#### **EMBANGWENI WASHFIT TRAINING REPORT**



### Submitted to:

The Directors CCAP Synod of Livingstonia's Health and Development Departments P.O. Box 112 Mzuzu

### Submitted by:

Daniel Nyirenda P.O Box 773 Mzuzu Malawi

Tel. (265) 999 356 886 E-mail: dannyirenda@gmail.com

Date: August 2017

### TABLE OF CONTENTS

INTRODUCTION	4
OVERAL OBJECTIVE	4
SPECIFIC OBJECTIVES	4
TRAINING DURATION	4
DAY 1 PROCEEDINGS	6
DAY 2 PROCEEDINGS	7
DAY 3 PROCEEDINGS	9
RECOMMENDATIONS	0
ACKNOWLEDMENTS	1
CONCLUSION 1	1
	DNYMS       OF FIGURES         INTRODUCTION       OVERAL OBJECTIVE         SPECIFIC OBJECTIVES       SPECIFIC OBJECTIVES         TRAINING DURATION       PARTICIPANTS/COMPOSITION OF THE TEAM.         THE TRAINING       DAY 1 PROCEEDINGS         DAY 2 PROCEEDINGS       DAY 3 PROCEEDINGS         CHALLENGES       1         RECOMMENDATIONS       1         ACKNOWLEDMENTS       1         CONCLUSION       1

# ACRONYMS

ADC	: Area Development Committee
CGSW	: Centre for Global Safe WASH
HAC	: Hospital Advisory Committee
HCF	: Health Care Facility
PHC	: Primary Health Care
QI	: Quality Improvement
WASH	: Water Sanitation and Hygiene
	Water and Capitation for Health

WASH FIT : Water and Sanitation for Health Facility Improvement Tool

# **LIST OF FIGURES**

- Figure 1 : WASH FIT Team during dissemination of results a few weeks before training
- Figure 2 : Seth Ferrey taking participants through the sanitation domain
- Figure 3 : Participants inspecting the female ward
- Figure 4 : Laundry trolley made from pieces of broken beds & wheelchair

## **1.0 INTRODUCTION**

After the Water Sanitation and Hygiene Conditions (WASHCon) survey conducted in all the Health Care Facilities (HCFs) under the Health Department of the Synod of Livingstonia in October 2016, the Development and Health Department jointly wrote a proposal to address the gaps identified therein. The proposal specified that these 2 departments aim to implement Water and Sanitation for Health Facility Improvement Tool (WASH FIT) – a management tool that holistically protects health and upholds dignity through the assessment and management of risks. Since WASH FIT is new and has not been implemented in many countries, the Centre for Global Safe WASH (CGSW) of Emory University sent a student to help facilitate implementation and documentation of the process. Embangweni Hospital and its 4 Health Centres was targeted as the first cluster and a WASH FIT Team was formed. A few weeks after the formation of this team, a three (3) days standard WASH FIT Training was conducted from 19<sup>th</sup> to 21<sup>st</sup> July, 2017.

### 2.0 OVERALL OBJECTIVE

The overall objective of the training was to build capacity of already existing structures within Embangweni Hospital and its surrounding HCFs to effectively manage their facilities so that they are clean and safe, well managed and respect peoples' rights.

#### 2.1 SPECIFIC OBJECTIVES

- To form a WASH FIT team that comprises an array of stakeholders
- To enlighten the WASH FIT team about minimum WASH requirements for HCFs
- To conduct another survey to determine the WASH conditions of the facilities
- To identify what the facilities are doing well and what they are not

### 3.0 TRAINING DURATION

The training was done in 3 days from 19<sup>th</sup> to 21<sup>st</sup> July 2017 at Embangweni Hospital.

