

WASHFIT Training of Trainers Report

ICAN Hubs in Collaboration with UNICEF



WASHFIT Training of Trainers Report

12 – 15 June 2023

The purpose of the training is to capacitate IPC and WASH experts who are member of Infection Control Africa Network (ICAN) from different ICAN regional hubs.

Specific objectives

Enable the participants:

- To understand the backgrounds of WASH in HCFS and the linkages with health programs
- To understand WASH FIT approach, its importance, the tool, how to adapt and apply it
- To understand the technical domains of WASH in HCFs including climate resilience, gender and social inclusions (second edition elements)
- To demonstrate WASH in HCFs assessment, risk analysis, improvement planning
- To facilitate cross learning among the participants and create well informed and skilled trainers that could train others at different level

Training period, place and participants

The training was conducted for three and half days during 12 – 15 June 2023 in Sapphire hotel, Addis Ababa. A total of 17 participants (60% female) attended the training from 10 countries (Botswana, Cameroon, DRC, Egypt (virtual), Ethiopia (6), Madagascar, Nigeria (3), South Africa, Tanzania (virtual) and Zimbabwe.

The training was facilitated by Kebede Eticha and Netsanet Kassa from UNICEF and Molla Godif (MoH).

Summary of the training schedule

Day I: Introduction and WASH FIT background and methodology

Day II: Facility Visit, group work on the visit and WASH FIT methodology continuation

Day III: Adult education and participant lead session's preparation

Day IV: Presentation on Technical module (Climate and gender), action planning, evaluation and wrap-up

Training methods: interactive and engaging including use of participant led sessions

Day I: Introduction and WASH FIT background and methodology

Welcoming and opening remark

Ms Anna Vordan, ICAN Executive director, welcomed the trainees and facilitators, and noted the importance of the training. Asked the trainees to be attentive and participate, with the expectation to train others after this training. Remark made by ministry of health environmental health unit represent, Mr Yimanu Adane.

Then trainee self-introduced their name, country and ICAN hub represented, experiences in WASH and IPC in health care facilities among others.

Training expectations

- To understand, what WASH-FIT is and the linkage of WASH IPC in HCFs
- To understand the new aspects of WASH-FIT approach, potentially better ways of achieving results and gain the skills to facilitate.
- To learn more about IPC and WASH tools of implementation and more
- Get capacitated and empowered in WASH FIT concepts
- To be able to cascade training to other IPC focal and improve WASH and IPC in all HCFs

Overview of WASH in HCFs

What were addressed?

- Background of WASH in HCFs and gaps related to the services which include poor WASH services and management as well as sustainability of the services
- Factors related to the problem – lack of structure, program integration, training, standards and tools, seasonality of WASH and IPC practices, lack of budget, shortage or turnover of cleaning staff and lack of commitment of leadership or management
- Global target and metrics including basic, limited and no service levels
- Latest global and regional data

It was noted that facilities in rural and remote areas have big gaps. And need to address WASH and IPC together. In Botswana, lack of standard affects the intervention provided by service providers. In DRC, there is vast WASH program.

WASH in HCFs linkages with health program

The presentation on this addressed the linkages with quality of care (QoC), in reference to the seven elements of health care quality dimensions including safety, efficiency, effectiveness, people centered services and equity. Group discussion based on scenarios cases were conducted to identify the quality dimension that can be compromised for different cases. ***It was noted that WASH services is linked to ALL elements of dimensions of quality.***

The linkage of WASH and IPC also reviewed in relation to the common domains of WASH and IPC in basic precaution (cleaning, waste management and hand hygiene), WASH as element of build environment (some consider it as hard ware of a computer, while IPC is software) and role for contact precautions. It was noted that – ***No IPC can be practiced without WASH, thus an integrated approach of both interventions is critical.***

The linkages with AMR also discussed and it was noted that inappropriate disposal of expired drug could contribute to AMR.

