

ESA Regional WASHFIT Training of Trainers Proceeding



REGIONAL WASH FIT TOT
ON 20TH - 24TH MARCH, 2023 AT SAFARI PARK HOTEL - NAIROBI

ESA Regional WASHFIT Training of Trainers

20th to 24th March 2023

Purpose

To train trainers who are involved in improving WASH services and infection prevention in health care facilities from different countries in the region. The training was expected to develop trainees' knowledge and skill in WASH FIT methodology and related technical modules so that able to roll out similar training in their respective countries.

Objectives of the training

- To inform on the backgrounds of WASH in HCFs and the linkages with health programs
- To create understand of WASH FIT approach and its importance
- To create understand of the technical domains of WASH in HCFs including climate resilience, gender and social inclusions (second edition elements)
- To enable demonstrate WASH in HCFs assessment, risk analysis, improvement planning
- To enhance training facilitation skill of the trainees
- To facilitate cross learning among the participants
- To initiate preparation of action plan by the country team

Summary of the training schedule

Days 1 and 2 – were dedicated to making opening remarks, understanding the expectation of the trainees, presentations and discussions on country progress and challenges with regards to WASH in HCF intervention. Market place posters prepared by country team were printed and posted for presentation.

Presentations were also made on Energy in HCF, Eight practical steps to ensuring universal access to WASH in HCFs, and climate resilient WASH interventions. Moreover, a session was facilitated on adult learning methods and preparation of the Participant-Led Sessions (PLS).

Day 3 – the morning session was dedicated for the presentations of the PLS by the groups assigned to work different modules. In the afternoon the trainees made a visit to a facility (Mathare health center) in order to create context understand and make assessment on the WASH services so that it will be an input for the WASH FIT methodology training session. Onsite feedback also made to the facility.

Days 4 – deep dive sessions on WASH FIT methodology were conducted including brief presentation, group work and discussions. Practical exercises were made on each of the WASH FIT steps using the information obtained on the facility visit.

Day 5 – involved sessions on use of Kobo tool box for WASH FIT assessment, Gender, Disability, Social Inclusion module (GEDSI) and WASH in HCFs, implementation considerations and post-TOT action plan. Also wrap of o the training with post training test, evaluation and feedback.

Trainees and facilitators

A total of 29 trainees from 11 countries attended the training. These involve 11 MoH, 7 UNICEF, 7 WHO staff from 9 countries, 3 ICAN represented person from Ethiopia, Malawi and Madagascar, 1 staff from staff from Sudan. *The list of the training participants is annexed to this report.*

There were four facilitators from UNICEF and WHO. These are Pierre Fourcassie and Kebede Eticha from UNICEF and Guy Mbayo and Nadia Abdalla from WHO.

DAY I: Setting the scene

MORNING SESSION

Opening remarks

Remark by MoH official, Dr Mohammed, National WASH Unit at MoH

He welcomed the trainees and provided background of Kenya including 47 counties. He noted WASH in a country is key intervention area and required policies, strategy, guidelines and road map are in place. Interventions made in relation to WASH in HCFs including assessment done with the support of UNICEF in May 2022, issue with the Covid 19 and acquired infections in HCFs and water related diseases are among the problem. Counties, have pool of fund, are provided with itemization of WASH FIT for budgeting.

Also indicated cholera outbreak in the country, that 17 Counties reported cholera, Epi center close to Nairobi, not required drinking tap water. OCV, oral cholera vaccine is being introduced but WASH remains the key for prevention. Mobile system is used to track cases suspected or confirmed and assessment done to the locality to inform required intervention. And Uganda is bounding 20 counties, required readiness for Ebola.

He further informed the participants to have security awareness, required caution and possible public demonstration during the week. For Taxi, to use online reliable transport platforms like *huba*.

Remark by Guy Mbayo, WHO AFRO Public health and Environment focal

Made the remark on behalf my Department Director, Dr. Onyango, and thanked all for joining the training organized jointly by UNICEF and WHO. He noted that as African nations the strive is to meet global health challenges like the current cholera whilst still emerging from the Covid-19 pandemic, and to achieve universal access to quality health care for all, the goals set forth in the UN Secretary-General's Call to Action on WASH in Healthcare Facilities, in 2018, have made their way since.

By adopting resolution WHA72/07 soon after, Member States committed to improve access to WASH services in healthcare facilities to ensure quality care. Recommended personal measures include frequent and effective hand hygiene which is one of the most important prevention measures: right time & right technique. At regional and country levels, WHO and UNICEF collaborate closely to support capacity building for implementation of the recommended 8-steps for improvement of access to WASH in health care facilities.

For health care facilities, Water, Sanitation and Hygiene (WASH), and hand hygiene measures, are a fundamental part of the WHO's Infection, Prevention and Control (IPC) minimum requirements. Persistent lack of political prioritization and chronic under-investment go hand in hand with insufficient overall access. Governments, donors, institutions, researchers and communities at large should team up to ensure sustained WASH in healthcare facilities financing by investing in health programs that are likely to help this agenda. New sites should systematically built-in adequate access to safe water and sanitation.

A holistic approach that includes improved collaboration, and public-private partnerships and investment, remains crucial to expanding and maintaining infrastructure for safe water, sanitation and hygiene in the Region. More financial resources are required in most African countries to achieve universal access to water, sanitation and hygiene services by 2030.

We are looking forward to the Train-the-Trainer approach that will be used here. This teaching method allows participants to engage in comprehensive, distributive learning of theoretical knowledge and skills so to effectively train others.

