing hands for all persons handling waste. • Immunize health workers, waste handlers, and community members against hepatitis B virus (HBV). • Regularly supervise and correct problems. • Medical waste generated from community-based activities, such as home-based care, community outreach, and diabetic patients, are safely disposed of.

ANNEX 2: KEY MESSAGE CONTENT

The following table presents key message content tailored to different audience segments on injection safety and safe disposal of medical waste:

AUDIENCE	REDUCTION OF DEMAND FOR INJECTIONS	ALTERNATIVE ROUTES OF TREATMENT	SAFE DISPOSAL OF MEDICAL WASTE
<p>YOUTH</p> <p>CHILDREN VIA PARENTS</p> <p>ADULT PATIENTS</p>	<ul style="list-style-type: none"> Do not request/demand injections whenever unwell and seeking treatment Accept form of treatment prescribed by health care providers Side effects of poorly administered injections can be very severe Do not go for injections in places that are not certified 	<ul style="list-style-type: none"> The administration of other forms of treatment is less painful compared to injections You can take your medicine home and drink, swallow, or insert as advised Oral medication is often cheaper Alternative forms of medication are good for people who are allergic to injections Other forms of treatment don't leave behind a lot of waste compared to injections With other forms of treatment, chances of infections are minimized 	<ul style="list-style-type: none"> Medical waste includes: used syringes, needles, condoms, vials, dressing materials, sanitary pads, stool, urine, placentas, used diapers, expired drugs Medical waste disposed of unsafely could pose harm to people and the environment Do not throw waste in open places in the community, roadside, rivers, lakes, or sea Dispose of waste as recommended by public health and environmental officials
HEALTH CARE PRACTITIONERS	<ul style="list-style-type: none"> Stock adequate supplies of other forms of medicines besides injectables Administer injections under safe conditions as per MoH's guidelines Explain to patients that other forms of treatment are as effective as injections Do not prescribe injections just because the patient asked/requested it Explain to your patients the fact that poorly administered injections can cause infections and lead to other complications like abscesses Explain to your patients that other forms of treatment are often cheaper compared to injections Do not put profit before ethical and professional requirements 	<ul style="list-style-type: none"> Always prescribe alternative forms of treatment unless it is necessary to prescribe an injection Talk to your patients about alternative routes of treatment Explain to your patients that administration of alternative routes of treatment are less painful compared to injections Explain to your patients that other routes of treatment don't generate as much waste as injections You should not avoid prescribing alternative forms of treatment because of stigma Use your position as a health expert to inform community members that people on treatment should not be stigmatized – instead, they need support 	<ul style="list-style-type: none"> Avoid generating unnecessary waste in your facility Segregate waste at the point of generation by using coloured liners Medical waste is infectious If you do not have an incinerator, link with facilities that do to dispose of highly infectious waste Do not dump medical waste in unsecured dump sites in the community Collaborate with authorities in your community to ensure that poor practises in disposal of waste are corrected

