Improving Management Systems for Better Water, Sanitation, Hygiene, and Infection Prevention for Mothers and Newborns

Trainer's Guide

www.mcsprogram.org

This training manual draws heavily from the World Health Organization's *Leadership and Programme Management in Infection Prevention and Control: A Trainer's Guide.*

MCSP is a global USAID initiative to introduce and support high-impact health interventions in 25 priority countries to help prevent child and maternal deaths. MCSP supports programming in maternal, newborn, and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment. MCSP will tackle these issues through approaches that also focus on household and community mobilization, gender integration, and digital health, among others.

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Outline of the Training

Improving Management Systems for Better Water, Sanitation, Hygiene, and Infection Prevention for Mothers and Newborns: A Trainer's Guide is a manual designed to orient leaders in water, sanitation, and hygiene (WASH) and infection prevention and control (IPC) on effective ways of creating and maintaining WASH and IPC improvements in health facilities. It draws heavily from the World Health Organization (WHO)'s Leadership and Programme Management in Infection Prevention and Control: A Trainer's Guide.

Target Audience

This training is designed for individuals and teams who are intending to occupy a leadership position in state or local governments, or at the health facility level. Trainees are expected to possess at least basic experience and competence in IPC, and could include (not exhaustive) IPC professionals, IPC hospital teams, facility administrators, hospital epidemiologists, microbiologists, ward supervisors, and other relevant health care professionals.

Objectives of the Module

This training is not meant to provide a reorientation on specific infection prevention or WASH standards. Instead, it is meant to strengthen systems within the health facility and within the health system that support WASH and IPC.

The objectives of the module are to equip the advanced IPC focal person to:

- Identify and address challenges of WASH and IPC in health facilities.
- Clarify roles and responsibilities within a health facility and the health system.
- Establish accountability, motivation, and monitoring systems that can help drive and sustain WASH and IPC improvements.
- Advocate for WASH and IPC as a priority in health care, and describe the need for synergies with other programs.
- Understand and apply the leadership qualities and responsibilities for individuals who hold leadership roles within the health system.

Overview

This module is to be delivered during a 1-day training session. The training comprises a blend of PowerPoint slides, audio-visual material, and practical exercises. The training is divided into seven modules.

Session	Timeline
Introduction	10 minutes
Background: What Constitutes WASH and Infection Prevention in Health Care Facilities?	10 minutes
Module 1: What Are WASH and IPC in Health Care Facilities?	60 minutes
Module 2: Examining the Roles and Responsibilities of Infection Prevention Stakeholders	60 minutes
Module 3: Infection Prevention and Control Leadership: A Critical Success Factor	65 minutes

Session	Timeline
Module 4: Creating and Maintaining Motivation	30 minutes
Module 5: Effective Communication and Advocacy	60 minutes
Module 6: Effective Monitoring, Accountability, and Performance Recognition Systems	45 minutes
Module 7: What Can We Do When We Return to Our Facilities to Improve WASH and IPC in Labor, Delivery, and Postnatal Care Wards?	45 minutes

Materials Needed

All materials should be collected and reviewed before starting the training.

- PowerPoint slide deck
- Printed appendixes for participants
- One facilitator's guide
- WHO *Guidelines on Core Components of Infection Prevention and Control Programmes at the National and Acute Health Care Facility Level*
- Manual appendixes
- Internet access or relevant video files
- Core components and leadership videos
- Practical manuals to support implementation of the core components
- Laptop and data projector capable of playing video and audio
- Flip chart and pens
- Paper and pens for students to use during group work
- Speakers for laptop to amplify video sound (if needed)

Appendixes

Appendix A: Health System Actors' Roles and Responsibilities Worksheet

Appendix B: Sample Water, Sanitation, and Hygiene, and Infection Prevention and Control Basic Standard Scorecard and Checklist

	Slide	Notes: Descriptions and Suggestions for the Trainer to Consider	Resources Required
1	USAID Maternal and Child Survival Program Improving and Sustaining Infection Prevention and Control Measures: A Managers guide to Providing Quality Care Presenter Name, MD Maternal and Child Survival Program / Home Organization, Country	Introduce yourself and welcome the participants to the module. If there are any safety/administrative announcements, make them now. Discuss the objective of the training by saying: "Everyone here is a professional, and we are aware of all technical inputs that are required for clean facilities that protect patients, staff, and visitors from acquiring an infection. However, some of the less tangible aspects of cleanliness and infection prevention are more difficult to prioritize, yet they are the driving force behind a clean facility that provides quality services. Today, we are going to focus on four specific aspects of cleanliness and infection prevention. By the end of this training, participants will: • Understand remaining common barriers to making and maintaining WASH improvements in health care facilities. • Become oriented to a new way of thinking about cleanliness and infection prevention by focusing on infrastructure investments, training, accountability, and performance recognition methods that will create and sustain motivation and compliance with cleanliness and infection prevention standards. • Have resources and tools available to help each of us implement a cleanliness and infection prevention improvement system that becomes standard practice within our facilities."	
2	Agenda Session — Timeline Introduction — 09:00 - 09:10 Background: Water, sanitation and hygiene are critical ingredients for providing quality health care — 09:10 - 10:20 Break — 10:20 - 10:30 Module 1: What are WASH & IPC in Health Care Facilities — 10:30 - 10:45 Module 2: Examining the roles and responsibilities of infection prevention stakeholders — 10:45 - 11:45 Module 3: Infection Prevention and Control Leadership: A critical Success Factor — 11:45 -12:50 Lunch — 12:50 - 13:50 Module 4: Creating and Maintaining Motivation — 13:50 - 14:20 Module 5: Effective Communication and Advocacy — 14:20 - 15:20 Module 6: Effective Monitoring, Accountability and Performance Recognition Systems — 15:20 - 16:05 Module 7: What can we do when we return to our facilities? — 16:05 -16:45	Read the slide.	

