NIGERIA WASHFIT TRAINING REPORT

Training of Trainers, Keffi-Nigeria

20 - 24 November 2023

November 2023

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Overview:

WASH FIT national training was organized by the National Primary Health Care Development Agency in Nigeria in close collaboration with UNICEF and WHO and the training was held for five days from 20-24 November 2023. The purpose of the training was to conduct a training of trainers who will be qualified to facilitate WASH FIT training and support the implementation of the tool on three levels: national, sub-national, and facility levels.

The Objective of the training:

The training objectives are:

- To introduce the backgrounds of WASH in HCF including global and national status and the linkages with health programs
- To create an understanding of WASH FIT, its approach, and implementation including how to adapt and apply it in a range of different settings
- To learn about the 8 practical steps and the
- To demonstrate WASH FIT assessment, risk analysis, and improvement planning
- To enhance understanding of the technical domains of WASH in HCF including climate resilience, gender, and social inclusions (second edition elements)
- To facilitate cross-learning among the participants and create well-informed and skilled trainers that could train others at different levels.

A total of 25 participants from National and State Primary Health care Development Agencies (NPHCDA), Federal Ministry of Water Resources-Abuja, Rural Water Supply and Sanitation Agency (RWSSA) from both national and sub-national, UNICEF sub-national offices, WaterAid, Primary Health care officials from healthcare facilities in Keffi Town. The training lasted for 5 days and included field visits to three primary healthcare facilities in Keffi Town. The training was facilitated by Dr. Kebede Eticha and Job Ominyi from UNICEF, Nadia Abdalla, and Zita Monjoa from WHO-HQ and WHO-AFRO respectively.

The training started with opening remarks followed by participants' introduction, expectations, and program description and agenda (Annex 1 & 2), and pretest forms were administered to all participants (See Annex 3 for pretest form). Presentations and discussions were made on the background of WASH in HCFs, national context, and WASH FIT introduction and deep dive into the WASH FIT steps. On the second day, presentations were made on the crosscutting domains which are gender and social inclusion about WASH in HCFs. On day three (3), practical visits were made to three primary healthcare facilities to assess the 7 domains of healthcare facilities (water, sanitation, hand hygiene, healthcare waste, environmental cleaning, energy and environment, workforce, and management). This was followed by presenting the findings from the assessment, identifying gaps, and risk analysis for the selected indicators, and recommending an improvement plan to improve WASH, waste, and energy service in the visited primary healthcare facilities. Additionally, there was group work on participant-led sessions (PLS) to review available resources

and prepare short presentations on each of the technical domains. On the fifth day, a presentation was made on climate resilience and a demonstration of the use of the Kobo toolbox, which was followed by final sessions that included action planning, posttest, training evaluation, and evaluation.

DAY 1: WASH FIT Introduction and Methodology

The training started with a welcoming note by Job Ominyi, UNICEF WASH Officer in Nigeria. The trainees shared their expectations from the training and the responses are grouped into three themes as indicated below:

Theme 1: Knowledge theme

- WASH FIT tool
- Applying the tool
- Trained to be a WASH FIT trainer

Theme 2: Way Forward theme

- Improve WASH service on the HCF level
- Adopt the tool on the national and state level
- Integrate WASH with other health programs

Theme 3: Monitoring theme

- Using the WASH FIT indicator in the health monitoring system

WASH in HCF in Nigeria:

This session included a presentation on the progress of WASH in healthcare facilities in Nigeria, starting with the status of WASH services in the country, and categories of healthcare facilities in Nigeria Primary, Secondary, and Tertiary healthcare facilities. The categories are described below:

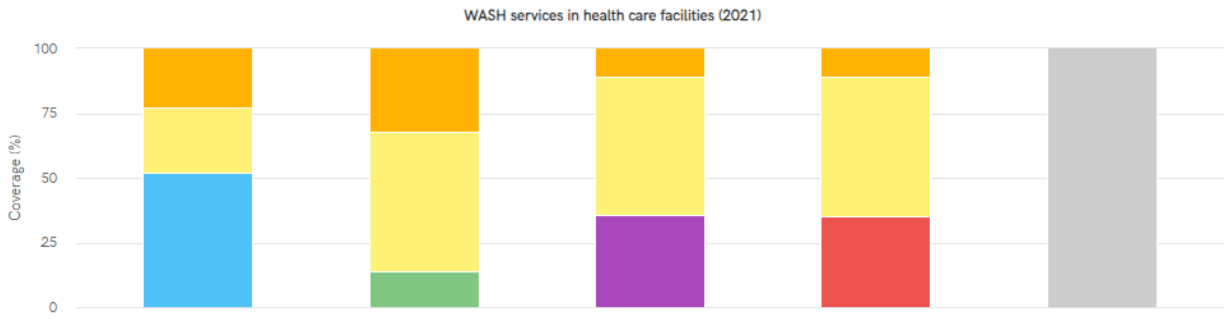
Categories of HCFs in the country

Primary Health Care	Secondary Health Care	Tertiary
Primary Healthcare (PHC), is a grassroots management approach in providing healthcare services to communities comprising health posts, PHC centers, and	Secondary Healthcare (SHC), an intermediary between the PHC and THC usually has a state management approach. It	Tertiary Healthcare (THC) is known as specialized consultative healthcare for advanced medical care.

comprehensive Primary Health care centers.	comprises General and Private Hospitals.

Only 6% of healthcare facilities have basic WASH services and that is divided to 18% in urban and 7% in rural. Those living in rural areas are about three times more disadvantaged than those in urban areas. The limited resources hinder progress in WASH in healthcare facilities but with strategic prioritization, the country can improve WASH service in healthcare facilities (Source: Nigeria Water, Sanitation and Hygiene National Routine Outcome Mapping (WASH NORM) 2022).

According to the JMP 2021 report, basic service coverage for water is 52% and 14% for sanitation with some disparities for urban and rural settings. Hand hygiene and health care waste management basic service coverages are 35% for both domains (Source: JMP (washdata.org))



Nigeria has a National Guideline on WASH in Primary Healthcare Facilities published in 2017 which is well disseminated. The country published an additional Guideline on WASH in Healthcare Facilities in 2022 but there is a gap in dissemination from national levels to state and local government levels for this specific guideline.

Module 1: WASH in Healthcare Facilities

The content of the presentation included:

- JMP indicators and definitions and JMP data on AFRO and Nigeria in water, sanitation, hand hygiene, healthcare waste management, and environmental cleaning in healthcare facilities. It was noticed in Nigeria, that sanitation services need a major improvement in healthcare facilities and more data collection on environmental cleaning services.
- Introduction of the 8 practical steps and Nigeria's progress on the 8 practical steps from 2020. (Source: Country Progress Tracker | WASH in Health Care Facilities (washinhcf.org)

COUNTRIES & REGIONS	SITUATIONAL ANALYSIS	BASELINE ASSESSMENT OR DATA	NATIONAL COORDINATION & ROADMAPS	WASH IN HEALTH CARE FACILITIES STANDARD	HEALTH CARE WASTE MANAGEMENT STANDARD	INFRASTRUCTURE IMPROVEMENTS	WASH INDICATORS IN NATIONAL MONITORING	WORKFORCE DEVELOPMENT	COMMUNITY ENGAGEMENT
Nigeria									

- The participants identified the gaps in the progress and the need to draft a Road map on WASH in healthcare facilities, integrating WASH indicators in health monitoring systems, workforce development, and community engagement. The country has made progress since the updates from 2020 on the 8 practical steps.
- WASH in HCF linkages with the health programs and related guidance, and the reflection on the linkages of WASH and Infection, Prevention and Control (IPC), Antimicrobial resistance (AMR), and Maternity and Child Health.

