HEKS EPER

REPORT OF WASHFIT TRAINING CXB

03-05th November 2019

Background

WASH in Health-care facilities is a fundamental prerequisite to attain national health goals and the Sustainable Development Goal (SDG) - 3 *(ensure healthy life and promote wellbeing's)* and 6 *(ensure availability and sustainable management of water and sanitation)*. The Water and Sanitation for Health Facility Improvement Tool (WASH FIT) is a multi-step and iterative process designed by a joint effort of WHO and Unicef to develop, monitor and continuously improve WASH facilities and services in Health-care facilities. A National Strategy for WASH in healthcare facilities and framework for action drafted by the MoH&FW, Bangladesh in 2019.

In line with the strategy to contribute to the global and national health goals WHO in partnership with HEKS/EPER is implementing WASH FIT in the Rohingya refugee context from the beginning of year 2019. A series of capacity development training has been provided focusing on Water, Sanitation, Hygiene, IPC, and Health Care Waste Management and the facility-based clinical and non-clinical staffs i.e. medical doctors, IPC nurses, Technical Officers/Waste Management focal points were trained.

WASH FIT targeted health-care facilities received simultaneous on-job training, mentoring and supportive supervision in the implementation of minimum standards. A fact-finding assessment was conducted to see the perceived challenges and also aiming at capitalizing lessons to rollout WASH FIT in a sustainable way. Throughout the assessment it has been realized that the sustainability and continuity of WASH FIT is rely on the understanding of the decision makers and it is imperative to provide training to the managers of the targeted health-care facilities.

In this realm to engage facility managers in the ongoing process of WASH FIT implementation in their facility a three days training has been organized. Training methodology was decided based on WASH FIT recommended theoretical and practical sessions.

Objective(s)

The objective of this training is to enable facility managers to manage their facilities with efficiently through improved skills in WASH and IPC and ensure sustainably by engaging managers in the ongoing cycle of improving WASH in Healthcare facility.

Methodology

The training course included a mixture of theoretical sessions, discussion in groups, presentations and field trip. Invitation was sent to the selective Health Partners who are active in Primary and/ Secondary level healthcare facilities and WASH focal agencies in the respective areas. A group of 24 managers (screen short attached) coming from 15 Healthcare facilities and 5 area WASH programs were selected based on the nomination from respective senior managements. Training first day provided background information,

introduction and methodology of WASH FIT, and some technical sessions. The second day morning continued with technical sessions and an interactive discussion session took place in the afternoon. These technical sessions improved participants' understanding of the topics and the minimum standards required of ensuring IPC protocols in the healthcare facility.

Pictorial presentation was made during the afternoon discussion that presents existing situation in the healthcare facility and highlighting specific challenges in terms of IPC. This discussion opened a platform for both WASH and Health managers to coordinate and define ways to move forward and elevate WASH and/ IPC related actions. This discussion session was moderated by technical persons from HEKS/EPER where a senior technical person from WHO participated.

Last day in the morning there was a field trip to a Health Facility to do a practise assessment. This field visit took place in the District Hospital, Cox's Bazar. Second half consisted of practical steps in developing, implementing and monitoring of facility improvement plan. Three facilitators from HEKS/EPER consisting of WASH engineer, IPC doctor and WASH FIT expert were available throughout the course of the training. The meeting hall of the Long Beach Hotel was used for the training and no accommodation was provided as it was carried by the respective organization. Transport was provided only for the field trip. Participants feedback was collected after the course has finished.

This training intended to give a practical sense of Risks and Hazards that exists in the current system and suggest context appropriate solution to tackle these challenges. Before the training facilities were visited by the facilitators to understand the gravity of the water, sanitation and IPC situation in the healthcare facilities and prioritized areas that needs to be emphasised in the training.

Results

1) Participation:

A total of 24 participants all are responsible for Primary Healthcare center(s) and from different technical background and management structures attended the training, as below:

SL	ORGANIZATION	ORGANIZATION TYPE	NUMBER OF PARTICIPANTS	POSITION/DESIGNATION
1	RTMI	NNGO	02	Center Manager
2	Relief Intl.	INGO	02	Clinic Supervisor
3	DSK	NNGO	01	Medical Officer
4	GK	NNGO	04	Clinic Manager
5	BDRCS	NNGO	02	OM-SWM, PHC officer
6	DCH TRUST	NNGO	01	Medical officer
7	Save the Children	INGO	02	Log base Coordinator, WASH & Logistic officer
8	IRC	INGO	01	Health Manager
9	ACF	INGO	02	Deputy program manager
10	BRAC	NNGO	01	Medical Officer
11	MSF OCBA	INGO	01	IPC Focal Point
12	TDH	INGO	01	Medical Supervisor
13	HOPE Foundation	NNGO	01	Medical Officer
14	ICRC	INGO	01	Medical Officer
15	FRIENDSHIP	INGO	02	Medical Officer
TOTAL	**15 ORGANIZATIONS**	**08 INGO 07 NNGO**	**24 PARTICIPANTS 20 MALE 4 FEMALE**	**13 MANAGEMENT STAFFS 07 CLINICAL STAFFS 04 WASH/IPC STAFFS**

2) Scoping and analysis:

The training improved the perception of the participants regarding the Risk and Hazard assessment, identified issues in terms of water, sanitation and healthcare waste management in the healthcare facility.