	Slide	Notes: Descriptions and Suggestions for the Trainer to Consider	Resources Required
3	Training Objectives The objectives of the module are to equip the advanced IPC focal person to: 1. Identify and address challenges of WASH and IPC in health facilities 2. Clarify roles and responsibilities within a health facility and the health system 3. Establish accountability, motivation and monitoring systems that can help drive and sustain WASH and IPC improvements 4. Advocate for WASH and IPC as a priority in health care, as well as describing the need for synergies with other programs 5. Understand and apply the leadership qualities and responsibilities for individuals who hold leadership roles within the health system	Review objectives.	
4	Background: Water, sanitation and hygiene are critical ingredients for providing quality health care Global Statistics from low and middle income countries: • 50% of HCFs lack piped water, • 33% lack improved sanitation, • 39% lack handwashing soap, • 39% lack adequate infectious waste disposal • 73% lack sterilization equipment. • In nationally representative data from six countries, 2% of HCFs provide all four of water, sanitation, hygiene, and waste management services. • an estimated 16% of patients acquire a healthcare associated infection during their stay at a health facility. • Sepsis and other infections account for a growing proportion of maternal (11%) and neonatal deaths (22%).	Review the statistics and emphasize the last three bullet points.	
5		Introduce WHO's core components for infection prevention and note that there are published guidelines. Emphasize that these guidelines are a key resource for IPC leaders. The guidelines describe the evidence-based core elements of an IPC program at the national, local, and health care facility level.	Core component guidelines from WHO website http://www.who.int/infection-prevention/publications/core-components/en/

	Slide	Notes: Descriptions and Suggestions for the Trainer to Consider	Resources Required
6	IPC Leaders Describe the Core Components • WHO guidelines (2016) • A critical resource for Infection Prevention and Control (IPC) leaders • Describe the evidence-based core elements of an effective IPC program at the national and acute health care facility level Dr Edward Kelley WHO Headquarters https://youtu.be/LZapz2L6J1Q	Say: "To provide an overview of the guidelines, we will play a video from WHO." Play the video, explaining how IPC leaders describe the core components of IPC from around the world. Ask students to listen carefully and write down as many of the core components they hear being discussed by IPC leaders around the world. Invite students to share their words and write them on flip chart. Use the responses to link up to module 1 by asking the question: What constitutes WASH and infection prevention in health care facilities?	Link to presentation on youtube https://www.youtube.com/watch?v=LZapz2L6J1Q&feature=youtu.be
7	New WHO Core Components for IPC Programmes • 8 Core components o 8 Facility level o 6 National level • 11 evidence*-based recommendations • 3 good practice statements R = recommendation GPS = good practice statement	You only need to show this slide if the video in slide 6 cannot be shown. If this slide is needed, list the eight core components and note that the full set of guidelines provides a lot more detail on what is expected at the facility and national level.	
8	Module 1: What are WASH and infection prevention in health care facilities?	Read the module title and move to next slide.	

	Slide	Notes: Descriptions and Suggestions for the Trainer to Consider	Resources Required
9	**What are important ingredients to maintaining cleanliness and infection prevention practices in health care facilities?** Water access Cleaning & IPC protocols Compliance Motivation Toilets Handwashing Water quality Accountability Recognition Soap Sterilization supplies Sterilized instruments Cleaning materials laundry Food hygiene	Before populating the slide, have the participants begin listing answers to the question. Then, populate the slide and note that to maintain cleanliness and infection prevention, we need systems in place to improve and maintain motivation, accountability, and compliance. Individual staff and facilities as a whole should be rewarded for positive performance. Say: "Today, we are going to focus on these four enabling factors for cleanliness and infection prevention. Then, each of us can return to our facilities and implement these system changes, with the goal of improving cleanliness and infection prevention in our facilities."	
10	**Who is responsible for ensuring cleanliness and Infection Prevention in a health facility?** Cleaners Visitors Maintenance staff Caregivers EVERYONE! Patients Gate guards Cooks Midwives government Managers Nurses Doctors	Emphasize the point that not just health workers are responsible for maintaining cleanliness and infection prevention; everyone who enters the facility, whether they are non-health care staff, patients, caregivers, or visitors, need to help.	
11	Distinguishing between WASH and IPC **WASH:** • Water: availability, distribution, quality, storage, heating, and disposal of waste water • Shower/bathing areas • Sanitation: Toilets • Hand Hygiene infrastructure • Environmental cleaning • Kitchen: stores and prepared food is protected from flies • Management, maintenance and repair of WASH services (for general facility and in specific wards) **WASH-IPC OVERLAP:** • Health care Waste management • Environmental cleaning • Hand hygiene: Appropriate hand hygiene practices by HCF staff • Laundry services • Facility design considerations: traffic flow, capacity of wards and facility, placement of WASH infrastructure, food and water services, processing reusable linens, waste management, ventilation (air circulation) • Enforcement of basic WASH/IPC behaviors among staff, visitors and patients **IPC:** • Personal Protective Equipment for health care workers • Injection and sharps safety • Occupational health and management of accidental exposure the blood and body fluids • Medical instruments processing • Transmission based precautions ○ Airborne, Contact, Droplet • Preventing healthcare associated Infections: Surgical site infections, Catheter Associated UTIs, central line associated BSI, ventilator associated pneumonia, maternal and newborn infections, healthcare associate diarrhea • IPC in laboratory and blood banks • Surveillance of HAIs • Preventing Anti-microbial resistance (AMR) • Use of antiseptics • IPC program management and enforcement	Facilitator to read out loud: "Globally, there is confusion sometimes when distinguishing between WASH and IPC. WASH is inherently a part of infection prevention, but there are some differences. Generally, WASH should be considered the enabling environment that allows someone to practice good IPC. There is a growing global call to ensure that as leaders, we always consider WASH and IPC together. There is also a mounting global effort to ensure that basic WASH and IPC standards and practices are integrated into basic quality of care standards and practices."	