Session on the WASH FIT methodology

This session is the core part of the training, and it covers:

- Introduction to WASH FIT, its approach, and its implementation process. It was noted that the first version was introduced in some countries
- Group work on step 1 of the tool – establishing and training team
- Familiarizing the participants, organized into groups by domain, with the Excel assessment tool
- Demonstration of scoring for each of the variables and gaps identification
- Presentation and exercise on risk analysis, prioritization, and improvement planning
- Monitoring and review of the implementation

DAY 2: WASH FIT Methodology & GEDSI Modules

The second day continued with the WASH FIT methodology and the Gender, Equity, and Disabled & Social Inclusion module.

WASH FIT steps:

Step 1: Establishing teams:

The participants were divided into groups following step 1 from the WASH FIT methodology module. The participants carried out an exercise on identifying the team members in primary healthcare in Nigeria and their roles and responsibilities. This included the identification of challenges that might be encountered by the team in primary HCFs.

The list below includes the key members of the facility.

- Facility in charge: Coordination
- Environmental Unit:
- Immunization unit
- ANC and Family planning unit
- Chief Cleaner/Janitor: Ensure proper use of chlorine solution to clean surfaces
- Nurse/midwives: Implementation of WASH and IPC component
- operation and maintenance Officer: Oversee all operations and maintenance of materials and equipment
- WASH Focal person/Communication: Support monitoring and evaluation

- Community members

The trainees identified challenges in the primary healthcare facilities:

1. Inadequate human resources and capacity of the team.
2. Lack of financial motivation
3. Inadequate infrastructure
4. Lack of compliance

Step 2: Assessment

In the follow-up to the presentation on the contents of the module, groups of participants went through the Excel tool to understand the contents and question types, practice scoring, and find the overall score by the 7 domains. The participants worked on in their perspective groups: water, sanitation, hand hygiene, healthcare waste management, environmental cleaning, energy and environment, management and workforce.

The teams started by familiarizing themselves with the contents of the assessment tool and practicing how to use and fill the tool. The teams deep-dived into their different domains and understood the definition of the scoring for each indicator. This exercise included brainstorming on adding or excluding indicators that are not relevant to the country's context. The exercise included a case study to assess a healthcare facility in the 7 domains and scoring the given indicators.

Gender, Equity, Disabled, and Social Inclusion (GEDSI) Module:

This session included understanding the definition of marginalized people and associated reasons for this group to be marginalized. This empathy exercise included a brainstorming exercise to identify the barriers in terms of accessibility, acceptability, utilization and quality of care, and engagement. This was followed by identifying the importance of integrating GEDSI in the 8 practical steps and designing WASH, waste, and electricity services in healthcare facilities. The session included tips and challenges to be addressed in planning for meetings aimed at including marginalized groups.

The session included an interactive exercise to brainstorm on the participatory barrier analysis by assessing the facility, understanding, and assessing barriers for all individuals. The barriers to inclusion were identified by the participants in the national context in tits four themes: physical/natural barriers, physical/infrastructure barriers, policy/institutional barriers, and social/ cultural attitudes.

DAY 3: Healthcare facility visit and assessment

The third day was dedicated to the healthcare facility visits, assessment of the facilities and presentations of the findings.

Facility visits and assessment:

A practical visit to three primary healthcare facilities in Keffi town was organized and a briefing was provided to the participants on how to proceed with the assessment exercise. The participants were divided into three groups and were assigned to assess the 7 domains in the visited primary healthcare facilities.

The trainees were asked to conduct:

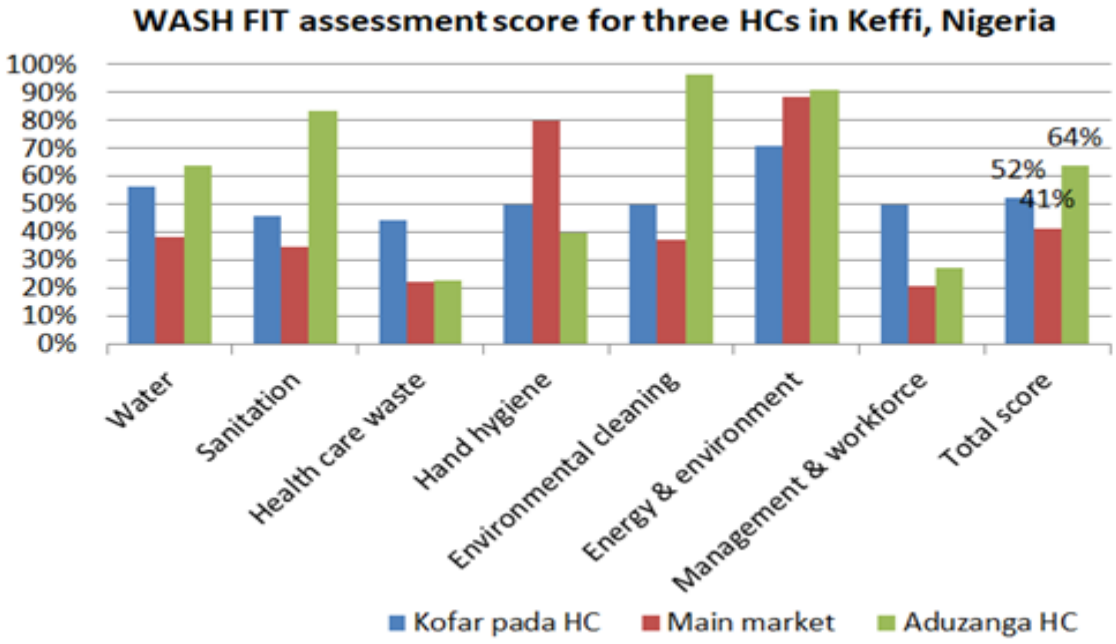
- Scoring for each of the questions of the domain and identifying the gaps
- Conduct a risk analysis of the gaps by identifying associated risks for each of the gaps
- Risk scoring based on the severity and likelihood of occurrence
- Prioritizing the gaps based on the risk score
- Preparing an improvement plan using questions on the Excel tool

Below is the summary of the assessment of the three primary healthcare facilities and the findings for each facility; JMP service levels for WASH services in the three primary healthcare, the overall score of the 7 domains (water, sanitation, hand hygiene, healthcare waste, environmental cleaning, energy/environment, workforce/ management), and the proportion of met indicators in each domain for the three primary healthcare facilities and risk analysis for selected prioritized indicators.