# 4.0 PARTICIPANTS/COMPOSITION OF THE TEAM

In total, 15 people were trained and they came from 3 HCFs. They included members of the Hospital Advisory Committee (HAC) Quality Improvement (QI), Infection Prevention and Control (IPC), Hospital Management, Primary Health Care (PHC), Community Water and Sanitation Entrepreneurs, Area Development Committee (ADC), Inkosanas (Traditional leaders). These people came from Embangweni Hospital and 2 health centres (Mabiri and Mharaunda). Participants from Kalikumbi and Mpasazi did not show up albeit being invited for reasons not known. Before selecting the participants, a visit was made to all the targeted HCFs during which the concept of WASH FIT was introduced to members of staff. They alluded to the fact that they already have various committees in place that are addressing the issue of ensuring safe, clean and well management HCFs. They however pointed out that there were gaps with how things were done and were open to further capacity building. The QI committee was tasked to form a team that looped in all committees that had a stake in WASH and added some community members who had different roles in their communities as mentioned above.



Figure 1: WASH FIT Team during dissemination of results a few weeks before training

### 5.0 THE TRAINING

A standard WASH FIT training was conducted using the training package compiled by World Health Organisation (WHO). All the modules were covered and the content was delivered in the local language Tumbuka. Translation was done during Mr Ferrey's presentations. Some of the pictures were adapted to suit the local context. A range of training techniques were used to deliver the content. Demonstrations, group work, transect walks, practical work, questions & answers and role play were used. The participants were very active during the entire duration as evidenced by how they answered questions and how they were so keen to know more about certain topics that were not clear or new to them.

#### 5.1 DAY 1 PROCEEDINGS (19 JULY 2017)

The training was opened with a word of prayer followed by welcome remarks by the Director of the Hospital Dr Kondwani Zgambo. In his remarks, he urged all members to be attentive and to take the training seriously. He also pledged his support towards implementing WASH FIT. He further said he would be in and out of the training because he had other pertinent issues he needed to address including the core business of seeing patients and mentoring medical students. He asked members of the management team to keep him abreast of all the sessions he would miss.

In the morning hours, participants were taken through an introduction to WASH FIT. The main results of the status report released in 2015 by WHO/UNICEF were shared and participants highlighted that the findings echoed the situation in their facilities. They were amazed to learn about the many benefits that adequate WASH in HCFs can provide. When asked about the benefits they knew, all of them just mentioned prevention of diseases and reduction in mortality. They did not know that adequate WASH can also improve staff morale, help communities improve hygiene practices, facilitates more efficient services and encourage people to patronise services offered by the facilities among others. The participants committed to aligning their activities with the vision of the global action plan on WASH that envisions every HCF in every setting

having safely managed and reliable WASH facilities and practices that meet the needs of patients and staff by 2030.



Figure 2: Seth Ferrey taking participants through the sanitation domain

In the afternoon hours, the WASH FIT methodology was introduced and each step was discussed in detail. Participants were happy with the composition of their team but suggested that they would be content if more members from other departments like community development, police and primary education advisors' office were added. They pointed out that the methodology provided a good pathway to helping them achieve clean and safe HCFs.

#### 5.2 DAY 2 PROCEEDINGS (20 JULY 2017)

The whole of day 2 was occupied with presentations and discussions of two WASH FIT domains (Sanitation and Hygiene). Minimum requirements under each domain were explained to the participants which made them understand why their facilities did not do well with respect to the WASHCon survey. They alluded to the fact that some of the things that made them score low were simple things that could be done without any

financial input. They promised to start doing something to improve the situation. A tour around Embangweni hospital was done and participants could point out the gaps during this tour after understanding the minimum requirements. During the tour, some observed that a couple of items like old mops, 5 litre containers etc. were all over the hospital grounds and proposed to re-use them by making a hand washing station next to the pit latrine situated just outside the room we used for the training. They promised to continue installing hand wash facilities next to all the latrines within the hospital premises.