WASH FIT introduction and methodology

The contents of the session include:

- Defining what WASH FIT is?
- Approaches and scope of the tool including the WASH domains
- The five process steps

Establishing and training team

Group discussion on member, roles and challenges to the team

Members: it was noted that there is difference in size and composition in different health care facilities, to diversify team members, assigning specific responsibility for each member of the team, and optimism size in different levels of facilities. The list of members identified include hospital manager, IPC focal, quality improvement officer, environmental health officer, administration and procurement officer, housekeeping manager, and community representative.

Roles: having full responsibility for WASH FIT implementation including assessment and identifying gaps, plan, implements, monitor and review, capacitating worker and documentation.

Challenges: lack of support of leadership and collaboration, staff shortage including lack of expert in WASH, and existence of multiple teams working in different topics. Also professional bias of team members, budget constraint, time for the team to meet, .

WASH FIT assessment

Three groups of the trainee were created to conduct exercise on assessment using the tool. Each of the team provided with two domains to review the variables and practice the scoring method.

This was followed by briefing on the practical facility visit conducted on the second day morning session.

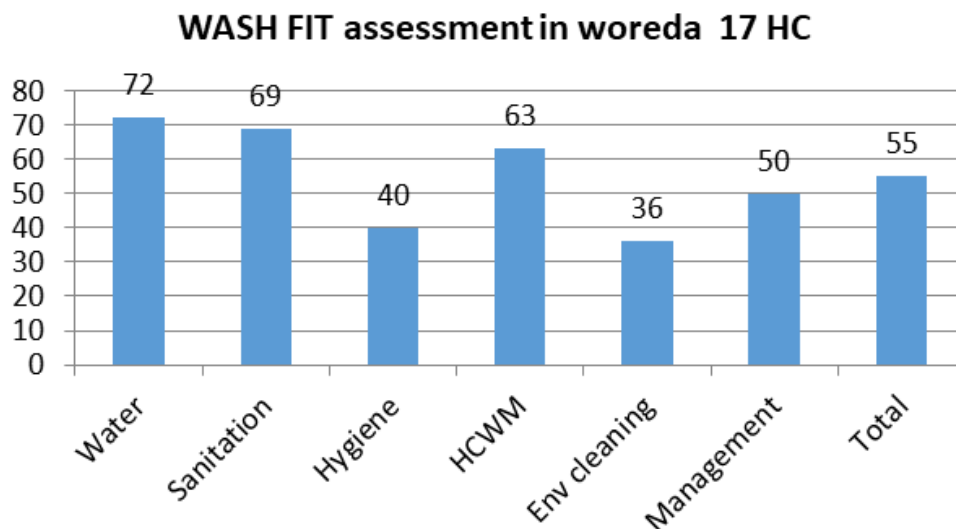
Day II: Facility Visit, group work on the visit and WASH FIT methodology continuation

Recap of day I sessions was conducted using selected questions to the participants on different topics.

Then a visit to nearby health centers in the city was made. Below picture indicates the director of the facility making briefing to the trainee. The trainee conducted brief assessment per their respective group domains.



On return the groups made scoring and gaps identification and presentation of their findings. Below is the summary of the findings:



Some of the gaps in each domain were:

Domain	Gaps
Water	<ul style="list-style-type: none"> - Water is not available in some of the services area - Residual chlorine in the drinking water not tested - Some of the tapes were non-functional - Drinking water stand was only found in few locations
Sanitation	<ul style="list-style-type: none"> - Lack of access to toilet as some are locked - Lack of accessible toilet for disable people - Un-functional hand washing station
Hygiene	<ul style="list-style-type: none"> - Hand washing facilities not available in all of patient care areas - Wet bar soap in almost all the hand washing stations - Soap containers not labeled - Hand hygiene compliance not monitored
Waste management	<ul style="list-style-type: none"> - Improper labeling of waste collection bin - No reminder on waste segregation and use of PPE - No strategy on waste reduction - Lack of bin at some points of care - Not all staff vaccinated against HepB
Cleaning	<ul style="list-style-type: none"> - Lack of cleaning policy or protocol - Some toilets are not cleaned daily - No cleaning monitoring - Biofilm seen on water containers - Shortage of cleaners - Improper cleaning procedure linked to low awareness
Management and workforce	<ul style="list-style-type: none"> - No structure and job description for staff regarding WASH - Gap in documentation - Shortage of supplies - Communities not consulted

Risk analysis and prioritization

The session on risk analysis and planning was followed.