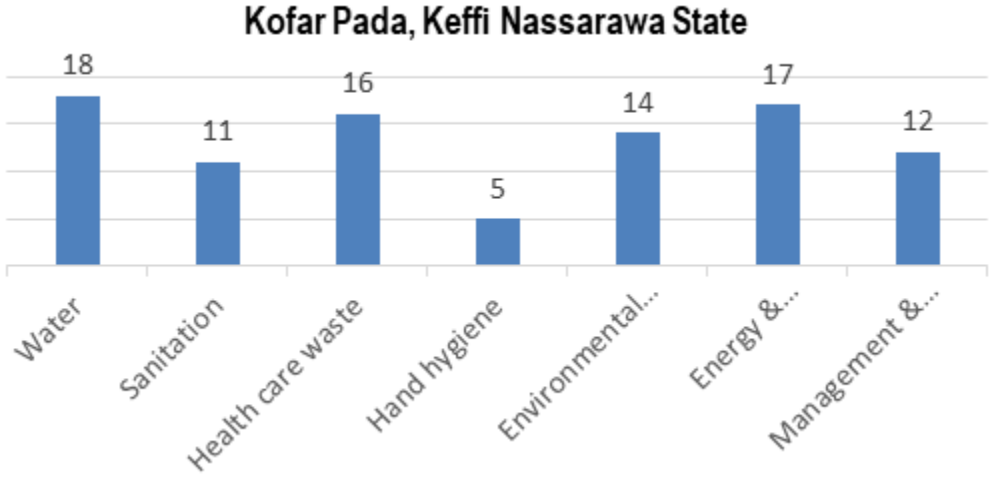
The below table shows the WASH service levels for the three visited facilities based on the JMP definition. It is noted that the three visited primary healthcare facilities have limited-service levels for sanitation, hand hygiene, healthcare waste, and environmental cleaning according to the JMP definition. The water service level in the three facilities is a basic service.

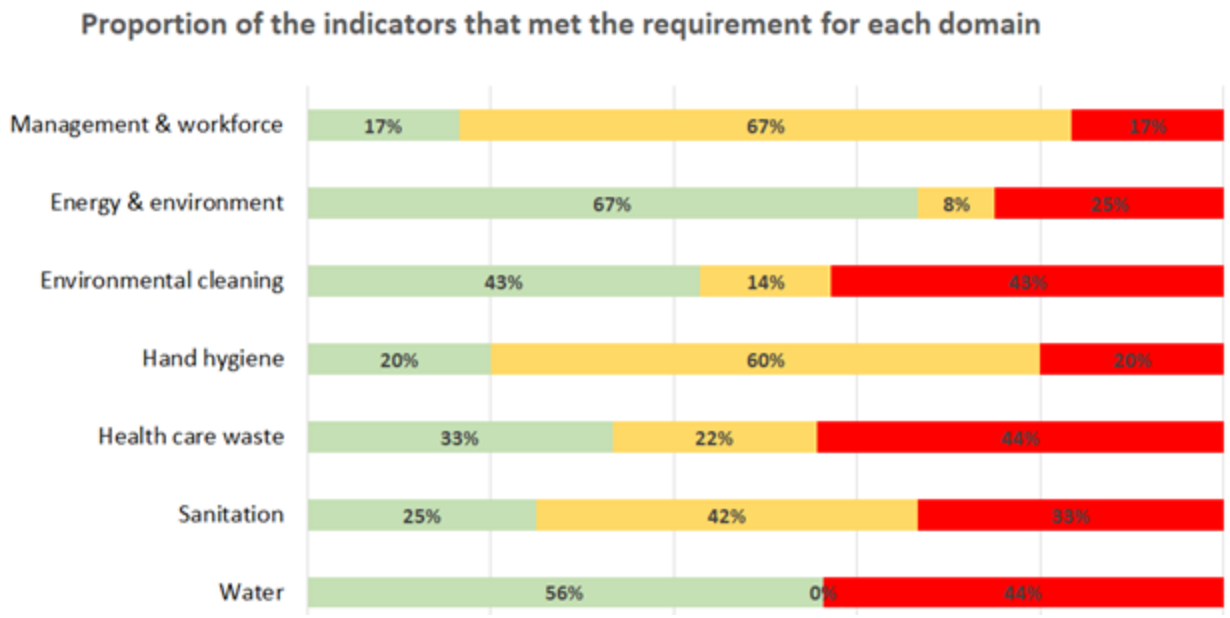
Facility	Water	Sanitation	Hygiene	HCWM	Environmental Cleaning
Kofar Primary Healthcare	Basic	Limited	Basic	Limited	Limited
Primary Healthcare in Main Market	Limited	Limited	Basic	None	None
Aduzanga Primary Healthcare	Basic	Limited	Basic	None	Basic

The below figures illustrate the overall score of the 7 domains for the three primary healthcare facilities and are followed by figures demonstrating the scoring of the indicators for each domain for the three facilities.