Figure 3: Participants inspecting the female ward

The tour around the hospital premises did not only reveal some weaknesses regarding sanitation but also revealed some commendable things the management of Embangweni Hospital have taken up. One of them is the initiative to clear the junk yard around the workshop where broken beds, wheel chairs, incubators, scrap vehicles and other broken hospital equipment are dumped by making new items that will be used again. The management decided to hire a welder who is making chairs, tables, TV stands, trolleys, and other items that will be used in the hospital. The fun part of the whole exercise is the dream of the hospital director who plans to paint, decorate put a broken-down ambulance in the paediatric playground. This has greatly reduced the amount of junk around the workshop area which was a sore in the eye before the work started. The other initiatives are the good sanitation messages on walls of the hospital and the barricading of all the lawns around the hospital premises to prevent trespassing which will allow the grass and flowers to grow well.



Figure 4: Laundry trolley (left) made from pieces of broken beds & wheelchair (right)

#### 5.3 DAY 3 PROCEEDINGS (21 JULY 2017)

The last day of the training was devoted to conducting another assessment at the hospital using paper copies and the WASH FIT App on the mWater platform. The group was divided into 4 teams each handling one domain and sent out to conduct the assessment. This was done to ensure participants understand what they are required to do in order to assess WASH conditions. Each group was supported by one or two

facilitators to help with other questions that needed clarification. A detailed comparison between the results from the WASHCon assessment and WASHFIT App assessment will be shared by Mr Ferrey in due course.

The management domain was also tackled on this day and the training was wrapped up with planning for implementation followed by an evaluation. Key things taken from the training evaluation are that participants thought they needed more days and after the training they need to meet frequently. In addition, they would like more people to be trained especially from health centres. They found the training content very useful and helpful. Soon after the assessment and training evaluation exercises, the WASH FIT Team stayed behind to plan for next steps including date of next meeting. This was encouraging to see and was a sign of seriousness and commitment.

# 6.0 CHALLENGES

The following challenges were encountered during the planning and the actual training:

- Poor communication from the side of the organisers which led to failure of some members to attend the training.
- Participants commutated from their homes which led to late coming, delaying starting time.
- The training venue was also used for morning reports and handovers which also delayed starting time.
- Power shortages which affected presentations as paper chats had to be used instead of power point.
- Failure to retrieve data from the WASH FIT App due to the design of the survey.

# 7.0 RECOMMENDATIONS

The facilitation team would like to make the following recommendations:

• The coordination unit of the Health department should follow up with Mpasazi and Kalikumbi to find out why they did not attend and request them to be part of the WASH FIT Team. Once they join, they should be briefed by executive members of team.

- For further trainings, venue and accommodation for the training should be considered to prevent delays in the program.
- The management and WASH FIT Team should be supported and encouraged to continue with the good work seen on the ground.
- The Embangweni WASH FIT Team should come up with an improvement plan as soon as possible to feed into phase 2 of the WASH FIT proposal.
- A new proposal should be drafted to address the gaps at Embangweni

# 8.0 ACKNOWLEDGEMENTS

Special recognition should go to the following:

- The Development Department for allowing and supporting us to lead implementation of WASH FIT.
- Seth Ferrey of Emory University who took time to come to Malawi to help with WASH FIT. Mr Ferrey was key in organising visits to facilities and supported the meeting that led to formation of WASH FIT Team. He was also key to the planning and training of the team.
- Hans Kasbergen of CCAP SMART Centre who advanced funds for the training.
- The entire Coordinating Unit of the Health Department who provided technical support.
- The Director of Embangweni Hospital Dr K. Zgambo and the focal person Mr Nyirongo for not only supporting all processes but also spearheading logistical arrangements and providing training requirements like conference room and projector.

## 9.0 CONCLUSION

The training was a success and the team seems to be enthusiastic about leading implementation of WASH FIT in Embangweni. They just need to be supported.