This involved defining the associated risks with each of the gaps identified and risk scoring. And group exercise on risk scoring was made. Reflection was made on priority intervention plan to consider the severity of the problem (risk), and feasibility in terms of time and cost.

Improvement planning and implementation

Detail activities plan to be identified for each of the priority gaps including quantity, budget, responsibility, timeline. The implementation process to involve validating the plan, get leadership endorsement, communication and engaging facility staff (launch), ensure shared intervention responsibilities ordering the activities in time and logical flow, resource mobilization, procurement, construction and maintenance, SoPs, training and implementation progress monitoring

Question was asked regarding the criteria for facility selection to introduce WASH FIT? In response, suggestion to consider facilities being used by many clients, needs improvement interventions, leadership readiness, partners support etc

Role play was made by each of the groups on the topic of influencing a leader to get buy-in, support and adoption of the WASH FIT. In reflection to the role plays, it was highlighted the need to inform on what problem the tool helps to address (HAIs, uptake of services, and its importance. The discussion with the leader should lead to wayward action points. It was also noted on the need to communicate on the concrete plan to move forward. And the need to plan advocacy messages very well.

Day III: Adult education and participant lead sessions

Recap of day II was made through brainstorming of the contents of day II sessions.

Reflections were made on the facility visit which includes:

- It provided opportunity for practical experience of using the tool
- The importance of multi-disciplinary team in doing assessment, so that the objectivity of the assessment can be assured
- Suggestion on the need to make the variables of the assessment tool to be specific, so that could limit potential bias on doing scoring
- Need to include some IPC relevant indicators into the tool
- The need to make thorough assessment of the facility for doing scoring and gaps identification
- One visit is not enough to conduct thorough assessment in the facility, require adequate time
- Need to be cautious of objectivity of scoring (possible bias)
- Post facility visit reflections were good learning experience

Question was asked regarding the criteria for selecting a facility for WASH FIT implementation. In response, suggestion made to consider high service delivery facilities and where considerable improvement is required as well as the interest and readiness of facility leadership and stakeholders engagement.

The daily session proceed with adult education and learning presentation and reflections by the trainee.

Adult education (by Anna)

The contents of the session included:

- Adult learn differently than the way children learn
- Passion should be there; make education relevant; integrate experience and let trainee to explore themselves, keep avenue open for feedback
- Different learning style (visual, auditory, reading and writing,, kinesthetic), Kolb's learning style
- Characteristics of adult learner (motivation, readiness, experience, self-direction, orientation)
- Best practices in adult learning, what make a good learning experience

- Considerations when working with adult learner and methods of training
- Seven laws of effective training
- Personal qualities of teacher or trainers (engaging, focus on collaboration, punctual...)
- Barriers to learning (culture, hierarchical, languages, lack of training resources, time shortage...)
- How to evaluate and understand how to act

Also briefing made on training process: preparation, delivery and follow-up.

Participant led session

- The purpose was for the trainees to demonstrate preparing a session and facilitate
- Each of the trainees were given a domain and specific objectives to prepare their session plan and presentation including defining targeted audience, key learning points and methods
- One hour is given to prepare their session on the topic reviewing available resources
- Prepare session plan with purpose, objectives, key learning points and methods to use
- Make 10 minute presentation and 5 minutes participants reflection and feedback

Accordingly the trainee facilitated their session per the allocated time of 15 minutes. The topics of the presentations by domain include:

Water	Minimum requirement and water quality Safe plumbing, simple improvement that can be made Spotlight on legionella
Sanitation	Minimum requirement; safely managed sanitation and sanitation technologies; Links with AMR
Hygiene	Golden rules of hand hygiene; essential moments and techniques Multimodal strategies to hand hygiene
Health care waste management	Importance, waste categories and associated risks Management processes from generation to treatment and disposal Terms and concepts; Organized approach
Cleaning	Cleaning procedures Tools and equipment and monitoring Disinfection and chemical preparation
Management and workforce	Key elements of management function – structure and team establishing, policy/SoP, HR including staff motivation, budgeting, procurement and supplies, training, planning, implementation, monitoring and review