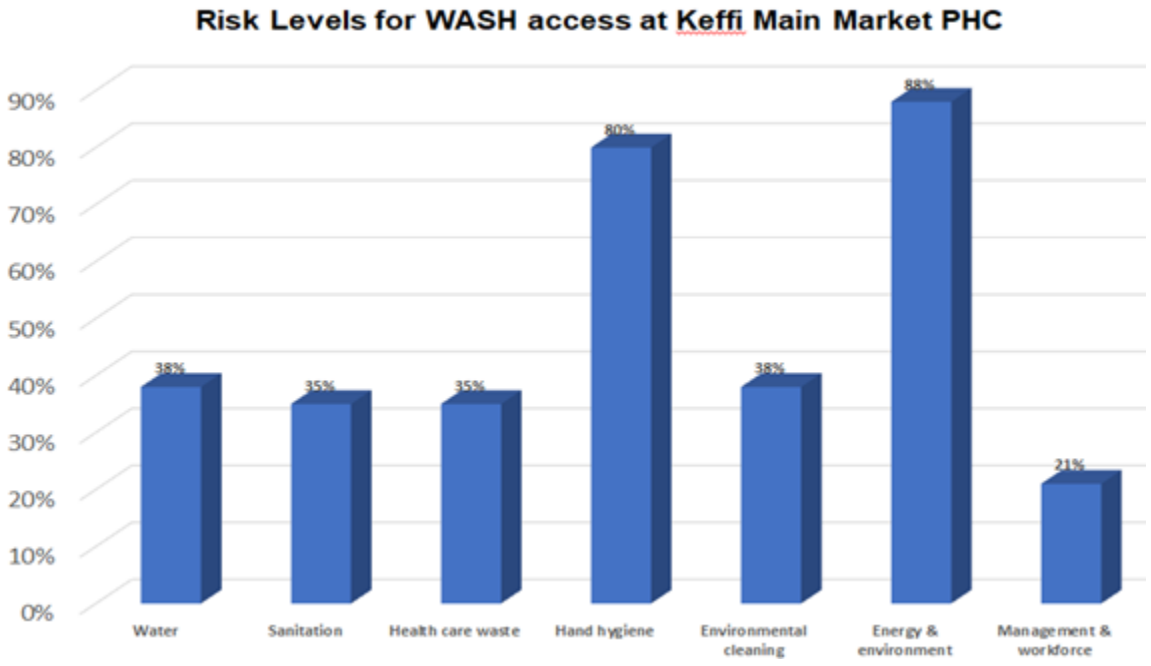


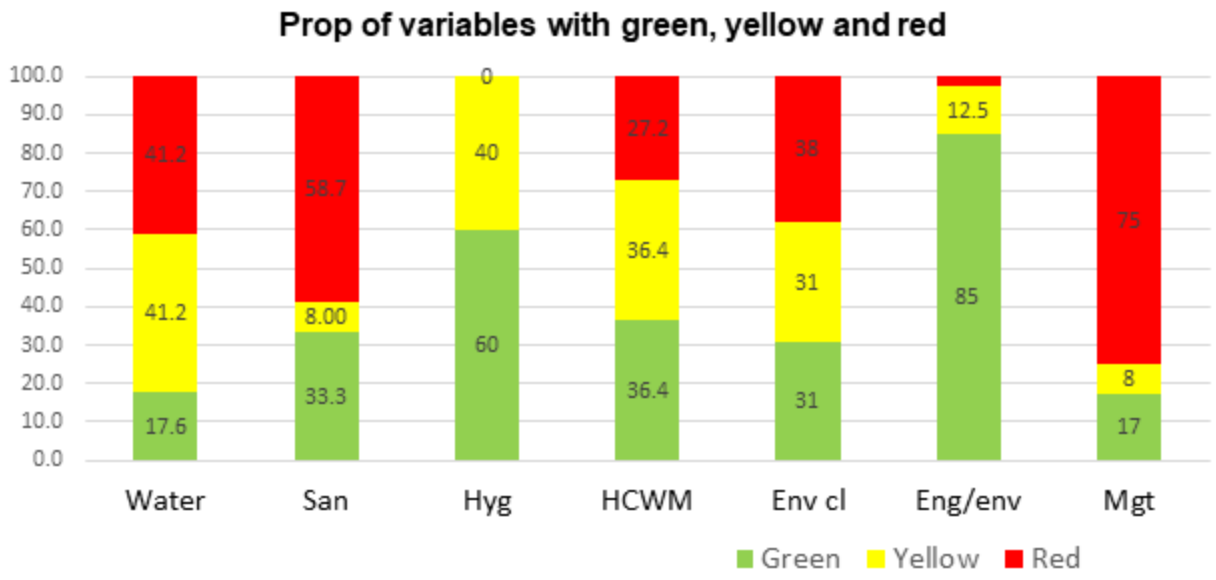
Kofar Primary Healthcare:





Primary Healthcare in Main Market

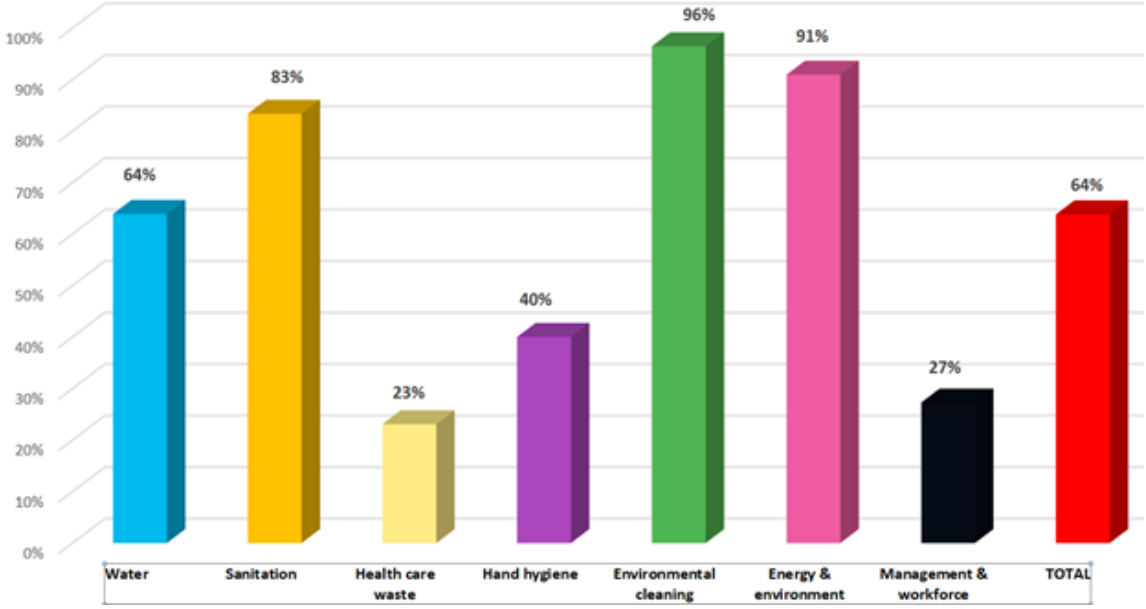


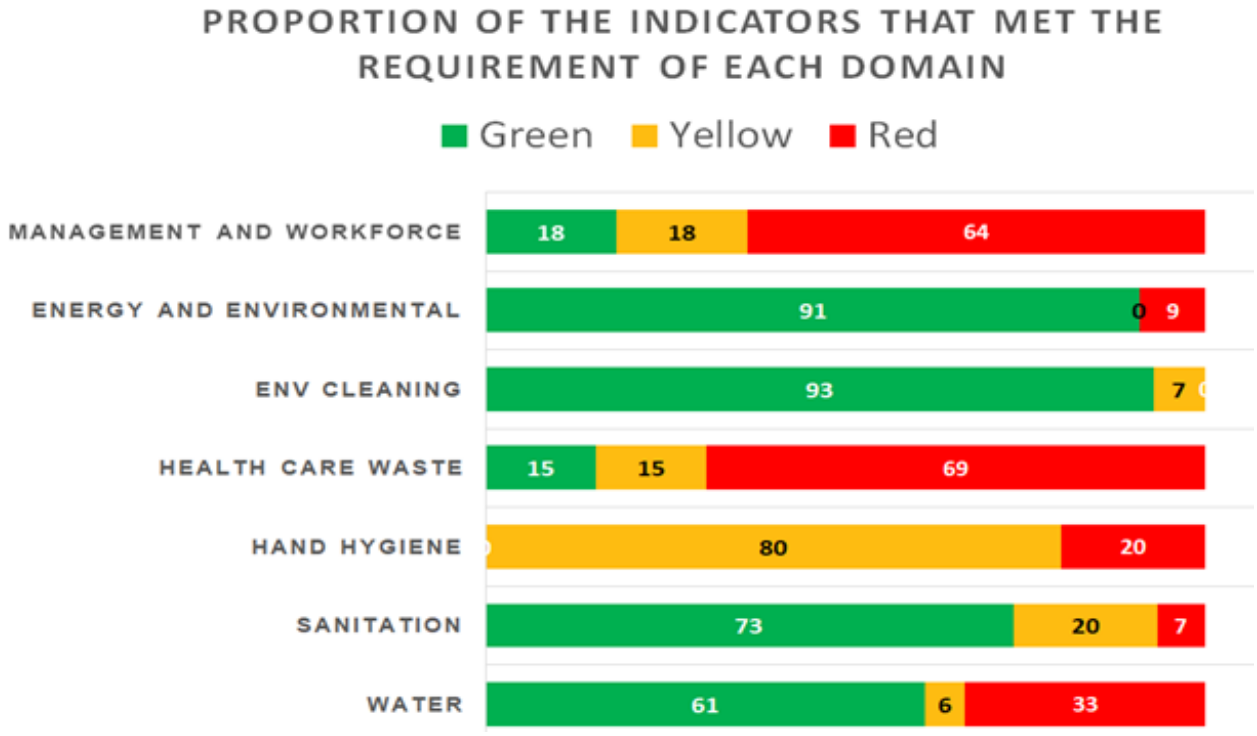


This table lists the identified gaps and risk analysis of these gaps in Primary Healthcare located in Keffi's main market.

Gaps identified	Associate risk	Severity of the risk	Likelihood	Total score	Risk level
Less than half of all taps are connected and functioning	Spread of infections	10	5	15	High
No separate toilet exists for staff use, or toilets are unimproved	Marginalization/ none use of toilet	5	5	10	Medium
Functioning hand hygiene stations available in some but not all areas.	Diseases transmission	10	5	15	High
Adequate PPE is available at all times and in sufficient quantities for all cleaning staff	PPE not adequate	5	5	10	Medium
Functioning hand hygiene stations available in some but not all areas.	Contamination	5	5	10	Medium

Aduzanga Primary Health Care





The participants used the results from the assessment to draft an action plan (See Annex 4) and a summary of the action plan is highlighted in the below sections.

