

Iraq WASHFIT Training Report



Purpose:

To conduct training of trainers, who will be responsible to rollout the training and implementation in their respective zones across Iraq.

The objectives of the training include:

- To inform on the backgrounds of WASH in HCFs at global, regional and national status and the linkages with health programmes.
- To create understand of WASH FIT, its approach and implementation including how to adapt and apply it in a range of different settings.
- To demonstrate WASH FIT assessment, risk analysis and demonstrate improvement planning.
- To enhance understanding of the technical domains of WASH in HCFs
- To facilitate cross learning among the participants and create well informed and skilled trainers that could train others at different level.

Training participants and period:

A total of 12 participants (annex 1) which included local staff from public health directorates, health officers from selected PHCs, UNICEF and WHO staff were attended the training from 20–23 October 2024 at Public Health Directorate.

The training was facilitated by master trainer (Hussein Al Azzawi, WASH Specialist at country office) and co-facilitators Dr. Alyaa Mohammed from WHO country office, while the coordinator of the training Dr. Ehab Salim appointed from MoH.

Summary of the training schedule:

Day 1: Training startup which included opening remarks, program description, expectations, and pretest assessment for the participants. Presentations were made on background of WASH in HCFs, Global and regional perspectives on WASH in HCF, national context and WASH FIT introduction as well as overview of WASH FIT: technical modules, 5 step methodology, benefits of the methodology and factors of success. Definition, purpose and what is new in WASH FIT, where we're now? WASH-FIT Technical modules – an overview of relevant WASH standards (water, sanitation, hand hygiene, health care waste management, environmental cleaning).

Background of WASH in HCFs national context:

The UNICEF facilitator briefed the trainees on the importance of fully functioning water, sanitation, and hygiene (WASH) and health care waste management services, which are critical for infection prevention and control (IPC) practices, ensuring patient safety, and maintaining quality of care. These services are essential for creating an environment that upholds the dignity and human rights of all care seekers, particularly mothers, newborns, children, and caregivers. WASH and waste services also play a vital role in preventing and effectively responding to disease outbreaks, with the COVID-19 pandemic serving as a notable example. The lack of WASH facilities in health care facilities (HCFs) threatens the safety of patients and caregivers and has environmental consequences, especially with large increases in health care waste. In short, WASH is a foundational element for improving quality across the health system.

The absence of services and systems to enhance WASH in HCFs compromises caregivers' ability to provide safe and quality care, placing both health care providers and patients at substantial risk of infection and loss of dignity. Unhygienic health care facilities lacking drinking water or functional toilets deter people from seeking care and undermine staff morale—factors that can significantly impact the control of infectious disease outbreaks.

Climate change and its impacts on WASH and health services, along with gender-specific needs and equity in service provision and management, require urgent attention, adaptable tools, and regular monitoring.

Based on results from the baseline assessment conducted across HCFs, found that 1 out of 3 healthcare facilities lacks access to basic water services, 1 out of 2 healthcare facilities lacks access to basic sanitation services, 2 out of 5 healthcare facilities lack access to basic hygiene facilities, 1 out of 2 healthcare facilities lack access to health care waste management, 1 out of 2 healthcare facilities lack access to environmental cleaning and 1 out of 2 healthcare facilities lack access to energy and environment.

Day 2: Overview of WASH FIT: technical modules, 5 step methodology, benefits of the methodology and factors of success.

- Divide in 2 groups, each group answered the following questions:

- Who should be responsible for WASH FIT activities?
- What external expertise would they need to bring in?
- What management structures or teams are already in place?
- How could they integrate WASH FIT into these structures?

In addition, WASH FIT methodology - assessment form and WASH FIT facility score- how to calculate score as the preparatory for the joint site visit to Babylon primary health care facility in Baghdad city?