	Slide	Notes: Descriptions and Suggestions for the Trainer to Consider	Resources Required
12	**Findings from an observational and qualitative study aimed at identifying motivators and barriers to hygiene and infection prevention compliance in Nigeria** Presentation recording: here Robert Dreibelbis[1]; Helen Buxton[1]; Erin Flynn[1]; Dr Olutunde Yinka[2] Joanna EstevesMills[1]; Tess Shiras[1]; Stephen Sara[2] Oliver Cumming[1] 1. London School of Hygiene and Tropical Medicine; 2. Maternal and Child Survival Program	Introduce this video presentation. The video should be described as a recent study in Ebonyi and Kogi states that demonstrates the complexities and challenges of complying with infection prevention procedures beyond the availability of infrastructure. The video is 40 minutes long (for the presentation part). The participants can decide if they want to hear the question-and-answer session. During the presentation, the participants should consider the questions on the next slide.	A copy of the audio recording of the presentation : Brown Bag Presentation_ Phase

	Slide	Notes: Descriptions and Suggestions for the Trainer to Consider	Resources Required
13	**Questions for consideration while watching the study presentation** 1. What were the primary barriers to hand hygiene and infection prevention compliance among health workers, caregivers and visitors in this study? 2. What are potential solutions to the problems you identified?	Ask participants to think about the questions on this slide during the presentation. After the presentation, the facilitator should lead a 15-minute discussion on these two questions. Highlights to emphasize are on the following slide: Probing questions for question 1: • Lack of knowledge or training on how to comply with procedures? • Lack of access to adequate supplies and materials? • Lack of knowledge or training on how to practice hygiene and infection prevention? • Lack of standards and protocols? • Misplaced motivation? • Lack of recognition or accountability? After allowing participants to respond to question 1, ensure that the following themes were mentioned: • Hygiene and IPC materials are often conveniently available, yet the behaviors are not practiced at critical times. • Health workers may be motivated primarily by self-protection—there is sometimes a perception that the patient is not in danger of infection. • Hygiene and IPC materials were not often available in postnatal care spaces. • Many visitors, caregivers, and cleaners have intimate contact with mothers and newborns. None of them are washing their hands. • Hygiene and cord care counseling is rarely provided in postnatal discharge counseling, if the counseling even occurs. • Within facilities and at home, there are many visitors that have contact with the newborn. Mechanisms must be put in place to enforce hand hygiene and clean cord care compliance. Move on to question 2 and discuss participant responses. At the end of the discussion, note that health care facilities can be chaotic—it takes mutual support from all stakeholders to maintain clean and safe environments and to protect patients and staff.	

	Slide	Notes: Descriptions and Suggestions for the Trainer to Consider	Resources Required
14	**Module 2:** **Examining the roles and responsibilities of infection prevention stakeholders:**	Say: "Now that we have discussed the long list of factors that contribute to proper infection prevention programs, we are going to talk about specific roles and responsibilities for various health system actors within our facilities and within local and state health systems."	
15	Stakeholder / Critical Responsibilities / Who is the supervisor of this position and what can they do to support the Stakeholder in their responsibilities? / What is the role of the HCF or Ward Managers role to ensure this person performs their responsibilities? Patient Visitors/ Caregivers Cleaners Other non-health care staff	Participants should be divided into three groups. Each participant will be given a worksheet (which should be included in the manual as Appendix A). An example of the worksheet is shown on the slide. The groups should take 30 minutes to consider different stakeholders and their critical role in ensuring cleanliness, hygiene, and infection prevention. They should consider the following: • Training and job orientation required for that person • Critical responsibilities: maintaining infrastructure; restocking supplies; cleaning; disinfection; sterilization; handwashing; enforcement of hygiene behaviors among staff, caregivers, patients, and visitors; clean birth practices; counseling; etc. • Frequency of each task After 30 minutes, have each group present and discuss roles and responsibilities. • Are roles and responsibilities clear to participants? • Do participants think that roles and responsibilities are clear to everyone in their health care facility?	
16	Coordination is Complex between ministries and levels of government Ministry Education and Youth Development Ministry of Health and Social Services Ministry of Finance & Economic Development Ministry of Water Ministry of Works Private Service Providers State and Local Governments Ministry of Environment	Say: "Many ministries have a hand in ensuring that adequate WASH services are maintained and that staff are complying with basic IPC standards. As health service providers, we are ultimately responsible for providing quality health care services. Therefore, each level of the health system is responsible for leading the coordination with other ministries to ensure that basic services, supplies, training, and funding are available."	

	Slide	Notes: Descriptions and Suggestions for the Trainer to Consider	Resources Required
17	Module 3: WASH and Infection Prevention Leadership: A critical Success Factor	Module 3 will cover health care facility leadership as it relates to WASH and IPC.	
18	Which qualities make a great IPC leader? Write down what you think are the top three things that a great IPC leader does to demonstrate their leadership *No right or wrong answers!*	Instruct participants to work in pairs for 15 minutes to discuss and agree on the top three things a great IPC leader would do to demonstrate their leadership. "Great" means what a role model IPC leader would do (characteristics/traits that would mark them as a leader). Ask them to write at least three things on a piece of paper. Give them an example to get them thinking about what makes a great IPC leader; you might suggest that a leader would be a good communicator. Emphasize that there is no right or wrong answer. Allow 10 minutes for group feedback. Collect the paper from each pair; this can be used later to make a collage of "great IPC leaders" that can be photographed and shared with the students as a record of their thoughts on leadership. They can reflect at the end of the module whether they would change any of their thoughts.	