DAY 4: Participants led sessions (PLS)

The fourth day focused on participants-led sessions. The purpose of this session is to encourage the participants to demonstrate, prepare, and facilitate a session on different technical modules. The provided guidance included:

- Identify the audience for the session
- Review available resources including referring to the portal
- Identify learning objectives and points
- Methods to use for the training facilitation
- Preparing and delivering their presentation per the time allocated

Simulation exercise was done for each domain; Water, sanitation, hand hygiene, healthcare waste, environmental learning, and Management/workforce. The primary goal of the simulation exercise is to assess and enhance preparedness, knowledge, and response capabilities in various domains related to healthcare. Each domain was assigned to a specific group of participants and the sessions for each domain were chaired by members of the respective groups. Chairpersons were responsible for facilitating discussions, managing time, and ensuring the smooth flow of the presentation. Participants gained valuable knowledge and insights from the simulation exercise and presentations, fostering a culture of learning and knowledge exchange.

DAY 5: Climate Change Resilience, the Kobo toolbox, Action Planning and Training Evaluation

The final day included sessions on climate change resilience in healthcare facilities, how to use the Kobo toolbox, drafting an action plan for the three levels, and evaluation of the training.

Kobo toolbox session

During the session, participants received information about the application of the Kobo toolbox for digital data collection and sharing. This included an overview of the Kobo toolbox, a free and open-source platform for data collection and sharing. The session also covered the similarities between the Excel and Kobo WASH FIT form, as well as the step-by-step process for using Kobo, including form creation, editing/modifying and deploying forms, sharing the link for data collection, and practicing these steps by the participants. Additionally, participants learned about viewing data and generating reports, as well as the process of downloading collected data.

Training evaluation

Pre and post-test results

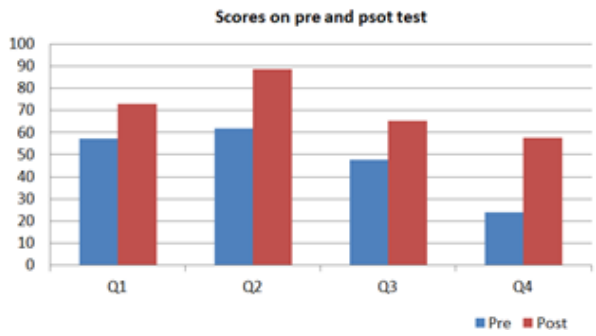
The trainees made considerable improvement in their scores in the post-test compared to the pre-test. The average score on the pre-test was 55.0% and the average score on the post-test was 67.0%. Find the pre and post-test in Annex 3.

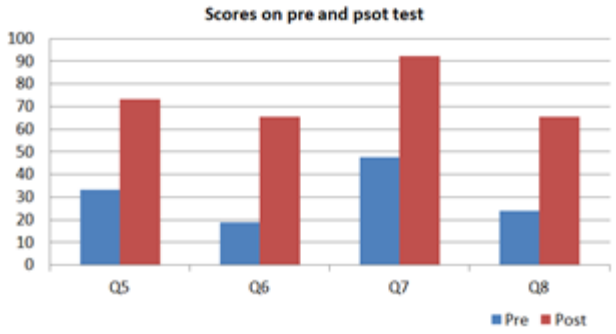
All 25 participants scored less than 15 out of 20 marks and 11 participants scored higher than 15 in the post-test. See the table below for the detailed results.

	Pretest		**Post-test**	
Scoring (out of 20)	**Number of participants who answered correctly**	**Total percentage of participants (total number of participants is 25) %**	**Number of participants who answered correctly**	**Total percentage of participants (total number of participants is 25) %**
<10	3	**14.3**	1	**7.7**
10,-15	18	**85.7**	13	**50.0**
16-20			11	**42.3**
Total	**21**		**25**	
Lower	5		5	
Higher	15		19	

The below graph visualizes the result for some of the questions listed below:

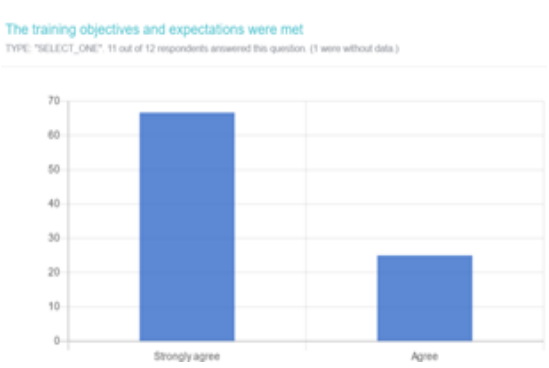
Q1	Importance of WASH in HCF
Q2	Processes of WASH FIT
Q3	Water basic service indicator
Q4	Water storage capacity
Q5	Water quantity requirements
Q6	General waste proportion
Q7	Waste bins
Q8	Climate resilient sanitation tech

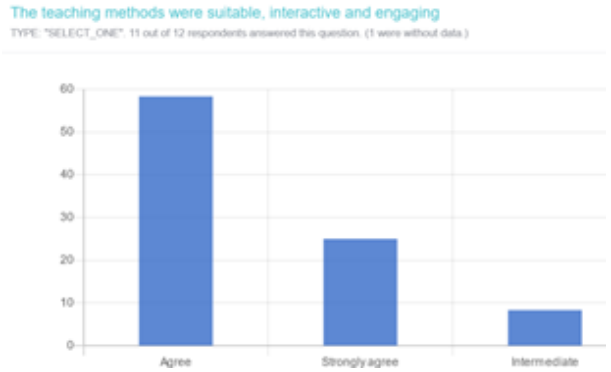




Training evaluation and feedback

The participants provided positive feedback regarding the training process, contents, and learning objectives, and planning. The below graphs indicate the responses from the participants from the feedback survey form:





The trainees shared some of their most liked areas in the training. it is as summaries below:

Training method	1. The learning implemented was engaging for adult education 2. The way the training was organized 3. The facilitators are friendly and ready to answer questions 4. The teaching method, interactive and participatory
Training content	1. The health information provided 2. WASH FIT facility assessment

The participants summarized the learned lessons from the training as follows:

- The importance of integrating WASH with other health programs.
- The importance of using the WASH FIT tool in improving WASH services and the involvement of relevant stakeholders in the early stages of establishing WASH FIT teams.

- The importance of adult learning in training trainers, thus allowing participants to learn how to create interactive sessions in the future.

Proposed way forward:

The three groups who visited the primary healthcare facilities have developed three action plans and all the participants added input to a final action plan for the training. The action plans included activities on three levels: national, sub-national, and local government levels. The items on the group action plan listed activities from the improvement plan for the three visited healthcare facilities, activities to mitigate risk analysis for certain indicators in the 7 domains in addition to activities to increase the enabling environment for the three levels. The participants estimated the budget for each activity and every level with a total of 2,201,000 Naira. The detailed group action plan can be found in Annex 4. Some of the activities are listed below:

Local Government levels (Facility levels):

- Briefing the facility team on the WASH FIT tool and the results from the assessment.
- Addressing the protection of the water supply source in the three healthcare facilities.
- adding rams and handrails in the entrance and toilets in the healthcare facilities.
- adding rainwater harvesting system as an adaptation measure for climate change
- adding more posters for hand Hygiene promotion and proper handwashing techniques in key areas namely outside toilets, in front of hand washing stations, entrance and female and male wards, and in lab rooms.
- Adding labels and icons for designated toilets for males and females.