# Appendix 1: Training Agenda







#### AGENDA FOR FACILITY TRAINING WASH FIT TRAINING

Embangweni Mission Hospital, Malawi

19.07.2017 – 21.07.2017

TIME	ACTIVITY/TOPIC	PRESENTER	MODERATOR	
	DAY 1: 19/07/2017		MODERATOR	
8:30-9:00				
9:00-9:45	Opening Ceremony			
9.00 9.15	Opening Remarks	Dr Kondwani Zgambo	Junior Nyirongo	
	<ul> <li>Objectives and expectations of the workshop</li> </ul>	Seth Ferrey	8-	
	<ul><li>Group photo</li></ul>			
0.45 10.45				
9:45-10:45	Session 1: Introduction to WASH FIT	<b>D</b> • 1 <b>U</b> • 1	T ·	
Presentation and discussion	<ul> <li>WASH in health care facilities: aims, activities and embedding in health</li> </ul>	Daniel Nyirenda	Junior Nyirongo	
and discussion	<ul> <li>Introduction to WASH FIT (overview and</li> </ul>			
	scope)			
	Reminder of WASHCon			
10:45-11:00	Coffee Break			
11:00-12:20	Session 2: WASH FIT Methodology			
	Module 2 will focus on the five steps of WASH FIT:	Assembling the team, Ass	essment,	
	Prioritization, Improvement Plan, and Evaluation of t	he plan.		
	National context	Daniel Nyirenda	Junior Nyirongo	
Discussion	District or local context			
	Discussion			
12:30-13:30	Lunch break			
13:30-15:00	Session 3: Water supply in health care facilities			
	Module 3: thoughts and considerations of water supp	ly in health care facilities.		
Presentation	WASHCon water scores for Embangweni	Alien Munyimbiri	Daniel Lweya	
and discussion	Strengths and weaknesses			
15 00 15 20				
15:00-15:30	Coffee Break			
15:30-16:30	Session 4: Sanitation in health care facilities			
Ducantation	Module 4: thoughts and considerations of sanitation i		Domial Laura	
Presentation	WASHCon sanitation scores for Embangweni	Seth Ferrey	Daniel Lweya	
and Discussion	Strengths and weaknesses			
16:30-16:45	Wrap up			

DAY 2: 20/07/2017				
9:00-9:15	Summary of Day 1 & Objectives of Modules			
9:15-10:15	Session 5: Health care waste management			
	Module 5: thoughts and considerations of health care waste management in health care facilities			
Presentation	WASHCon health care waste management scores	Seth Ferrey	Tereza	
and Discussion	for Embangweni			
	<ul> <li>Strengths and weaknesses</li> </ul>			
10:15-10:30	Coffee Break			
10:30-12:00	Session 6: Hand hygiene			
	Module 6: thoughts and considerations of hand hygie	ne in health care facilities	5	
Presentation	WASHCon hand hygiene scores for Embangweni	Daniel Nyirenda	Tereza	
and Discussion	<ul> <li>Strengths and weaknesses</li> </ul>			
12:00-13:00	Lunch Break			
13:00-14:00	Session 7: Cleaning and disinfection			
	Module 7: thoughts and considerations of cleaning and disinfection in health care facilities			
Presentation	WASHCon cleaning and disinfection scores for	Alien Munyimbiri	Seth Ferrey	
and Discussion	Embangweni			
	<ul> <li>Strengths and weaknesses</li> </ul>			
14:15-14:45	Coffee Break			
14:45-15:45	Session 8: Environmental management			
	Module 8: thoughts and considerations of environmental management in health care facilities			
Presentation	WASHCon environmental management scores for	Daniel Nyirenda	Seth Ferrey	
and Discussion	Embangweni			
	Strengths and weaknesses			
15:45-16:00	Wrap up			