Day 3: Conduction of a joint site visit performed assessment for the entire entity and filling the WASH FIT form in Babylon PHC by dividing the participants into groups in line with the seven domains. Also, briefing on use of Kobo toolbox and wrap up of the training. They indicated the general observations at the facility:

- The facility staff were very accommodative, cooperative, supportive and dedicated to duties.
- Team was given access to the different wards/areas in the facility to do their work.
- The facility is clean and conducive.
- Some of the gaps at the facility in areas of waste disposal, availability of water at dispensers, bathroom(s) in the labor ward, lack of maintenance of water systems and connectivity.
- It was observed that cleaners are in need for more orientations on the correct procedure for cleaning and disinfection protocol.



Community Discussion

Day 4: Debrief about the site visit – key findings, suggestions and observations from the field. The groups continued to work on the facility visit findings including scoring, visualizing the results and presentations at the presence of the facility representative. In details practice and filling the risk scoring and (3-5) steps for Babylon PHC with presence of the manager of the PHC to stand on the methodology of filling form, costing, short- or long-term improvement plans and time frame for completing the task.

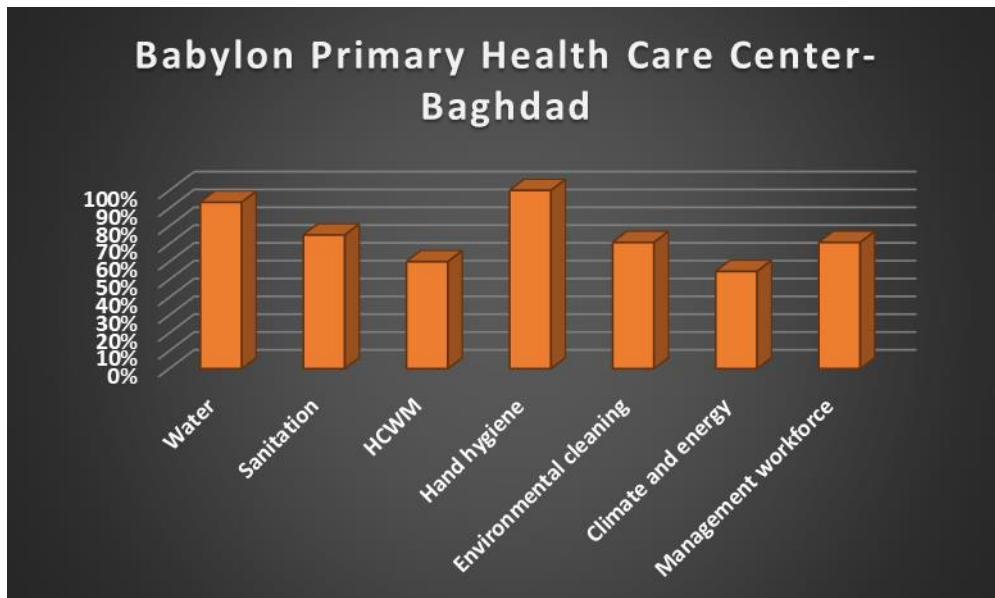


Figure 1: Risk Scoring

Training Pre and post test results:

here was a considerable improvement in the correct responses to most questions on the post-test compared to the pre-test, as shown in the graph below:

Questions:

Q1: What is the process of conducting a WASH FIT assessment in a healthcare facility?

- a) By ignoring community input
- b) By conducting a one-time assessment
- c) **By involving stakeholders and adapting the global version of the tool**
- d) By relying solely on external experts
- e) Define the term “WASH FIT” in the context of healthcare facilities.

Q2: Define the term “WASH FIT” in the context of healthcare facilities.

- a) Women’s Advocacy for Sanitation and Hygiene Framework
- b) Water, Air, and Sanitation Health Improvement Tool
- c) **Water and Sanitation for Health Facility Improvement Tool**
- d) Workplace Assessment for Sustainable Hygiene

Q3: True or false: the WASH FIT assessment should be adapted to the local context

- a) True
- b) False

Q4: Which of the following activities is part of the WASH FIT implementation process?

- a) Assemble and train the WASH FIT team in a healthcare facility.
- b) Conduct a thorough assessment of WASH in healthcare facilities.
- c) Identify gaps and prioritize areas for improvement.
- d) Develop and implement an incremental improvement plan Monitoring and reviewing the implementation.
- e) **All of the above**

Q5: Which of the following is involved in the adaptation of WASH FIT?