National and Sub-national levels:

- briefing colleagues on WASH FIT training and introducing the tool and the 8 practical steps
- dissemination of the National Guidelines on WASH in Healthcare Facilities (2022).
- collective efforts from the three levels to allocate a budget for the assessed healthcare facilities to improve the key prioritized areas as mentioned in the previous section on a local government level.

Conclusion and Outcomes

The WASH FIT training started a session addressing the national context and status of WASH in health care and an introductory session which included JMP service levels, and the 8 practical steps. This was followed by a session on WASH FIT methodology, and the importance of integrating GEDSI and climate change measures in WASH, waste, and energy services in healthcare facilities.

The participants were divided into seven domains: water, sanitation, hand hygiene, waste management, environmental cleaning, environment and energy, workforce and management. The seven teams conducted the assessment of three visited healthcare facilities and the teams presented the findings and the improvement plans. The sessions included the introduction of the Kobo toolbox and participants worked on leading sessions for their respective domains, which required them to

identify the targeted audience, plan for the learning objectives for their sessions, and select the delivery method. The participants were engaged in another group exercise on the action plans which included activities for the three levels: national, state (sub-national), and local government levels. The groups carried out the exercise based on assessment results from the visited healthcare facilities. These findings inspired their suggestion for activities at the local government level and the enabling environment which varied from guidelines, technical support, and allocated funds required from the state level and national levels to implement these activities.

The twenty-five participants were not familiar with the WASH FIT tool, and this was their first training on WASH FIT. This explains the low average score in the pre-test which was around 55% which was improved to 67% on the post-training test.

The key lessons learned for participants are the importance of using adult education principles and methods in the training of trainers, the adaptiveness of the WASH FIT assessment tool, the importance of integrating GEDSI and climate change indicators in the WASH FIT assessment tool, and the 8 practical steps. The tool is an implementation tool rather than a training tool and the purpose is to integrate WASH with other health programs and utilize the previously established committees at the healthcare level to use the tool and engage the different individuals from the community and health workforce.

The three levels of engagement in this training were very informative for the three levels in terms of addressing gaps and challenges in each level and identifying the necessary resources and technical support to address these gaps. The training provided an opportunity to exchange experience, and knowledge and share the technical resources from national, sub-national, and local government levels from public institutions and partners.

ANNEXES

Annex 1- List of participants

S/N	Name	Designation	Organization/Address
1	Samuel Rabiu Ojo	ACCDO	National Primary Health Care Development Agency H/Q ABUJA
2	Safiya U. Dembo	SCDO	National Primary Health Care Development Agency H/Q ABUJA

3	Ahmad Muhammad Sirajo	SS/Health Promotion	National Primary Health Care Development Agency H/Q ABUJA
4	Salamatu Zakari	WASH Desk Officer	Primary Health Care Development Agency/JIGAWA
5	Sajo Bilkisu Aliyu	Health Promotion Officer	Rural Water Supply and Sanitation Agency/ADAMAWA
6	Safiya Umar. Yaudara	Health Promotion Officer	Rural Water Supply and Sanitation Agency/BAUCHI
7	Unaiza Abdu Faragai	Hygiene Education Officer	Rural Water Supply and Sanitation Agency/KANO
8	Zainab Umar	HG/PRO	Rural Water Supply and Sanitation Agency/JIGAWA
9	Nuraddeen Shuaibu	KT/OFF	Rural Water Supply and Sanitation Agency/KATSINA
10	Mary Bawa	Hygiene Officer	Rural Water Supply and Sanitation Agency/KADUNA
11	Kogbara Ayaba I.	AD HYGIENE	Federal Ministry of Water Resources/ABUJA
12	Babangida Shehu	Director WASH	State Primary Health Care Development Agency/KATSINA
13	Rebecca Anthony	Facility Manager	Primary Health Care Development Agency/NASARAWA
14	Fatima I. Dantsoho	Facility Manager	Primary Health Care Development Agency/NASARAWA
15	Williams Kefas	Accountant	State Primary Health Care Development Agency/GOMBE
16	Sarah Tanko	Facility Manager	Primary Health Care Development Agency/NASARAWA
17	Ado Jibrin Sanda	Focal Person WASH	State Primary Health Care Management Board KANO
18	Aliu Uneratu	Deputy Director/Health Promotion	National Primary Health Care Development Agency H/Q ABUJA

19	Auwal Bappa	WASH/OFFICER	UNICEF
20	Asabe Hassan M.	WASH/OFFICER	UNICEF/SFO
21	Austin D. Tano	Hygiene Officer	UNICEF/MFO
22	Stella Ify Okafor-Terr	null	UNICEF/KANO FO
23	David Damian	null	UNICEF
24	Dr. Luqman Ahmad	Hygiene Officer	UNICEF/
25	Nanbam Michael	Project Manager	Wateraid Nig.

Annex 2- Agenda of WASH FIT training

Time	Session	Topic	Content highlights
Day 1 - Introduction and WASH FIT background			
8:30 - 8:45	Registration		Participants registration
8:45 - 9:00	1.1	Introduction Job & Edwin	Welcome and opening remark Participants self-introduction
9:00 - 9:30	1.2	Programme description Kebede	Purpose and objectives of the ToT Program description; methodology and material Expectations; Training rules
9:30 - 9:45	1.3	WASH in HCFs country context Job & Edwin	Strategy, structure and experiences Status of the service (problem and what should be done)
9:45 - 10:00		Pre-course test Kebede	*Participants to conduct pre-course test individually*
10:00 - 10:30	1.4	Module I – WASH in HCFs introduction Nadia Abdalla	Overview, JMP service level and status of WASH in HCFs; Eight practical steps and progress

10:30 - 11:00	Break		
11:00 - 11:30	1.4	Module I – WASH in HCFs intro cont… Kebede	WASH in HCFs and linkages with health program (QOC/IPC/AMR, resilience and preparedness)
11:30 - 12:30	1.5	Module II – WASH FIT methodology Kebede/ Nadia & Zita	Introduction; Step 1 – Establish team (group work)
12:30 - 13:30	Break		
13:30 - 15:00	1.6	Module II – WASH FIT method cont.. Kebede/ Nadia & Guy	Step 2 – Assessment – outcomes & resources
15:00 - 15:30	Break		
15:30 - 17:30	1.6	Module II – WASH FIT method… Kebede	Step 2 – Assessment cont…

Day 2 - WASH FIT methodology; visit to health care facilities for assessment			
8:30 - 9:00	2.1	Recap of day I & program of the day Job	Reminding terms, concepts, and facts