	Slide	Notes: Descriptions and Suggestions for the Trainer to Consider	Resources Required
19	**IPC Leadership Worldwide:** IPC Leadership INFECTION PREVENTION AND CONTROL LEADERSHIP Video version 1: https://youtu.be/92bFMeS35vA Video version 2: https://www.youtube.com/watch?v=92bFMeS35vA&feature=youtu.be Source: Slide contents from WHO's Leadership and programme management in infection prevention and control: a trainer's guide (2018)	Play the video explaining the concept of IPC leadership in the words of IPC practitioners from around the world. Ask students to listen carefully and write down as many of the key leadership-related words they hear being discussed by IPC focal people around the world. Invite students to share their words and write them on the flip chart. Ask the students to watch the second version of the video, the one with keywords in the video. Discuss any words the group missed the first time they saw the video. Say: "We will build on this for the rest of the session." The videos can be found at http://www.who.int/infection-prevention/tools/core-components/en/. The key leadership words in the video are team player, vision, passion, communicator, pioneer, care, interest, mentor, analytical, champion, compassionate, lifelong learner, strategic, dedication, and saving lives.	https://youtu.be/IqUUd_tq0Ss Spend 5 minutes discussing key leadership-related words. Repeat the video showing the version with the leadership words.. Link to version with leadership words: https://youtu.be/92bFMeS35vA
20	**Practical Exercise**	Working in pairs, ask students to take 5 minutes to discuss and agree on the top three characteristics that a great IPC leader would do to demonstrate their leadership. They could be anything mentioned in the video or other characteristics participants think are important. "Great" means what a role model IPC leader would do (characteristics/traits that would mark them as a leader). Give them an example to get them thinking about what makes a great IPC leader; you might suggest that a leader would be a good communicator. Emphasize that there is no right or wrong answer. Ask them to write at least three characteristics on a piece of paper and present to the group (10-minute group discussion). They can reflect at the end of the module whether they would change any of their thoughts.	Post-its, note cards, or paper

	Slide	Notes: Descriptions and Suggestions for the Trainer to Consider	Resources Required
21	**Characteristics of a leader** Personality, Behaviour, Culture, Actions, IPC Leader • Leaders foster a culture of excellence • Leaders develop an organizational vision. • Leaders focus on previewing and resolving challenges that could be opportunities to improve • Leaders inspire, encourage, and motivate others to lead Source: Slide contents from WHO's Leadership and programme management in infection prevention and control: a trainer's guide (2018)	Summarize this session by discussing the bullet points listed on slide 21.	
22	**What is the relationship between leadership and effective IPC?** • Leaders in close and regular contact with clinical teams in wards and units positively influence quality of care. • Leaders support others to develop, implement and evaluate their own solutions to problems. • Leadership associated with improved practices for hand hygiene, gowning and gloving. • Staff engagement and hospital leadership are significantly associated with knowledge related to IPC. (Sinkowitz-Cochran et al, 2011)[1] • Positive leadership behaviours are associated with a reduced • incidence of pneumonia and urinary tract infections. (Houser, 2003)[2]	Discuss the evidence that supports focusing on leadership to improve IPC.	
23	**Module 4: Creating and Maintaining Motivation**	Say: "Now, we are going to discuss how as leaders we can create and maintain a culture of motivation to comply with WASH and IPC standards."	

	Slide	Notes: Descriptions and Suggestions for the Trainer to Consider	Resources Required
24	**Components to ensuring effective cleanliness and infection prevention compliance in health care settings:** 1. **Components to ensuring effective cleanliness and infection prevention compliance in health care settings:** 1. Clear and relevant standards and protocols 2. Formal and informal mechanisms for motivation and reminders 3. Maintain a supportive environment – where staff are empowered to enforce cleanliness and infection prevention behaviors 4. Recognition and accountability systems and routine monitoring	Say: "As IPC leaders within the health system, we should focus on four key interventions to facilitate improvements in cleanliness and IPC." Review the list and discuss.	
25	Motivate and value ALL staff • Leadership is the key to success • Motivate and encourage staff to do a good job and recognize good performance • Cleaners and support staff should be valued as much as clinical staff • Reinforce the idea of team work • All staff should have written job descriptions	Say: "It is important to recognize good performance in your colleagues and employees. What are some formal and informal ways we could reward positive performance?" Allow for a short discussion. Some ideas might include monthly awards, annual performance awards, public praise or compliments, etc.	

	Slide	Notes: Descriptions and Suggestions for the Trainer to Consider	Resources Required
26	**Making improvement with limited resources** Three approaches to improve IPC in settings with limited resources: • focus on improving no-cost practices • focus on improving low-cost practices • stop wasteful and unnecessary • practices. These three approaches have the potential to save money, time and improve the quality and safety of health care.	Ask: "How should we go about identifying and making WASH and IPC improvements in our facilities?" Say: "These are some useful guidelines for making improvements with limited resources." Depending on what emerges from the group feedback, it is likely that many people will recall challenges that seem insurmountable and most likely related to lack of resources, both human and financial/material. Emphasize that supplementary information highlighting three approaches to improve IPC in settings with limited resources is provided in the student handbook. These include: • Focusing on improving no-cost practices • Focusing on improving low-cost practices • Stopping wasteful and unnecessary practices These three approaches have the potential to save money and time, and improve the quality and safety of health care. They could be introduced rapidly to make a big difference to patients. Direct the students to read through the section in the student handbook and invite group discussion. Allow the discussion to flow and respond to any questions or disagreements. Ask whether any of the students have tried to implement any of these approaches. As this session closes, thank everyone for their energy.	
27	**Action Planning** Step 1: What behaviour needs to be established or improved? Step 2: Is the problem related to capability, motivation, or opportunity? Capability: • Psychological • Physical ability Motivation: • Plan • Belief • Desire Opportunity: • Physical • Environmental • Social	Say: "To develop specific actions, we need to implement a simple, three-step planning process. Step 1 is to identify the behavior you want to change. This could include handwashing compliance, safely cleaning delivery beds after use, ensuring water is available in every ward, etc. Step 2 is to identify what is stopping the behavior from happening. Is it a lack of capability, motivation, or opportunity?"	