- a) Align indicators with national standards.
- b) Reduce or add missing indicators based on the needs and setting
- c) Use local terminology and language in translation
- d) Application of the tool focusing on selected WASH domains
- e) All of the above

Q6: Which of these is recommended for safely managing healthcare waste?

- a) Burning waste in an open pit
- b) Burying waste in the ground
- c) **Segregating waste into 3 categories and treating and disposing of each appropriately**
- d) Dumping waste in nearby water bodies

Q7: A facility should have sufficient water storage for how long in a non-emergency context?

- a) 12-24 hours
- b) **48 hours**
- c) 72 hours
- d) None of the above

Q8: What does a high-risk score (15 to 20) indicate in a WASH FIT risk assessment?

- a) The issue is of low priority and can be addressed as resources permit
- b) The problem has minimal immediate threats to health and safety
- c) The issue demands urgent action due to significant safety implications
- d) The problem is only relevant to external stakeholders

Q9: How does proper waste management contribute to infection prevention in healthcare settings?

- a) It increases the spread of diseases

- b) It decreases patient satisfaction
- c) It reduces the risk of infections
- d) It improves healthcare worker morale

Q10: True or False: WASH FIT recommends having an alternative energy source in healthcare facilities.

- a) True
- b) False

Q11: How often should a WASH FIT assessment be conducted in a health care facility?

- a) Once at the facility's opening
- b) **Biannually, or every 6-12 months**
- c) Every 5 years
- d) Only when there is a visible problem.

Q12: What is the main focus when developing an incremental improvement plan for a healthcare facility?

- a) To immediately resolve all identified issues
- b) **To prioritize high-risk issues and plan for both short-term and long-term improvements**
- c) To focus exclusively on long-term infrastructure projects
- d) To allocate resources only to areas visible to patients

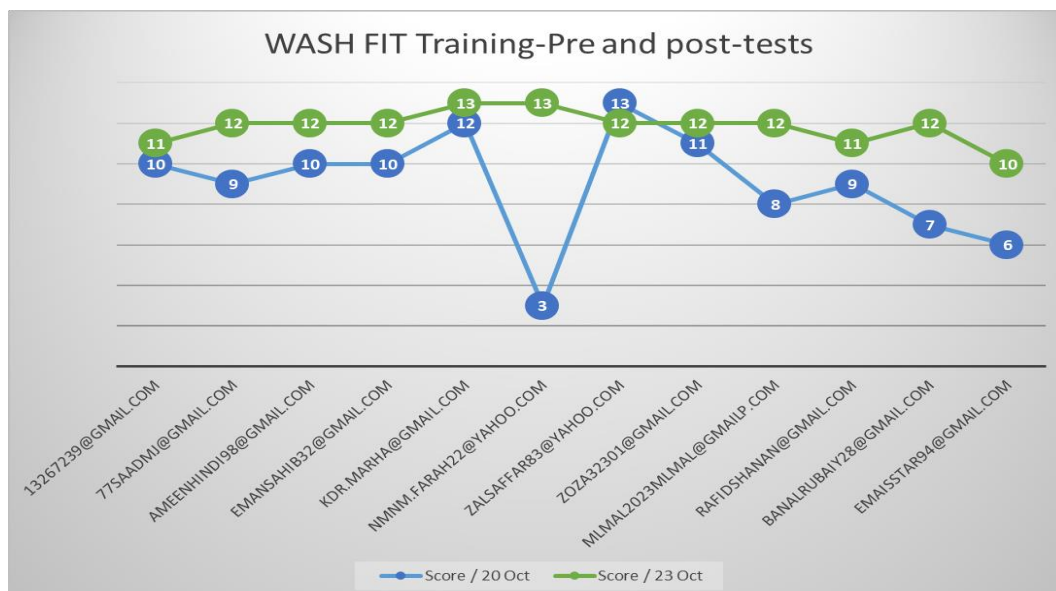


Figure 2: Pre& post assessment results