9:00 - 10:30	2.2	Module II – WASH FIT method… Kebede/ Nadia & Zita	Step 3 - Risk analysis and prioritization
10:30-11:00		Break	
11:00-12:00	2.3	Module II – WASH FIT method… Kebede/ Nadia & Zita	Step 4 – Improvement planning and implementation; Step 5: Monitoring and review
12:00-13:00		Break	
13:00 -14:00	2.4	Module IX – Technical module / Gender, Equity and Social Inclusion Nadia Abdalla/ Zita	Reasons for exclusion and discrimination in HCF; Improving participation Accessible and inclusive WASH
14:00-14:30	Break		
14:30-15:30	2.5	Module VIII – Technical module / Climate resilience Kebede	Climate change and related concepts Approaches to combat impact of CC Climate resilience in WASH domains
15:30 - 15:45	2.6	Briefing on participant led session (PLS) Kebede	Targeted audience Reviewing available resources Identify key learning objectives, learning points and methods Prepare concise presentation
Day 3 - Group work and presentation on facilities visit; group work on participant led session (PLS)			
8:30 - 9:00	3.1	Recap of day II & program of the day Edwin	Reminding terms, concepts and facts

9:00-9:30	3.2	Briefing on facilities visit UNICEF & NPHCDA	Briefing on the facilities visit
9:30-10:00		Break	
10:00-13:00	3.3	Facility visit (3 teams for 3 facilities) UNICEF & NPHCDA	Departure Introduction meeting at the facility Groups will conduct a WASHFIT assessment in their respective domain Collective debriefing of the visit
13:00-14:00	Break		
14:00-15:30	3.4	Group work and presentation on facility visit, scoring, result visualizing Kebede / Nadia & Zita	Groups fill the WASH FIT assessment tool, come up with scores, gaps, risk analysis and improvement planning
15:30 - 16:00	Break		
16:00 – 17:30	3.5	Groups preparing their PLS	Water Sanitation Hand hygiene HCWM Environmental cleaning Management and workforce

Day 4 - PLS sessions on technical modules			
8:30 - 9:00	4.1	Recap of day III & program of the day Job	Reminding terms, concepts and facts

9:00-10:30	4.2	Groups preparing their PLS… continuation	Water, Sanitation Hand hygiene, HCWM Environmental cleaning Management and workforce
10:30-11:00	Break		
11:00-12:-00	4.3	PLS - Hygiene group presentation	Presentation of the group
12:00-13:00	Break		
13:00 - 14:00	4.4	PLS - Water group presentation	Presentation of the group
14:00-15:00	4.5	PLS - Sanitation group presentation	Presentation of the group
15:00-15:30	Break		
15:30-16:30	4.6	PLS - Health care waste mgt group presentation	Presentation of the group
16:30 - 17:30	4.7	PLS - Env cleaning group presentation	Presentation of the group
Day 5	**Action planning and training wrap-up**		
8:30 - 9:00	5.1	Recap of day IV & program of the day Edwin	Reminding terms, concepts and facts
9:00-10:00	5.2	PLS - Management group presentation	Presentation of the group
10:00-10:45	5.3	Kobo toolbox Kebede	Digital data, form creation/upload, data collection, report
10:45-11:00	Break		

11:00 - 11:45	5.3	Action planning and presentation Nadia & Zita	Participants
11:45:12:30	5.4	Feedback, post test, evaluation, closing Kebede	Participants

Annex 3– Pre & Post tests

Pre/Post Test, WASH FIT Training Nigeria

1. Which of the following cannot be the importance of WASH in health care facilities?

- Infection prevention and control
- Enhance the quality of health care, uptake, and utilization of health care services
- Preventing newborn and maternal deaths
- Outbreak preparedness and response
- Reducing anti-microbial resistance
- None of the above

2. Which of the following activities is not a part of the WASH FIT implementation process?

- Assemble and train the WASH FIT team in health care facility
- Conduct a thorough assessment of WASH in health care facility
- Identify gaps and prioritize areas for improvement
- Develop and implement an incremental improvement plan
- Monitoring and review of the implementation
- All of the above

3. Which of the following domains is not part of the WASH FIT assessment?

- Water
- Environmental cleaning
- Sterilization of medical equipment
- Health care waste management
- None of the above

4. Which of these is not part of the scope of WASH FIT improvement intervention?

- Infrastructure
- Behavior
- Operation and maintenance
- None of the above

5. Which of the following is not involved in the adaption of the WASH FIT tool?

- Align indicators with national standards

- Reduce or add missing indicators based on the needs and setting
- Use local terminology and languages in translation
- Application of the tool focusing on selected WASH domain
- None of the above

6. Which of the below cannot be a factor for effective implementation of WASH FIT?

- Leadership, staff and community engagement
- A culture of quality in health care facilities
- Training and capacity building
- Monitoring and supervision
- None of the above

7. A facility's water supply is considered basic service level, if the improved water source is available within 500 meters of the facility

- True
- False

8. A health care facility needs to have water storage capacity sufficient to serve for how long?

- 12 - 24 hours
- 48 - 72 hours
- 72 hours
- None of the above

9. What is the recommended quantity of water per patient in an inpatient setting

- 10 - 20 liters
- 20 - 40 liters
- 40 - 60 liters
- 60 - 80 liters

10. A facility's hygiene is considered basic service level, if functional hand hygiene facilities are available at either point of care or toilets, but not both

- True
- False

11. Typical composition of waste generated in a health care facility that is non-hazardous or general represents?

- 50 - 60%
- 60 - 75%
- 75 - 90%
- 90 - 95%

12. How many bins should be available at points of care for sorting waste?

- 1
- 2
- 3
- 4

3. The duration of waste storage between generation and disposal depending on climate condition and season could range?

- 12 - 24 hours
- 24 - 36 hours
- 24 - 48 hours
- 24- 72 hours

14. Chlorination is effective in inactivating the cholera bacterium and Ebola virus.

- True
- False

15. Cleaning equipment should be disinfected in what percentage and contact time using chlorine solution?

- 0.5% and 10 minutes
- 0.5% and 1 minute
- 0.1% and 10 minutes
- None of the above

16. The general strategy of the cleaning procedure involves cleaning from cleaner and dirtier places.

- True
- False

17. Which of the following is not a proper cleaning procedure?

- Clean high-touch surfaces outside the patient zone before high-touch surfaces inside the patient zone
- Clean patient beds before patient toilets
- Clean low-touch surfaces before high-touch surfaces
- Clean general patient areas before isolation areas
- None of the above

18. Energy is needed in which of the following areas of a healthcare facility?

- Water supply
- Latrines
- Waste treatment
- Refregration of vaccine
- All of the above

19. Which of these sanitation technologies are most resilient to climate change?

- Conventional sewerage
- High-volume on-site systems
- Low-flush on-site systems
- Pit latrines

20. Which of the following are not considered climate-smart improvements?

- Using a low-cost incinerator to treat medical waste
- Using an autoclave to treat medical waste
- Conducting training and awareness raising to reduce quantities of waste generated
- Segregating recyclable nonhazardous waste and recycling on municipal plants
- None of the above

Annex 4: Action Plan

This action plan includes activities for the National, State (sub-national), and Local government levels. Below are three tables listing activities for the three levels.