During the analysis major issues identified are lack of improved water services, sub-standard sanitation infrastructure, improper handling of medical waste, absence of IPC protocol, inadequate supply of hygiene materials, insufficient training for the IPC/Waste management focal person, cleaners and staffs, and absence of behavioural change communication interventions.

This training created an opportunity for cross-learning, a mixture of different management practices, international and national NGOs, expertise from Health and WASH sectors created opportunity for peer learning. It improved participants' understanding on different technical issues and budget requirement for the construction/renovation work for example construction of safety tank, renovation of greywater or blackwater drainage system and waste zone etc.

End of the training participants achieved a clear understanding what can be utilized within the existing system, what needs to be strengthened, and with/through whom to work, this is reflected in their action plan/next steps. Throughout the technical sessions WASH/IPC engineering solutions were discussed for a low-resource setting by the technical persons. Some suggestions were made however engineering assessment is required to make any practical solution.

3) Internalization:

This training addressed priorities in leadership and governance of facilities to improve WASH and IPC conditions in a healthcare facility. This training provided valuable insight into understanding costs to ensure that IPC related construction and commodities are form part of the budget and need to be included into annual budget plan. It has been realized by the participants that achieving sustainable improvements to WASH in healthcare facility requires a comprehensive system that focuses on leadership and management priorities, costing and budget allocation, and institutional norms regarding IPC.

4) Summary of Action Items

- Implement IPC education for all facility-based healthcare workers, cleaners and incorporate hygiene behaviour change communication alongside and throughout of the program;
- Investigate IPC practices within the facility, identify gaps, limitations and implement appropriate hygiene awareness activity for staff-patient safety and efficiency in services;

- Increase stakeholder engagement from WASH sector to identify low-cost, sustainable engineering solutions targeted towards different levels of healthcare facilities i.e. Health Post, Primary and Secondary level health care facilities;
- Coordinate with senior management to develop an appropriate plan of action that builds-on and Improves WASH/IPC in the existing health system;
- Calculate costs for WASH/IPC construction/renovation and ensure that WASH/IPC as an integral part of the budget.

Recommendations

- Participants requested to provide similar type of training with the senior managements to have a same understanding level with the management. Participants were informed that a batch is already planned with the senior management in the coming weeks of this month;
- There is a demand for more technical details on Waste Zone construction i.e. model, design, land specification and required budget etc.;
- Participants requested to provide some materials for their facility for example WHO distributed water filters i.e. family filters and community filters as manufactured by LifeStraw, IEC/BCC materials and IPC protocols to display in their facility;
- There is a request to organize a batch in a PHC to orient all of the PHC staffs;
- Some participants based in Teknaf requested to include accommodation in future trainings.

Course feedback

Evaluation Sheet: WASH FIT Training
Questions and scores with response count below

Q1. What is your OVERALL opinion of the training?

	1	2	3	4	5	
Not interesting						**Very interesting**
Count			1	4	18	
Not useful	1	2	3	4	5	**Very useful**
Count				4	20	

Q2. What did you think of the length of the training?

	1	2	3	4	5	
Too short						**Too long**
Count			11	8	5	

Q3. How useful was the training in relation to your needs?

	1	2	3	4	5	
Not useful						**Very useful**
Count				8	16	

Q3. I have learnt a lot from this training

	1	2	3	4	5	
Did not learn much						**Learnt a lot**
Count				9	15	

Q4. The objectives of the training were met

	1	2	3	4	5	
Needs not met at all						**Needs completely met**
Count				8	16	

Q5. Do you feel you understand WASH FIT?

	1	2	3	4	5	
Don't understand it						**Understand it well**
Count				5	19	

Q6. Do you feel confident that you are able to deliver training on WASH FIT?

	1	2	3	4	5	
Not confident						**Very confident**
Count			4	7	13	

Q7. How did you find the trainers?

	1	2	3	4	5	
Very poor						**Very good**
Count				5	19	

Q8. The teaching methods were suitable (e.g. amount of group work compared to theoretical sessions)

	1	2	3	4	5	
Not suitable						**Very suitable**
Count				8	16	

I would like more information on the following subjects:

- Increase field-visit days for more practical demonstration. If possible, arrange visit to an ideal primary healthcare facility which has WASH FIT suggested all components installed;
- Technical details on the construction of De-Monte Fort incinerator;
- Design and budget estimate for the construction of PWDL friendly latrine;
- Budget and time estimate to set-up a full waste zone;
- Practical session on chlorine solution preparation, water quality testing using pool tester and steps in sterilization;
- Operation manual for the anaerobic baffled reactor for a secondary level healthcare facility also for a decentralized waste-water management system;
- Checklist for day-to-day monitoring of IPC activities.

Do you have any comments about WASH FITs? How could it be improved? Do you think it will be useful in your district/country/where you work?

- WASH FIT is very interesting, useful and important considering the current situation in the camp;
- It would be helpful if WASH FIT could suggest content specific model and corresponding design/BoQ and budget estimate for construction also refer to a construction farm who would be able to construct all components of waste zone in our healthcare facilities;
- WASH FIT is very informative, it will be very useful for IPC situation improvement in the healthcare facility and do need more training for the reminders;
- There should be more engagement of WASH partners in the process and it is very important for WASH sector partners to understand WASH FIT as the construction made by them should comply with WASH FIT standards;
- There should be more longer-term training if possible, to give us more time to learn.

Please provide any additional comments on the training, for example how can it be improved? What would you change about the training?

- We have around 60 staffs in a primary healthcare center if possible organize a batch in the PHC with all staffs.