AUDIENCE	REDUCTION OF DEMAND FOR INJECTIONS	ALTERNATIVE ROUTES OF TREATMENT	SAFE DISPOSAL OF MEDICAL WASTE
UNLICENSED HEALTH CARE PRACTITIONERS ("QUACKS")	<ul style="list-style-type: none"> • Administering injections without proper credentials is punishable by law • Advise people visiting you and demanding to be injected to seek treatment in certified health facilities • You will be liable for any injury caused when you administer an injection • If you are not qualified to administer injections, you are exposed to higher risks such as needlestick injuries • Do not promote injections claiming that they are the only effective form of treatment 	<ul style="list-style-type: none"> • Other routes of treatment are effective • Other routes of treatment are less painful compared to injections • Efficacy of treatment should not be motivated by financial gain • Do not misinform the public that injections cure all types of ailments • Do not misinform the public that injections are cheaper • Do not misinform the public that they cannot find treatment for certain ailments elsewhere • You need to be knowledgeable about alternative routes of treatment 	<ul style="list-style-type: none"> • Minimize generation of medical waste • Infectious waste you generate should be incinerated • It is illegal to dump medical waste in the community • Unsafe disposal of medical waste poses danger to the environment
ADULTS	<ul style="list-style-type: none"> • Do not request/demand to be injected whenever unwell and seeking treatment • Effectiveness and/or form of treatment is best determined by a qualified and licensed health care professional • A health care worker who prescribes treatment other than injections is equally qualified and serious • Side effects of poorly administered injections can be very severe • Take the leadership role in your families to discourage other family members on demanding injections • Do not go for injections in places that are not recognized health care service delivery points 	<ul style="list-style-type: none"> • Effective treatment does not always have to be painful • Injections cannot treat all types of diseases • Other routes of medication are just as effective as injections • The administration of other forms of treatment is less painful compared to injections • It is easier to reverse overdose resulting from other forms of treatment compared to overdose resulting from injections • You can take your medicine home and drink, swallow, or insert as advised • Oral medication is often cheaper • Alternative forms of medication are good for people who are allergic to injections • Take your leadership role to inform your family members on alternative routes of treatment • With other forms of treatment, chances of infection is minimized 	<ul style="list-style-type: none"> • Medical waste includes: used syringes, needles, condoms, vials, dressing materials, sanitary pads, stool, urine, placentas, used diapers, and expired drugs • Medical waste is infectious • Medical waste is harmful to the environment • Minimize the generation of medical waste • Take a leadership role to discourage unsafe disposal of medical waste in the community

<p>CREATIVE BRIEF</p> <p>PROJECT/DATE: INJECTION SAFETY KENYA (NOV. 2010)</p>	
<p>1. TARGET AUDIENCE(S)</p> <p><i>Describe the person that you want to reach with your communication. Include a primary and secondary (influencer) audience.</i></p> <p>PRIMARY</p> <ul style="list-style-type: none"> • Parents of children under 15 years of age • Adult consumers of healthcare with a focus on women • Adolescents and young adults <p>SECONDARY</p> <ul style="list-style-type: none"> • Health care providers • Community health workers • Pharmacists • Community and religious leaders • Educators and youth leaders 	
<p>2. OBJECTIVE(S)</p> <p><i>What do you want your target audiences to think, feel, or do after experiencing the communication?</i></p> <p>KNOWLEDGE</p> <p>The primary target audience will know:</p> <ul style="list-style-type: none"> • The risks of unsafe injections • How to recognize some of the warning signs that injections are unsafe • That there are alternative safer methods in some instances • What to ask their health care provider <p>BELIEF</p> <ul style="list-style-type: none"> • They will believe that they put themselves (and their children) at risk when they demand injections under unsafe conditions • They will believe that they have the right to ask for the safest, most effective method of treatment • They will believe that there are alternate treatment methods available that work as well <p>BEHAVIOURAL</p> <ul style="list-style-type: none"> • They will ask their health care provider for the safest treatment available • They will only go to qualified certified providers for injections • They will pass on this new information to friends and family 	
<p>3. OBSTACLES</p> <p><i>What beliefs, cultural practises, pressure, misinformation, etc, stand between your audience and the desired behaviour?</i></p> <ul style="list-style-type: none"> • Lack of knowledge • Misperceptions • Lack of time and access • Unqualified providers • Unquestionable trust in all health care professionals • Low-risk perception • Lack of self-confidence • Unfriendly providers • Social norms 	

4. KEY PROMISE

Select an immediate benefit that will outweigh the obstacles in the minds of the target audience.

If I always go to a qualified, trusted health care professional and ask them for the safest treatment available, I will feel confident that I am playing a vital role in my health and the health of my family.

5. SUPPORT STATEMENTS

This is the substantiation for the key promise.

Because:

- Injections are NOT the safest or most effective treatment for all ailments
- Demanding injections for everything is unwise and can be unsafe
- Going to an unqualified provider for injections can lead to infections, including HIV, and even death
- I have a right to ask for the safest and best treatment
- Unclean needles can carry infection

6. TONE

What feeling or personality should the communication have?

The communication should have a sense of urgency without being fear-inducing. It should also be empowering so that consumers speak up and inquire about alternative methods of treatment

7. COMMUNICATION CHANNELS

What channel(s) will you employ for the communication?