National Action Plan

WASH-FIT implementation roll out Action Plan for National, sub-national, and local government levels, Nigeria
Name of Country: Nigeria Total number of Public Health Care Facilities in the county: 34,675 Number of HCFs by type: National hospital: _____ Intermediate/District Hospitals:_____ Health Centers: _____ Health Clinics: _____
Total number of Public HCFs to target for introducing WASH FIT tool in the country: 8,806 Target HCFs by type: National hospital_____ Intermediate/District Hospitals: _____ Health Centers: 8,806 _ Health Clinics: _____

SN	Activities	Time Frame					Responsible person	Process	Required budget (Naira)
		Q4 (23) Dec.23	Q1 2024 (Jan-Mar)	Q2 2024 (Apr-June)	Q3 2024 (Jul-Sep)	Q4 2024 (Oct-Dec)			
1.	Communication from the National level to states and targeted facilities to inform on WASH FIT and next steps (implementation), *noting that WASH FIT is a tool to enable progress and improvement in a systematic way,*						ED National primary health care Dev. Agency	Circular memos to be issued vide official letters and email .	
2.	Hold central stakeholders meeting to discuss on strategy with (MOU) States and Local government to get their buy-in and strong leadership to drive the process						ED National primary health care Dev. Agency	Central Workshop will be organized with participants drawn from focal states	35,722,000.00 (see detailed budget)
3.	Establish joint IPC/WASH team (task force / working group), involving multi sector and stakeholders - *Identify list of members* - *Prepare Terms of Reference and action plan* - *Regular meeting of the group (monthly)*						ED National primary health care Dev. Agency with support from WHO&UNICEF	As above	Covered above

4	Adapting WASH and IPC implementation manual						FMOH/NPHCDA with support from UNICEF&WHO	Engagement of consultant, consultations and meeting with relevant stakeholders	42,702,000.00 (see detailed budget)
5	Consolidate WASH FIT facilities data with support from State PHCDA M&E (including 2 dyas centralized hand on training of State PCHDA M&E Staff on WASH FIT data upload)						ES NPHCDA and ED SPHCDA with support from UNICEF&WH	Engage consultant upgrade existing data base platform to include WASH FIT indicators	5,520,000.00 (see detailed budget
6	Periodic biannual joint monitoring visits to HCFs implementing WASH FIT across the (MOU) States and LGAs						ES NPHCDA and ED SPHCDA with support from WHO and UNICEF	Bi-annual monitoring	29,880,000.00 (see detailed budget
7	Annual review of the implementation of WASH FIT approach						ES NPCHDA,SPHDA,r with support from WHO &UNICEF	Annual review meetings	24,148,000.00 (see detailed budget
8	Conduct situation analysis and assessment of WASH in HCFs (JMP indicators), *depending on the information gap of the pervious assessment*						IPC/WASH team (task force / working group)with support from WHO and UNICEF	Annually, However WASH FIT indicator shall be reviewed biannually	

9.	Integrate WASH FIT indicators into National health indicators surveys and for accreditation of health facilities.						FMOH with support from WHO and UNICEF		
10.	Develop joint WASH and IPC road map to provide strategic guidance along with costed workplan to help determine allocation of budgets with defined priorities						FMOH supported with WHO and UNICEF	Engagement of consultant, desk review, Consultative meeting with relevant stakeholders.	46,782,000.00 (see detailed budget
11	Review and disseminate guideline on WASH in HCFs to 36 states o the federation						FMOH/NPHDA with support form WHO and UNICEF	Review/update existing guideline. Dissemination	Covered by budget above
12	To negotiate lead facilitator on Kobo collect tool						Jpb/UNICEF		
	Total								**184.754,000**

Sub-National Action Plan

WASH-FIT implementation roll out Action Plan for Regions, Nigeria
Name of Region:Katsina Total number of Public Health Care Facilities in the Region: 361 Number of Public HCFs by type: National Hospital: _____ Intermediate/District Hospitals: _____ Health Centers: 361_ Health clinics: _____
Total number of Public HCFs to target for introducing WASH FIT tool in the Region: 361_ Target Public HCFs by type: National Hospital: _____ Intermediate/District Hospitals: _____ Health Centers: 361 Health Clinics: _____

SN	Activities	Time Frame					Responsible person	Process	Required budget (Naira)
		Q4 (23) Dec. 23	Q1 24 (Jan-Mar)	Q2 24 (Apr-June)	Q3 24 (July - Sep)	Q4 (Oct-Dec .24)			
1	Provide joint briefing to state health management on WASH FIT approach and importance						Director WASH SPHCDA/Hygiene officer RUWASSA Team from each state including UNICEF	Joint briefing.	Not applicable
2	Support establishment and training of the state technical working group/IPC team						Director PHCDA/MWOR/ RUWASSA/to be supported with WHO &UNICEF	2 days identification and Training	2,547,500.00

3	Support the targeted facilities team to conduct assessment and improvement planning						Director PHCDA/	Technical support including hand holding	4,284,000
4	Consolidate the data from different facilities						State and LGA M&E PHCDA	Use of Kobo/ODK	350,000
5	Conduct coaching and supervision to the facilities						GM RUWASSA/Director PHCD/UNICEF/ WHO		6,868,000.00
6	Support review of WASH FIT implementation in the facilities							Biannually	6,868,000.00
	Total Budget Required (NGN)								**20,917,500**

Local Government level:

Please note the following

1. The approach at this level, is that we shall be leveraging on one comprehensive PHC per ward, fully operational for 24/7 with basic fund as per national policy.

2. The plan assumes that we have an average of 12 wards per LGA. Therefore, since it is a pilot project. It will be good to focus on this and have a generic budget.

3. At the LGA level WASH/IPC technical working group will be established and trained as master trainers by State IPC/WASH group for them to cascade the approach and support WASHFIT assessment team at facility level. They will also be responsible for monitoring progress at LGA Level and reporting the Director PHCDA. Again, when training the LGA WASH/IPC technical working group, 2 participants (health workers) will be drawn from each (comprehensive health care facility) to receive the training. Therefore, cost per for the establishment and training of WASH/IPC technical group is NGN 1,891,000.00 per LGA

4. The cost for the establishment and training of WASH FIT team by LGA WASH/ IPC technical group to conduct facility assessment to cover all Comprehensive PHC at LGA alone is @ NGN, 300,000.

5. Finally we shall require NGN 2,201,000.00 per LGA

WASH-FIT implementation Action Plan in Public health facility, Nigeria
Regions: _____: District: _____ Facility: _____
Type of facility:
National Hospital: _____ Intermediate/District Hospitals: _____ Health Centers: 12 Health clinics: _____

SN	Activities	Time Frame						Responsible person	Required budget (Naira)
		Q4 (23) Dec.23	Q1 24 (Jan-Mar)	Q2 24 (Apr-June)	Q3 24 (July - Sep)	Q4 (Oct-Dec .24)	Process		
1	Briefing to the HOD PHCDA management on WASH FIT						Briefing		
2	Support establishment and training of WASH/IPC technical working group at LGA Level						2 days identification and Training	To be lead by Director PHC supported by LGAWASH UNIT/DEP, WHO &UNICEF	1,891,000.00
3	Facilitate establishment of WASH FIT team by WASH IPC technical group and conduct of facility assessment to cover							Director PHC/WASH Coordinator/WASH/IPC technical	300,000

	one Comprehensive *PHC per ward as a pilot*							working group/ Supported by WHO and UNICEF	
4	Facility level assessment data shared using excel form and or kobo form						Data uploaded ODK/kobo platform	WASH FIT Team	10,000
5	Validation, disseminations of finding of the assessments						Through quality assurance visits	Director PHC/WASH Coordinator/WHO and UNICEF	
6	Designed improvement plan including resource mobilization, monitoring and supervision							WASH FIT Team/Director PHC/WASH Coordinator/WASH/IPC technical working group/ Supported by WHO and UNICEF	
7	Implementation of the improvement plan							As above	
8	Progress monitoring of the implementation							As above	
9	Review of the implementation, reassess and update the plan						Biannually	As above	
	Total								**2,201,000.00**