Reflections

- Shower requirement in inpatient (1:40) is considered to be insufficient
- Food waste in health care facilities to be considered
- Avoiding air dry after hand washing, use tissue paper
- Floor is the low touch area which has to be cleaned last
- Clean high touch surfaces frequently
- Health workers in contact with patients need to wash hand up to 60 times in a day
- If you touch diarrhea patient, always wash hand with water and sanitation
- Observe hand washing using checklist
- How to calculate hand washing compliance, should be at least 80% and it should be done monthly
- Concern over improper use of disinfectant as observed during the facility visit

Day IV: Presentation on Technical module (Climate and Gender), action planning, training evaluation and wrap-up

Following the recap of previous day sessions, presentations were made on the remaining two cross cutting modules:

- Gender equity and social inclusion (GEDSI)
- Climate resilience

And brief presentations on Kobo tool box.

Trainees' action plan

- Advocacy with relevant stakeholders including partners
- Review and adapt the tool to fit national context and include other indicators (like Nigeria)
- Practice use of the tool at facility level
- Plan and organize ToT to roll out to ICAN members
- To influence combining WASH and IPC tool (Madagascar)
- Training for cleaners, hygienist member of IPC
- Include WASH FIT in IPC training curriculum
- Liaison with national network (NCDC) and other institutions to extend the reach

Training feedback and closing remark

Feedback provided by member of the trainee as it was an excellent, practical and gained considerable knowledge and experiences. The expectations from the training were met and also enabled to understand the complementarity of WAS and IPC. Need to capacity ICAN hub members on the tool

Closing remark was made by the MoH representative of Ethiopia, thanking all for organizing the training. It was noted the training roll out and implementation in selected facilities in different region is identified.

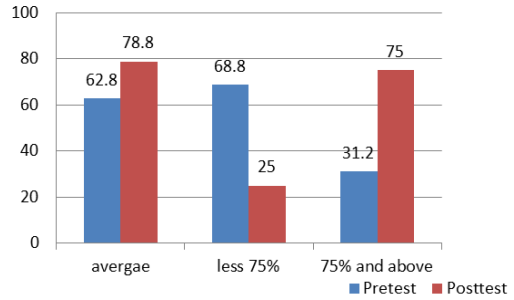
UNICEF country office focal also thanked for the collaboration on this training and make case on the linkages with IPC.

Training evaluation

Pre and post test

The average score of the trainees increased from 62.8% on pretest to 78.8% on posttest. The proportion of trainees who scored over 75% increased from 31.2% on the pretest to 75.0% on the post test.

Percentage of trainees with score on pre and pst test

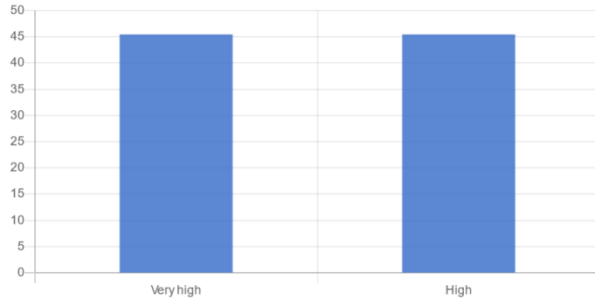


Training evaluation and feedback

Below diagram presents the response of the trainees to the questions on Kobo toolbox.

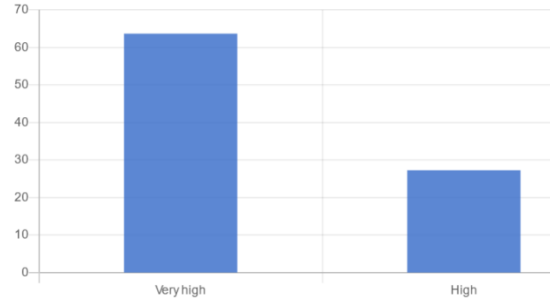
How was the training interesting

TYPE: "SELECT_ONE". 10 out of 11 respondents answered this question. (1 were without data.)