	Slide	Notes: Descriptions and Suggestions for the Trainer to Consider	Resources Required
28	Intervention Functions Activities aimed at changing behaviors Interventions / Definitions Education: Increase knowledge Environmental restructuring: Change the physical or social context Training: Improve skills Persuasion: Use communication to induce positive or negative feelings and stimulate action Incentives: Create expectations of reward Coercion: Create expectation of punishment Restrictions: Rules to reduce opportunity in the behaviour Modeling: Provide an example for people to aspire or imitate Enablement: Increase means / reduce barriers Most WASH and IPC interventions focus on these interventions, leaving many contributing factors unaddressed Step 3: Design an intervention using the behaviour change wheel as a guide	Say: "To provide more detail, let's look at the intervention functions. All of these problem areas could potentially impact a behavior. However, most WASH and IPC interventions only address one of the first three intervention categories. To maintain a culture of cleanliness and infection prevention in our facilities, we will also need to address issues related to the other categories."	
29	Barriers and Motivators to Cleanliness and Infection Prevention Take 10 minutes to think about, and record, the following: • Top 3 reasons (or problem areas) why you or your coworkers may not always comply with cleaning procedures, hand hygiene, disinfection, sterilization or other IPC practices • By applying the behavior change wheel, think of 2-3 different solutions that would make it easier to practice these behaviors or fulfill these tasks. • What can you do as a leader to help influence these changes?	Give each participant 15 minutes to think about these questions. Take 20 minutes to share them with the group and discuss. They can refer to the previous slide as needed.	
30	Guidelines, Environmental/Social planning, Communication/Marketing, Legislation, Service provision, Regulation, Fiscal measures Restrictions, Education, Persuasion, Incentivisation, Coercion, Training, Enablement, Modelling, Environmental restructuring CAPABILITY, OPPORTUNITY, MOTIVATION Physical, Social, Psychological, Physical, Automatic, Reflective	This slide is only for reference. Say: "This slide shows a behavior change wheel. This is also useful in turning problems into solutions. Using the wheel, you can identify the type of intervention needed to address the root problem." • Outer ring: Policy categories • Middle ring: Intervention functions • Inner ring: Sources of behaviors	

	Slide	Notes: Descriptions and Suggestions for the Trainer to Consider	Resources Required
31	**Creating, Identifying and Leveraging Professional Motivation for IPC** Take 15 minutes to think about the following question. • Why did you decide to follow the career path you are in? • What are the things that happen at your place of work that are satisfying or rewarding? • What could others do to make you more likely to improve and/or sustain optimal hygiene and IPC practices? What influences my job performance?	Ask participants to take 15 minutes to think about the following questions: • Why did choose your career path? • What things happen at your workplace that are satisfying or rewarding? • What could others do to make you more likely to improve and/or sustain optimal hygiene and IPC practices? For each question, facilitate a 5-minute discussion on the answers participants provide.	
32	Module 5: Effective Communication and Advocacy	Read the module title and move to next slide.	
33	**Communication competencies for IPC Leaders** • Advocate for the use of effective communication approaches to facilitate multidisciplinary interactions. • Source or support development of suitable IPC communication resources for citizens, users and HCWs. • Encourage active listening and use right language to encourage constructive multidisciplinary discussions. • Demonstrate communication values that foster building or strengthening multidisciplinary relations. • Communicate effectively with key external stakeholders about IPC recommendations.	Invite one participant to read each competency.	

	Slide	Notes: Descriptions and Suggestions for the Trainer to Consider	Resources Required
34	**Key points** Effective communication is a critical part of IPC leadership. Many IPC situations require effective interpersonal communication, for example: • Clarifying a staff members roles and responsibilities, and the standards they are held to • implementing a new innovation • dealing with infection outbreaks, epidemics, emergencies… • Providing information and modifying behaviours of professionals and patients demands effective communication.	Read the slide or invite a student to read the slide. Emphasize the first bullet point.	
35	**What is communication?** The deliberate or accidental transfer of information *Essentially, communication is Likely to include thoughts or feelings. (Pearson J et al, 2000)* Good communication would allow the parties involved to speak and be listened to without interruption, ask questions, and express thoughts in an understandable manner for all individuals or groups involved.	Read the slide. Stress that communication involves feelings, explicit or implicit, and ideally the reciprocity of the process. It also includes nonverbal communication.	
36	**Using communication skills in IPC** • Can you think of any IPC situation where you had to use communication skills? • What worked well and what was challenging?	Read the slide and ask participants to provide examples of situations where they have found communication skills particularly relevant or demanding. If a prompt is needed, ask them to think of communications with patients, relatives, and people more senior than themselves, such as senior doctors.	

	Slide	Notes: Descriptions and Suggestions for the Trainer to Consider	Resources Required
37	**Using communication skills in IPC** Can you think of any IPC situation where you had to use communication skills? • Developing leaflets for patients and family members or staff. • Leading multidisciplinary teams during outbreak investigations. • Reporting to hospital management on performance indicators. • Responding to journalists about hospital performance. • Presenting a successful hand hygiene programme at a conference. • Advocating for more resources (including an IPC budget).	Read the slide, connecting to any experience mentioned by the participants.	
38	**Essential components of communication** Seven key elements are essential in the process of communicating information. 1. People involved 2. Message(s) sent and/or perceived 3. Channel(s) used 4. Amount of 'noise' present 5. Context where communication happens 6. Feedback sent in response 7. Effect on the people involved	Read the slide. Ask if all components are clear.	Allow 2-4 minutes for this step in case any steps are not clear.
39	**Communication channels** (Not exhaustive) • Direct communication • Practice regulations • Education • SMS • Mass media • Telephone communication • Meetings • Policy, guidelines • Care pathways • Information packs • Handbooks • Formal education • Informal training • E-learning systems • Intranet/Internet • E-mail • Bleep • Social networks • Radio • Internet • Banners/posters	Say: "These are all ways of communicating messages. Some studies on IPC have identified these channels. This evidence does not imply that all channels will need to be used in all situations and settings."	

