

WASH Package & WASH Safety Plans ToT
Gbarnga BONG County, LIBERIA. 11th – 14th November 2015

Background

Provision of water and sanitation plays an essential role in protecting human health during all disease outbreaks. Water sanitation and hygiene (WASH) interventions are fundamental in Ebola Virus Disease (EVD) prevention and control: adequate and consistently applied WASH practices, both in healthcare settings and the community help to prevent human-to-human transmission of EVD and many other infectious diseases. Many healthcare facilities in Liberia lack even the most basic WASH services. Health services were significantly weakened by the war, contributing to the inability of the health system to cope with the recent Ebola crisis.

WASH in health care facilities needs urgent attention as part of the restoration of resilient health services during the recovery phase. In addition, achieving and maintaining adequate WASH services in HCFs is recognized as a necessary step in achieving quality universal health coverage. Strengthening the workforce is a critical component of these efforts. Empowering staff and equipping them with the knowledge and tools to manage WASH services effectively will reduce infection risk, improve quality of care, staff moral and cost efficiency of services.

In early 2015 a WHO IPC/WASH assessment found out that only 26% of health care facilities met minimum standards for water quantity supplied and that only 51% had any form of bulk water storage. Between January and October 2015, a WHO assessment of WASH activities in 63 HCFs in 8 counties was conducted. Results indicate that there is a huge challenge in healthcare waste management especially segregation of waste, handling, treatment and final disposal; challenges in water treatment and quality testing, lack of ash pits and placenta pits, lack of protective fencing in waste management areas, poor environmental management and energy use.

A national, comprehensive 'WASH package' training of trainers was developed by the Ministry of Health, WHO and UNICEF to address these needs. The WASH package outlines minimum requirements for Water, Sanitation and Hygiene (WASH) in healthcare facilities as part of the program for Early Recovery and Resilience Building from Ebola Virus Disease (EVD) Outbreak in Liberia. The training covers the WASH safety plan methodology, a risk-based approach to improving WASH services by facilities themselves. The aim is that all healthcare facilities should have a WASH safety plan in place by the end of the investment plan for building a resilient healthcare system in Liberia (2015 – 2021).

Overview of training content

The training covers eight core modules relating to WASH safety plans: water supply; sanitation; hand hygiene; hygiene promotion; healthcare waste management; environmental management and energy; cleaning & disinfection; and facility management. Supplementary modules in the WASH Package include behaviour change and communication; infection prevention and control; and occupational health and safety. A visit to the local hospital to conduct a WASH safety plan assessment and for participants to familiarise with the tools is included. Information gathered during the visit provides the information to design a real WASH Safety Plan over two days of the training.

First training – November 2015

Twenty-six people were trained in the first round, consisting of County medical directors, Community health department directors, County health services administrators, WASH coordinators, IPC coordinators and Environmental health technicians. The training was the first on WASH safety plans to be conducted in Liberia and the second in Africa (after Chad, July 2015). The Liberian training is also the first national level TOT, predominately developed in country. Three further trainings are planned to ensure all counties are trained. Special attention will be given in subsequent training to cascading the training to the facility level, with the aim of reaching *all* facilities across the country.

Evaluation of training

Participants acknowledged that the training would be very useful in their daily work. Two thirds of the participants were satisfied with the content, training materials and package of modules for training. 75% of the participants strongly agreed that the training was useful for their work and that they would recommend others undertake the training if the opportunity was available. The pre- and post-test showed a significant improvement in knowledge. Participants stressed that they need organized support for the roll-out training across their counties (at district and facility level). Participants were engaged, motivated and understood core concepts well. They challenged facilitators

to justify information they presented and made useful suggestions and improvements to the WASH safety plan methodology.

Lessons learned

- The level of training was suitable for the type of people attending the training, allowing a good level of comprehension of key concepts. The skills and experience of ToTs complemented each other, generating lively discussion
- Practical sessions, including a facility visit, were essential to improve comprehension of WASH safety plans
- Future trainings should include a session on training skills to support ToTs to cascade training
- Four days was considered too short so an extra day should be allowed to provide time for consolidation of knowledge
- The plan for implementation and cascading of training and monitoring should be decided prior to commencing training. ToTs repeatedly asked about what support would be available
- Involving IPC, Occupational Health and Safety, Behaviour Change and Communication and Hygiene promotion colleagues as facilitators gave a more comprehensive view of the subject
- Consistent messaging is essential, especially for national level training (there were some inconsistencies between WASH package training and SQS-training [a national level, IPC-focused training that is on-going in Liberia])
- Trainers should be visited within 1-2 months of receiving the training to sustain momentum

Follow up action plan for ToTs

Priority activities for county teams (agreed by ToTs at the end of the training) are as follows:

- Share the materials and lessons learned from the WASH safety plan training with the rest of the County Health team and supervisors
- All facility members to read the training materials and WASH safety plan guide
- Conduct meeting to identify external partners to join the WASH Safety Plan team.
- First weekly meeting of the core WASH Safety Plan team to lay ground for WASH team activities
- Present the WASH Safety Plan methodology to the rest of the team, both internal and external
- Complete baseline county-level assessment of number of healthcare facilities and their distribution by district
- Identify target number of staff to be trained in WASH Safety Plans in the county based on need per healthcare facility
- Map resources and WASH organisations and partners working in the county to integrate resources and activities for implementation.