- Interpersonal Communication (IPC) between providers and patients, parents and educators, parents and children
- Facility-based signage and reminders
- Point-of-purchase materials in pharmacies
- Mass media, including TV, radio, outdoor, print, and social media (Internet, SMS)
- Community events

8. OPENINGS

What opportunities (times and places) exist for reaching your audience? When is your audience most open to getting the message?

- National holidays, events
- World AIDS Day
- Community meetings, events
- When visiting pharmacies and clinics

9. CREATIVE CONSIDERATIONS

Any other critical information for the writers & designers? Will the communication be in more than one language or dialect? Should it be tailored to a low-literate audience? Are there any political considerations? Any red flags/words or visuals to stay away from? Should there be space or time available to include local contact information?

Be careful NOT to stigmatize all injections or immunization. Also, do not erode the credibility of healthcare professionals. Keep materials accessible to a wide audience. Do not scare people with harsh words or images.

NOTE: All creative Briefs must be accompanied by a page summarizing the background and program.

ANNEX 4: ANALYSIS OF OBJECTIVES, AUDIENCES, AND KEY PROMISE

BEHAVIOURAL OBJECTIVES	AUDIENCE	KEY PROMISE	INTENDED OUTCOMES
To reduce the number of medically unnecessary injections administered	Youth/ Adult Patients	I am a savvy individual that understands the risks of unsafely administered injections and know that I can ask for alternative routes of treatment that are just as effective and less painful.	<ul style="list-style-type: none"> • Reduction in number of injections prescribed and administered • Reduction in number of people demanding injections • Increase in number of people seeking alternative methods of treatment
	Parents/ Children (5-15)	I care for the comfort and well-being of my child. If my child is sick, I will always ask my doctor about alternative forms of treatment because I know they are less painful and just as effective as injections.	
	Respected family members and community leaders	I am responsible for my family members/community and a role model. I will advocate and inform around issues of unnecessary injections.	
To reduce the number of unsafe injections administered	Health practitioners	I am a competent and caring practitioner who listens to my patients and gives them options. I also adhere to the proper guidelines as they allow me to do my job safely.	<ul style="list-style-type: none"> • Increased awareness on safe injection practises • Health care facilities giving injections with sterile syringe and needles • Health care facilities having sufficient stocks of single-use injection equipment • Reduction in number of injections administered by unlicensed health practitioners • Reduction in needlestick injuries per injection provider
	Policy makers	I am responsible for the health and well-being of the families in my community and other communities. They have trusted me to deliver safe guidelines and procedures that ensure their well-being.	
To promote alternative routes of treatment	Health practitioners	I am a competent and caring practitioner who listens to my patients and gives them options. I also adhere to the proper guidelines as they allow me to do my job safely.	<ul style="list-style-type: none"> • Increased awareness on the effectiveness of alternative routes of treatment • Increased proportion of the community members reporting preference for alternative routes of treatment • Health facilities with sufficient stocks of alternative routes of treatment
	Policy makers	I am responsible for the health and well-being of the families in my community and other communities. They have trusted me to deliver safe guidelines and procedures that ensure their well-being.	
To facilitate safe disposal of medical waste	Health care workers, waste management handlers	I want to live in a clean and safe environment so I must follow safe disposal procedures because I am at risk for infection and so is my community.	<ul style="list-style-type: none"> • Increased awareness regarding risks associated with medical waste • Increased awareness on the segregation of medical waste • Community members and health facilities disposing of medical waste in the recommended way • Reduction of cases where medical waste can be observed in places where it poses risk to people, animals, and the environment • Increased access to sanitary waste disposal • Secured disposal sites available in the community
	Community members	I have a right to a healthy environment and to the processes that allow for cleaner, safer living. I will stay informed on the risks and advocate for safe disposal of waste because it will impact my life and the lives of my children.	
	Public health practitioners	I want to live in a clean and safe environment, so I must follow safe disposal procedures because I am at risk for infection and so is my community.	
	Policymakers and law enforcement agencies	I am responsible for the cleanliness and safety of my community and my community trusts that I will look out for their best interests. I will set guidelines and enforce them so that we all live in a safe and clean environment.	



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KENYANS AND AMERICANS
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