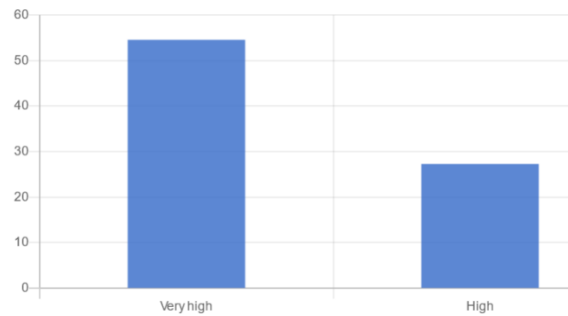
How was the training useful

TYPE: "SELECT_ONE". 10 out of 11 respondents answered this question. (1 were without data.)



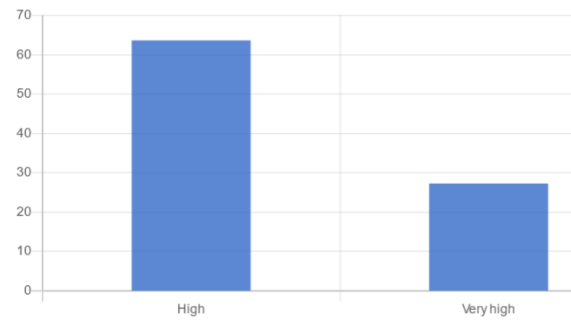
What you learn from the training

TYPE: "SELECT_ONE". 9 out of 11 respondents answered this question. (2 were without data.)



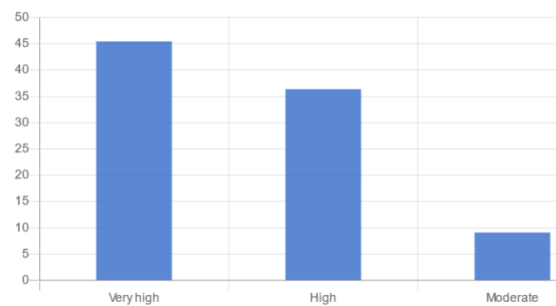
Meeting the objectives of the trainings

TYPE: "SELECT_ONE". 10 out of 11 respondents answered this question. (1 were without data.)



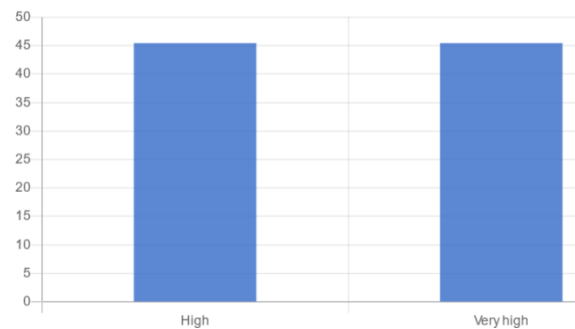
How suitable are the teaching methods (in person)

TYPE: "SELECT_ONE". 10 out of 11 respondents answered this question. (1 were without data.)



Your understanding of WASH FIT

TYPE: "SELECT_ONE". 10 out of 11 respondents answered this question. (1 were without data.)



In which topics would you like to have more information and learning?

IPC, risk scoring, climate resilience and Kobo toolbox

What lessons do you consider from this training process?

- The possibility to adapt the tool like use it in specific area
- IPC and WASH can not be separated, WASHFIT TOOL is very helpful
- Employing various learning methods and making training participatory
- The link between Wash and IPC, AMR and IPC, climate change
- WASH FIT tool will help the HCF improvement and will also used as Ladder to reach SDG goal

Comments provided

- The training duration should have more days because there is a lot to be covered
- Assessment tool to be revised especially on indicators, they must be specific
- Increase the time for the participants led session preparation and presentation
- It's impressive. May be if we make the assessment tool to the point and avoid any subjectivity during the measure

Annexes - List of trainees

SN	Name	Email	Country
1	Anna Vordan	anna@icanetwork.co.za	ICAN HQ
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