

# Training Report

Water and Sanitation for Health Facility Improvement Tool  
(WASH FIT)

31<sup>st</sup> May 2019 , Lemigo Hotel

Kigali - Rwanda

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## 1.0 INTRODUCTION

After Achieving health for all, and in particular universal health coverage (UHC), is the key priority of WHO's new General Programme of Work (GPW 13). It will be impossible to meet the triple billion targets of GPW 13 without fully functioning basic water, sanitation and hygiene (WASH) services in all health care facilities (HCF). Recent data from the WHO/UNICEF Joint Monitoring Programme indicates that in 2016, 1 in 4 healthcare facilities lacked basic water services, and 1 in 5 had no sanitation service. In addition, globally, 42% of health care facilities have no hand hygiene facilities at the point of care. Coverage is much lower in countries in sub-Saharan Africa. Such services are needed to provide quality care, ensure adherence to infection prevention and control (IPC) norms and standards and guarantee that facilities are able to provide environments that respect the dignity and human rights of all care seekers, especially mothers, newborns and children. Ensuring basic WASH services also reduces overall health care costs, health service inequities, and improves health system resilience, especially when improvements are environmentally friendly and climate resilient.

The 2018 Global Call to Action on WASH in HCF by the UN Secretary General elevated this issue even further among all UN agencies, partners and among Member States. Furthermore, this area of work is supported by a new WHO WASH strategy that includes WASH in HCF as a priority area and details targets for focusing and tracking progress in this important area. One of the tools to implement the new WHO WASH strategy is "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 the country, the WHO in Rwanda in collaboration with the Ministry of Health (MoH) organised a one day Introductory WASH FIT Training. This WASH FIT training was conducted on 31<sup>st</sup> May 2019 at Lemigo Hotel.

## **2.0 OVERALL OBJECTIVE**

The overall objective of the training was to build capacity of healthcare workers from District hospitals and development partners to effectively manage WASH in HCFs facilities so that they are clean and safe, well managed and respect peoples' rights.

### **2.1 SPECIFIC OBJECTIVES**

- To train HCWs on the use of the Water and Sanitation for Health Facility Improvement Tool (WASH FIT)
- To enlighten the WASH FIT team about minimum WASH requirements for HCFs
- To disseminate the findings from the Situational analysis conducted by the WHO/HQ team on WASH and quality in health care facilities in Rwanda

## **3.0 TRAINING DURATION AND VENUE**

The WASH FIT training was a one day training workshop which was conducted on 31st May 2019 at the Lemigo Hotel in Kigali City

## **4.0 PARTICIPANTS/COMPOSITION OF THE TEAM**

In total, 42 people were trained and they included 30 environmental Health Officers from District Hospitals and 12 representatives of partners and GoR institutions). Before conducting the training a quick assessment was performed by a WHO/HQ team which was conducting a Situational analysis of WASH and quality in health care facilities in Rwanda. The mission involved a series of informal interviews and discussions with a targeted group of stakeholders at the national and facility level, including the Ministry of Health, UNICEF, WaterAid and World Vision. Follow up conversations were held with the Water and Sanitation Division (Ministry of Infrastructure). A visit was made to Six healthcare facilities (3 health centres, 2 district hospitals and 1 referral hospital). 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.

## 5.0 THE TRAINING

The Introductory WASH FIT training was conducted using the training package compiled by World Health Organisation (WHO). All the modules were covered, the content was delivered in English and some of the pictures were adapted to suit the local context. A range of training techniques were used to deliver the content, and the slides used to conduct the training can be accessed through the following Dropbox link : <https://www.dropbox.com/s/s0fzjwazo3glxue/WASH%20FIT%20introduction%2031st%20May%202019%20Kigali.pptx?dl=0>. In addition, other training techniques such as 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 FACILITATORS

The WASH FIT training sessions were facilitated by Mrs. Arabella Hayter , the WASH and Health Expert from WHO/HQ and Mr. HABIMANA Innocent, the WASH and Environmental Health Expert from WHO country Office in Rwanda.

### 5.2 PROCEEDINGS

The training was opened with a word of prayer followed by welcome remarks by the Environmental Health Focal Point from the Ministry of Health. In her remarks, she urged all members to be attentive and to take the training seriously. she also pledged her support towards implementing WASH FIT.

Participants were taken through an introduction to WASH FIT. The Global and national overview of WASH in health care facilities 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.

Then 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 were added and pointed out that the methodology provided a good pathway to helping them achieve clean and safe HCFs.

The big part of this session 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 Quick situational analysis of WASH and quality in health care facilities in Rwanda. 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. They were given some examples from the situational analysis where participants could point out the gaps after understanding the minimum requirements. From the findings they observed that for most of HCFs, there is a lack of a hand washing station next to the latrines. They promised to continue installing hand wash facilities next to all the latrines within the hospital premises.

### **5.3 CHALLENGES**

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

- Short time allocated to the training.
- Participants commuted from their homes which led to late coming, delaying starting time.
- A lot of presentations for a very short time
- Use of English while there were people who use Kinyarwanda only.

## 6.0 CONCLUSION

The training was a success and the team seems to be enthusiastic about leading implementation of WASH FIT in Rwanda's HCFs and they just need to be supported. 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 participants 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.

## 7.0 RECOMMENDATIONS

The facilitation team would like to make the following recommendations:

- The coordination unit of the Ministry of Health (MoH) should follow up on implementation of the WASH FIT across all HCFs in the country:
  - Review WASH in HCFs standards to include missing elements in relation to WASH FIT
  - Reviewing WASH FIT and adapting it to national context and against accreditation standards in order to streamline process of development and maintaining WASH infrastructure in HCFs
- For further trainings, enough time for the training should be considered.
- The management of HCFs and their WASH FIT focal points should be supported and encouraged to continue with the good work seen on the ground.
- The national WASH FIT Team should come up with targets and a roadmap which will help to drive progress on implementation of the WASH FIT.
- A new proposal should be drafted to build capacity in the identified gaps for implementation of the WASH FIT at HCF level.

## Appendix 1: Training Agenda

**An introduction to the  
WATER AND SANITATION FOR HEALTH FACILITY IMPROVEMENT TOOL (WASHFIT)  
31<sup>st</sup> May 2019  
Agenda**

<b>TIME</b>	<b>ACTIVITY/TOPIC</b>	<b>PRESENTER</b>
08:30	Registration of Participants	
09:00	Welcome and Introductions Purpose and Objectives of the meeting	Ministry of Health
<b>Part 1</b>		
09:30 – 10:30	<b>Global and national overview of WASH in health care facilities</b> <ul style="list-style-type: none"><li>• Why is WASH in HCF and quality so important?</li><li>• Global status on WASH in HCF</li><li>• What are the biggest challenges in Rwanda?</li></ul>	Arabella Hayter, WHO Geneva
<b>Coffee break</b>		
11:00-12:00	Introduction to WASH FIT Methodology	
<b>12:00</b>	<b>Closing</b>	<b>Ministry of Health</b>