DAY 3: 21/07/2017			
9:00-9:15	Summary of Day 2 & Objectives of Modules		
9:15-10:15	Session 9: Facility management		
	Module 9: thoughts and considerations of facility man	nagement in health care fa	acilities
Presentation		Godfrey	Junior Nyirongo
and discussion			
10:15-10:30	Coffee Break		
10:30-12:00	Team assessment		
	Break-out groups use assessment tool for evaluation		
Group	Assessment tool evaluation	Junior Nyirongo	Daniel Nyirenda
Discussion	<ul> <li>What went well, what are challenges</li> </ul>		
	Additional comments		
12:00-13:00	Lunch Break		
13:00-14:30	3:00-14:30 Session 10: Action planning		
	Module 10: Role play with given scenarios		
Break out in	Individual Health Care Facilities formulate their	Daniel Nyirenda	Alien
Small Groups	plans		
14:30-14:40	Closing Ceremony	•	

### **Appendix 2: Evaluation Sheet**



Evaluation Sheet: WASH FIT Training Embangweni Mission Hospital, Malawi 19.07.2017 – 21.07.2017



Please fill in the questionnaire at the end of the training. It will take approximately 10 minutes and is anonymous. Your feedback will help us to improve the training and respond to your future needs.

#### Q1. What is your OVERALL opinion of the training? 2 Not interesting 1 3 4 5 Very interesting Not useful 1 2 3 4 5 Very useful Q2. What did you think of the length of the training? 2 **Too short** 1 3 4 5 Too long Q3. How useful was the training in relation to your needs? 5 Not useful 1 2 3 4 Very useful Q4. I have learnt a lot from this training 1 2 3 4 5 Learnt a lot Did not learn much Q5. The objectives of the training were met 1 2 3 Needs not met at all 4 5 Needs completely met Q6. Do you feel you understand WASH FIT? Don't understand it 1 2 3 4 Understand it well 5 Q7. Do you feel confident that you are able to deliver a training on WASH FIT? Not confident 1 2 3 4 5 Very confident Q8. How did you find the trainers? 2 3 5 Very poor 1 4 Very good Q8. The teaching methods were suitable (e.g. amount of group work compared to theoretical sessions) 2 3 Not suitable 1 4 5 Very suitable

Please continue on the next page.

I would like more information on the following subjects:

Do you have any comments about WASH FIT? How could it be improved? Do you think it will be useful in your district/country/where you work?

Please provide any additional comments on the training, for example how can it be improved? What would you change about the training?

Thank you for your comments and for attending the training course

# Appendix 3: Names of participants

### A. Names of trainees

No.	Name	Designation	Location	Contact
1	Dr Kondwani Zgambo	Hosp. Director (MD)	Embangweni	+265885319917
2	Junior Nyirongo	QI Chair	Embangweni	+265885166087
3	Flemings Zgambo	ADC	Mbawa	+265885449510
4	Patricia Ngulube	San. Promoter	Ephangweni	+265882887082
5	Maria Nzima	HACC	Embangweni	+265994512745
6	Matembo Kumwenda	HSA	Mabiri	+265994853146
7	Henry Soko	Water Supervisor	Embangweni	+265888610534
8	Flemings Zgambo	ACCO	Ephangweni	+265888691894
9	Ginluck Makwakwa	HSA	Mharaunda	+265888718361
10	Thomas Phakati	HSA	Embangweni	+265881111232
11	Foster Jere	Inkosana	Embangweni	+265884448000
12	Gilbert Soko	ADC Chair	Mzikubola	+265995124565
13	Talent Grayson	Acting PNO	Embangweni	+265997377119
14	Wilford Mwalukano	SAO	Embangweni	+265884417833
15	Tamata Chirwa	MCH Coordinator	Embangweni	+265888571382

**Note:** We had 2 people with the same name (Flemings Zgambo)

### **B.** Names of trainers

No.	Name	Designation	Location	Contact
1	Daniel Nyirenda	WASH Expert	Ekwendeni	+265999356886
2	Seth Ferrey	MSc. Student	Atlanta, USA	+16513342583
3	Alien Mnyimbiri	WASH Officer	Mzuzu	+265888651249
4	Daniel Lweya	Intern	Mzuzu	+265993852808
5	Godfrey Silungwe	M&E	Mzuzu	+265888481844
6	Tereza Kalambo	Nurse	Mzuzu	+265998036339