<table>
<tr><th></th><th>Slide</th><th>Notes: Descriptions and Suggestions for the Trainer to Consider</th><th>Resources Required</th></tr>
<tr><td>40</td><td>Communication channels Exercise
Which channel works best in the following situations?
• A new type of urinary catheter is going to be used from now on in your facility.
• A surgeon had a sharps injury whilst operating on a patient with a bloodborne virus and she is worried about her career.
• A peer IPC focal person would like to meet and discuss creating a network of IPC focal persons in the country.
• WHO has launched a new campaign on IPC and AMR and you want to launch in the facility/district/nationally.</td><td>Refer the students to these questions and have them come up an answer for each scenario.
Write student suggestions on the flip chart.</td><td>Group work 3 – refer to the student handbook.
5 minutes for group work.
10 minutes for feedback.</td></tr>
<tr><td>41</td><td>Communication channels
Sample answers<table><tr><th>Situation</th><th>Channel</th></tr><tr><td>A new type of urinary catheter is going to be used from now on in your facility.</td><td>Meetings, guidelines and standard operating procedures, training (formal and informal). Grand Rounds, posters.</td></tr><tr><td>A surgeon had a sharps injury whilst operating on a patient with a blood borne virus and she is worried about her career.</td><td>Direct face-to-face communication, telephone.</td></tr><tr><td>A peer IPC focal person would like to meet and discuss creating a network of IPC focal persons in the country.</td><td>Direct face-to-face communication.</td></tr><tr><td>WHO has launched a new campaign on IPC and AMR and you want to launch in the facility/district/nationally.</td><td>Meeting with managers to secure agreement, handbooks and advocacy materials, videos, mass media, radio, social media, intranet, posters/banners.</td></tr></table></td><td>Say: "As with leadership, it may be very useful to think about how you deal with conflict situations. For example, some tools have already been developed to explain whether your approach tends to focus on your benefit (assertiveness) or mutual benefit (cooperativeness).

Depending on the different combinations of assertiveness and cooperativeness, five types of conflict resolution personalities could be suggested.

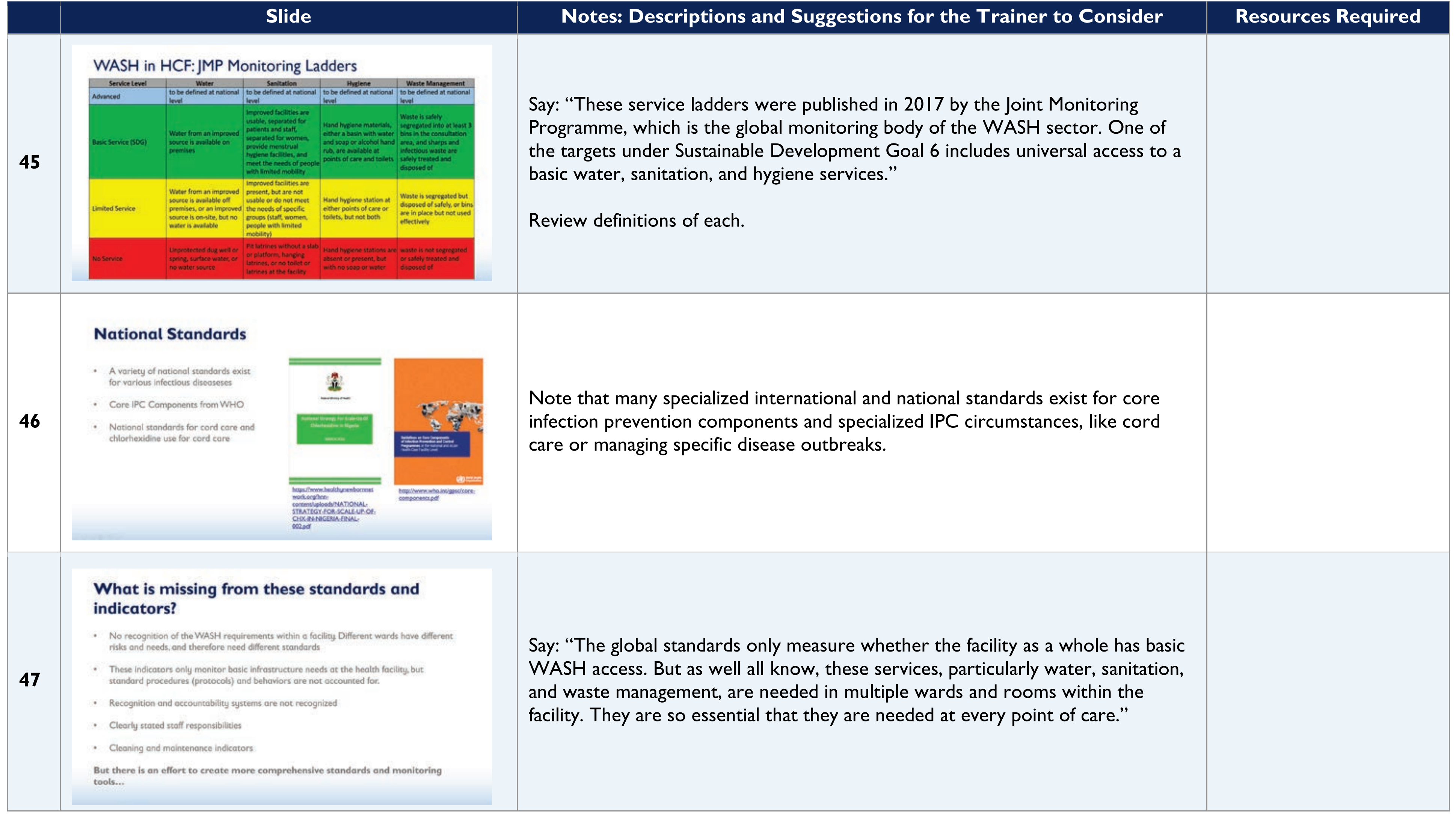
For example, those with low cooperativeness and low assertiveness are likely to avoid resolving conflicts, as they do not like to be involved in the process.

