

# AIDSFree Uganda

**Duration of Activity:** January 2015–September 2019

**Life of Project Funding:** \$5.3 Million

In Uganda, AIDSFree supported Green Label Services Ltd. (GLSL), a private-sector provider, to establish a sustainable disposal solution for health care waste in southwestern Uganda through a public-private partnership (PPP). In addition, AIDSFree supported health care waste collection and disposal activities in conjunction with PEPFAR-funded voluntary medical male circumcision (VMMC) procedures from March 2017–September 2019.

## AIDSFree Uganda Objectives

- Manage health care waste pick-up and disposal by Green Label Services Ltd. in 88 districts that provide PEPFAR-supported VMMC services.
- Construct a final waste disposal facility in southwestern Uganda, as well as procure and install needed equipment.

## Technical Approach & Key Activities

### Public-Private Partnership

AIDSFree facilitated a partnership between the Uganda Ministry of Health, district local governments, and GLSL, to advance Uganda's health care waste management (HCWM) activities, key component of infection prevention and control at health facilities.

### Safe Collection, Transport, and Disposal of Waste

AIDSFree established policies and procedures to ensure the safe collection, transportation, and disposal of health care waste in Uganda. AIDSFree managed GLSL's health care waste pick-up activities in 88 districts. AIDSFree ensured that GLSL implemented safe disposal of waste using best practices for disinfection / sterilization as recommended by the Uganda National Environment Management Authority (NEMA), the World Health Organization, and the Ministry of Health (MOH).

## Achievements

AIDSFree's technical support has helped establish a safe, sustainable, policy-compliant solution for health care waste in southwestern region of Uganda. AIDSFree supported the establishment of sustainable final HCWM disposal solutions by working with the MOH to implement the national HCWM plan, as well as building capacity among U.S. government partners and local government counterparts to assess and plan for HCWM, including incorporation of HCWM into budgeting processes at national and district levels to ensure ongoing, sustainable support. AIDSFree also supported GLSL to review the



company's finance and administrative functions in order to identify areas where GLSL internal controls could be strengthened and improved. AIDSFree coordinated stakeholders, approved GLSL grant budgets, processed payments to GLSL upon certification and approval by the districts, and ensured validation of costs.

AIDSFree provided supportive supervision visits to address segregation issues between voluntary medical male circumcision (VMMC) waste and general healthcare waste, confirmed that GLSL met agreed-upon standards for waste pick-up, identified any deviation from standard, proposed solutions, and implemented changes as needed. Following its transportation and delivery, all health care waste was treated and appropriately disposed of by incineration or disinfection and sterilization as appropriate per category. In addition, AIDSFree and GLSL supported a one-time activity to ensure safe disposal of 591,230 kg of expired medicines that had been collected from facilities across the country and kept temporarily at the National Medical Stores warehouse.



**GLSL trucks navigate roads during the rainy season to collect waste from health facilities**

## Challenges, Responses & Looking Forward

### Challenges

- Health facilities often lacked the resources and space to properly dispose of healthcare waste. This included: inadequate temporary storage areas; lack of incinerators or funds to maintain incinerators; and lack of adequate supply of HCWM commodities (e.g., waste bins, safety boxes, bin liners). Lack of resources lead to facilities burning health care waste, regardless of the environmental impact and effects on the health of facility staff.
- Most facilities were regularly unable to properly segregate waste due to lack of commitment from health workers and support staff.
- Breaks in the GLSL contract caused service disruptions.

### Response to Challenges:

- Despite increased volumes of waste arising from increased demand of the service and lapses in contract renewal, GLSL ensured most of the waste was picked and disposed of.
- AIDSFree regularly shared emerging issues with USAID for follow-up with U.S. government implementing partners, health facilities, and district health offices regarding challenges and emerging issues.
- AIDSFree and GLSL enabled implementing partners to prepare their VMMC sites for waste pick-up by regularly updating and sharing the routing schedule detailing the week and collection days.



## Looking Forward

HCWM receives limited funding and attention at the national level; consequently, most partner districts and health facilities have no funding for HCWM and fully depended on the AIDSFree-funded services for all their HCWM needs. Budget allocation should reflect HCWM as an urgent priority in order to address continuity and sustainability of these services.

## Data Snapshot

### DATA SNAPSHOT: Uganda

**TOTAL ACHIEVEMENT**  
(January 2015 - June 2019)



**4,702,341**

kilograms of waste disposed



**51%**

highly infectious waste



**88**

districts served by AIDSFree

#### FY 2019 Q3 DATA SPOTLIGHT



**384,778**

Kgs of waste disposed

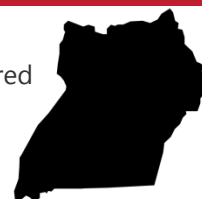


**400%**

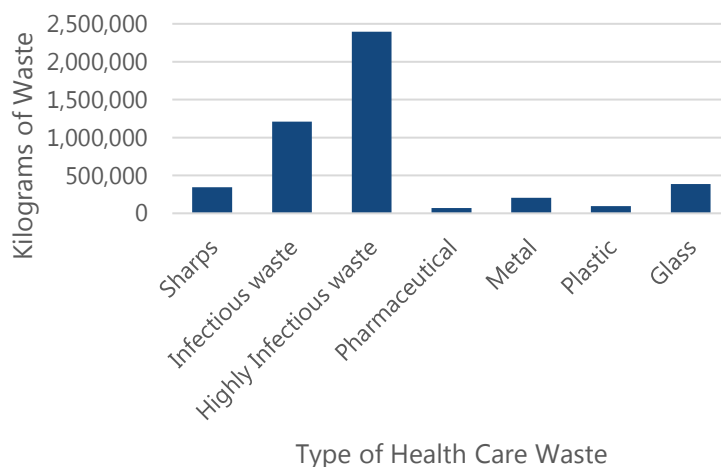
% of June 2019 target reached

**591,230 kg**

One-time disposal of medicines being stored at the National Medical Stores Warehouse



### Health Care Waste Collected



## Related Resources

[Promoting Health Care Waste Management in Uganda through a Public-Private Partnership](#)

[Health Care Waste Characteristics at Selected Health Facilities in Mbarara District, Uganda](#)

[Ugandan Waste Disposal Workers Collect more than they Bargain for](#)