The danger is that they leave situations unresolved for a long time.

On the other hand, someone with high assertiveness and high cooperativeness will demonstrate collaborating on conflict resolution."

Compare student suggestions with the sample answers provided here.</td><td></td></tr>
</table>

	Slide	Notes: Descriptions and Suggestions for the Trainer to Consider	Resources Required
42	**Managing conflicts in IPC** **Introducing change may sometimes result in conflict** • Conflict and tensions are natural, routine situations in the lives of HCWs and organizations. • Conflict is "a dynamic process between individuals and/or groups as they experience negative emotional reactions to perceived disagreements and interference with the attainment of goals". (Barki & Hartwick, 2004) • The anticipation of conflict and its effect on people, teams, organizations are much more negative than conflict itself.	Say: "Perhaps inevitably, the changes, innovation, and even the pace that the implementation of the new core components and similar improvement initiatives may require could lead to conflict between members of the team, professional groups in a facility, and stakeholders at the national level. Conflict is not necessarily a negative event or situation. It can be used to address shortcomings of the proposed interventions and their implementation. We cannot ignore the psychological effects of sudden, drastic, dramatic change, including fear and insecurity, that may lead to conflict, as previously mentioned. Each of the components is complex in the sense that each requires several independent actions, behaviors, and attitudes to come together This can be stressful and demand communication skills. For example, the adequate dissemination of new guidelines requires that many stakeholders are approached and the impact of such guidelines on their positions, status, etc., are evaluated and discussed. Similarly, successfully implementing a new surveillance or monitoring and evaluation system will likely require the interaction of several departments where, if information is not clear, conflict could emerge."	
43	**Resolving conflicts constructively** **Plan and prepare the environment and the people involved** 1. ***Choose the right moment.*** - Avoid distractions, be prepared and able to spend time discussing. 2. ***Focus your attention on 'active listening'.*** - Take turns to speak, summarize and paraphrase each intervention 3. ***Set a goal of finding a solution.*** - Work together and think of 'win-win' outcomes. 4. ***Identify what is needed for all the parties involved.*** - Aim to resolve each issue affecting each party, empathise. 5. ***Disentangle cognitive and emotional aspects of the conflict.*** - Disagree about ideas or approaches, but do not personalise.	Have participants read the slide.	
44	Module 6: Effective Monitoring, Accountability and Performance Recognition Systems	Say: "In this module, we will talk about existing standards for WASH and IPC in health facilities."	



Service Level	Water	Sanitation	Hygiene	Waste Management
Advanced	to be defined at national level	to be defined at national level	to be defined at national level	to be defined at national level
Basic Service (SDG)	Water from an improved source is available on premises	Improved facilities are usable, separated for patients and staff, separated for women, provide menstrual hygiene facilities, and meet the needs of people with limited mobility	Hand hygiene materials, either a basin with water and soap or alcohol hand rub, are available at points of care and toilets	Waste is safely segregated into at least 3 bins in the consultation area, and sharps and infectious waste are safely treated and disposed of
Limited Service	Water from an improved source is available off premises, or an improved source is on-site, but no water is available	Improved facilities are present, but are not usable or do not meet the needs of specific groups (staff, women, people with limited mobility)	Hand hygiene station at either points of care or toilets, but not both	Waste is segregated but disposed of safely, or bins are in place but not used effectively
No Service	Unprotected dug well or spring, surface water, or no water source	Pit latrines without a slab or platform, hanging latrines, or no toilet or latrines at the facility	Hand hygiene stations are absent or present, but with no soap or water	waste is not segregated or safely treated and disposed of

	Slide	Notes: Descriptions and Suggestions for the Trainer to Consider	Resources Required
45	WASH in HCF: JMP Monitoring Ladders	Say: "These service ladders were published in 2017 by the Joint Monitoring Programme, which is the global monitoring body of the WASH sector. One of the targets under Sustainable Development Goal 6 includes universal access to a basic water, sanitation, and hygiene services." Review definitions of each.	
46	National Standards	Note that many specialized international and national standards exist for core infection prevention components and specialized IPC circumstances, like cord care or managing specific disease outbreaks.	
47	What is missing from these standards and indicators?	Say: "The global standards only measure whether the facility as a whole has basic WASH access. But as well all know, these services, particularly water, sanitation, and waste management, are needed in multiple wards and rooms within the facility. They are so essential that they are needed at every point of care."	

	Slide	Notes: Descriptions and Suggestions for the Trainer to Consider	Resources Required
48	**A Comprehensive WASH and IPC facility assessment for maternal and newborn health** • WHO is drafting standards for delivery rooms and inpatient newborn care spaces, but they have not yet been finalized. • MCSP has been testing these standards through a comprehensive survey tool. (Refer to Appendix B in the manual) • The tool includes: o A general facility assessment o A delivery room assessment o An assessment tool for inpatient newborn care spaces	Say: "WHO is leading an effort to begin creating standards for specific wards, starting with the delivery room." Pass out copies of the scorecards. Review the scorecards for 15 minutes with the participants and note that they can refer to them moving forward. Scorecards can be found in Appendix B: Sample Water, Sanitation, and Hygiene, and Infection Prevention and Control Basic Standard Scorecard and Checklist.	
49	Accountability and Recognition systems	Say: "There is increasing recognition that state- or federal-level accountability and recognition systems need to be in place to maintain collective motivation to comply with WASH and IPC standards, and to hold individual staff members, managers, and government offices accountable for protecting patients, staff, and visitors."	
50	Best practices for organisation and management of staff 1. Each staff member should have a written job description: Divide up tasks according to job descriptions and the skills of available staff 2. Each staff member is oriented to basic standards and their role and responsibilities in maintaining those standards 3. Organogram (management structure) written and visible to all 4. On-going training and professional development 5. Regular staff meetings 6. Motivate, encourage and value ALL staff-recognizing good performance and addressing poor performers	Read the points on the slide and address any questions or comments that arise.	

	Slide	Notes: Descriptions and Suggestions for the Trainer to Consider	Resources Required

51	**Incentivisation**
	• Keeping a facility clean requires ALL staff to be involved
	• Try to empower and motivate staff
	• Incentivise staff to change their behaviour and recognise good behaviour from staff
	• Performance should be assessed according to job description
	• Recognize high performers and develop improvement plans for those that do not perform and/or impose penalties
	• Awards for best performing staff or wards
	  • Certificate (or similar) given routinely to wards/departments (quarterly, annually, etc)
	  • Ranking system using traffic light system
		Review the slide and ask if participants have similar systems. Are they functioning? If not, would these suggestions work in your facility? Are there other incentives (formal or informal) that could be used?	

52	**Sharing knowledge and experience** Organise learning exchange events • Staff to visit other facilities • Peer to peer learning exchange • Referral hospitals provide support to smaller facilities	Say: "Here are some other ideas to consider implementing in your facilities."	

53	**Patient and community feedback**
	• Patients and the community are a critical part of a HCF and their opinions should be valued
	• Ensure that everyone's voice is heard: feedback mechanisms should be inclusive of people who are not able to read or write
	• Ideas for measuring patient satisfaction
	  • Comment box at entrance to facility
	  • Comment books at key places in the facility
	  • Regular surveys
	  • Community discussions, e.g. with patients in the waiting room
		Say: "Ultimately, we are accountable for providing quality health services to patients. Therefore, patients should be aware of the standards they should expect when coming to a health facility to receive care. Posting standards and finding ways to communicate with community members is important. Community involvement can be a useful tool for advocating with local and national governments to provide more resources to the health system."	

	Slide	Notes: Descriptions and Suggestions for the Trainer to Consider	Resources Required
54	Become a "model" facility • Facilities in a district can compete with each other for recognition of success, to become a model facility • Chose criteria, e.g. number of indicators improved, biggest increase in number of patients • Rate facilities like hotels, e.g. 3 or 5 star • Award a prize to best performing facility, each year. Remember you can lose your stars if you don't maintain the quality!	Say: "At a higher level, local, state, or federal governments can create basic certification standards, which can generate informal competition to become the best-performing facility, local government area, or state."	
55	A Clean Clinic System:Example from Haiti Haiti Created/updated national policies and standards alongside the national Ministry of Health 1. Created a supervision and coaching system from one level of the health system to the next (quarterly visits) 2. Created a public accountability and recognition process, with various certification levels for facilities: • Bronze • Silver • Gold • Platinum 3. High performing staff and/or leadership were recognized with periodic achievement awards 4. Annual assessment results were publicized over radio (could be in newspapers, internet, etc 5. Increased motivation among facilities, individual staff, and communities and govt. offices	Say: "Let's look at an example from Haiti. The Maternal and Child Survival Program supported Haiti's national government in developing a national set of standards and indicators within a simple scorecard, like the one we reviewed earlier. This scorecard included different certification levels based on a point system. Facilities are certified annually, and the results are published over public media platforms (radio, television, newspapers, etc.). Each facility's score is posted in that facility for the next year."	
56	Remember - change comes from all levels • High level leadership and governance • Ministerial support • Celebrity endorsement • District level support • Technical and financial • Commitment by all at facility level • Motivated managers • All staff (medical and non-medical) must be involved • Community engagement and trust • Provide opportunities for feedback	Say: "Everyone needs to be involved to make a facility clean and safe."	

	Slide	Notes: Descriptions and Suggestions for the Trainer to Consider	Resources Required
57	Module 7: What can we do when we return to our facilities to improve WASH and IPC in labor, delivery and postnatal care wards?	Say: "We are on to the last module of the training. We now have the knowledge and a few resources we can apply to improve cleanliness and infection prevention in our facilities. What will each of us do?"	
58	**Components to ensuring effective cleanliness and infection prevention compliance in health care settings:** 1. Components to ensuring effective cleanliness and infection prevention compliance in health care settings: 1. Clear and relevant standards and protocols 2. Formal and informal mechanisms for motivation and reminders 3. Maintain a supportive environment – where staff are empowered to enforce cleanliness and infection prevention behaviors 4. Recognition and accountability systems and routine monitoring	Say: "Before answering this question, let's quickly review the components to ensuring cleanliness and IPC compliance. With these in mind, take 10 minutes to think of all of the formal and informal ways you can show leadership to bring about improvements in cleanliness and IPC in your facility." Have each participant share one or two of their top planned actions.	
59	**Suggested Next Steps** • Go back to your work environment with this new perspective • Don't wait for government or other partners to improve motivation, accountability and performance recognition activities • Get agreement from your colleagues on the challenges and improvement plans you have started to outline today, and start implementing them	Say: "With that, we will conclude today's training. When going back to your regular job, please take the initiative to lead the creation and implementation of a WASH and IPC improvement plan. Do not wait of others to come make improvements. You can make great progress now!"	

Further Reading and References

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