He conclude the remark with thanking and congratulating all for working tirelessly in your own countries for establishing systems that address progressive, improved access to WASH services in health care facilities.

Introductory speech by Pierre Fourcassie

Pierre made participant introduction from expected the 11 countries and communicated the objective of the training and importance of WASH FIT Tool for improving quality of care, addressing HCAs (7-15%), new born death problem, and the worse situation in emergencies, address barriers and ensure continuity and quality of care.

He also indicated aspects which will be addressed during the training including functionality issue of WASH in HCFs, enabling environment including funding, how to plan and train health workers at different level.

This was followed by:

- Participant self-introduction, using an interactive method. They were asked to locate themselves by country and level of expertise across WASH to IPC range.
- Briefing on the training program, agenda and expectations
- Provision of training folder – which include the agenda and daily learning log
- Collecting training expectation by trainees and summarized in a group
- Pre-training test

The summary of the expectations included below listed area:

- Knowledge and practice in relation to WASH FIT
- Experience sharing
- How to train people
- Resilience
- Action plan

Presentations on global progress and Energy in HCFs

(By Nadia, and Nour, Energy specialist at ESARO)

Presentation on practical step country progress involved:

- 73 COs contributing to the tracker and updated
- AFRO, most of the progress is on step1, gap on step 4 and 5 infrastructure improvement and HMIS
- Four global recommendation per the 2020 report

Presentation on Energy in HCFs addressed:

- Africa account only 6% of the global energy demand, 72% in rural don't have access to electricity
- The continent has the best renewable energy (solar) compared to other regions
- Assessment in ESAR by UNICEF addressing market gaps, regulatory framework, ongoing electrification activities, cost of diesel in countries
- Need for 500 MWp solarization in 21 ESA countries, top 3 potential countries are Ethiopia, Tanzania and Madagascar
- Energy access in HCFs in the region, lowest in Madagascar, low in South Sudan and Somalia
- 70% of power facilities in some of these countries are un-functional
- Sustainable energy require operation and maintenance, support local market, financing modality
- The RE pyramid, energy conservation, efficiency, renewable energy in order of management approach

The trainee made reflections on the need of energy for many purposes in HCFs: light, water pumping, waste management etc and asked a question on disposal of e-waste like solar batteries? Need for national grid as possible and use battery only when required. Some country, the grid is in place but the hydropower is a problem and effect of natural disasters and then need to consider these during design and construction.

Remark made on the cost of installation of solar is high, and need to balance and consider it compared to the grid. Reflection, each country context is different and one size fit may not work, assess feasibility. Country strategy and regulations needs to be considered on the energy supply including use of combination and integration of sources

It was also communicated that there was a joint UNICEF and IOM Solar WASH project with a lot of resources produced.

Market place poster presentations by countries

Each country made posters presentation on the country background including population and number of HCFs by categories; status of WASH in HCFs; progress on the right practical steps; climate resilience and environmental sustainability interventions, best practices and challenges.

As wrap up of the session, reflections made included:

- Interesting experience sharing among the participants of the countries (lesson)
- Progress is required from the countries in terms of infrastructure, monitoring, community and partners engagement and research areas

End of the day session concluded by asking the trainees to complete their daily learning diary.

AFTERNOON SESSION

Recap of day was made using an interactive method, asking each group to list key terms on a flip chart

Country market place presentation continued

WASH and emergency presentation *(Facilitated by Pierre)*

Briefing made on a case cholera response case of packages of intervention which include WASH and IPC. Contexts based intervention based on scenarios of transmission: CATI target priority household and neighbors (50 meters), Cluster to community intervention which is blanket, where there are too many cases and there is inadequate resource. The need for early intervention to flatten the outbreak curve

And made briefing on a case Ebola response i.e RING approach with package of interventions (WASH, IPC and SBC) for treatment units. It was noted contract tracing during 21 days, tracking the contacts using Kobo tool.

Question asked from participant on the availability of Ebola decontamination after end of the outbreak?

Hand hygiene promotion *(Facilitated by Kebede)*

Group discussions on interventions and approaches which work for effective hand washing promotion and the challenges based on the trainees' experience including the response to Covid19. Some of the reflection included: collaboration of the actors, use of key messages and scorecard, local use of hand sanitizer and use of innovative hand washing station having foot pedal.

The challenges - funding, shortage of water, behavior change, shortage of human resource, inadequate SOPs and gaps in dissemination of materials, lack of maintenance of hand washing facilities and monitoring. Remark also made on the need to adopt multimodal strategy for hand washing promotion in all settings.

DAY II: How to be a good WASHFIT trainer

MORNING SESSION

Recap of day I

Participants asked to write in group to write the learning from day I for five minute on flip chart. A competition approach was used and groups were ranked per the number of learning points listed.

Presentation by Guy

- Service level and JMP report
- The eight practical steps
- Climate resilience and WASH in HCFs

It was noted climate related hazards and the relation with infrastructure and continuity of services. Health facilities are vulnerable and also source of emission for climate change from wastes that are not treated safely from the facilities. Some of the interventions in this regard include water storage and efficient use, design of durable infrastructure, less water using latrine options and waste management.

Also, it was noted that the sixth IPCC assessment report made in 2022 included climate change information in Africa.

Adult learning session (*Facilitated by Pierre*)

The presentation involved discussions on why adult learning is different? principles and tips on the topic. Also need to have session plan including method and materials and use of pictures.

Some of the needs and reflections addressed were:

- Need to build on existing knowledge and experiences
- Make participatory and interactive sessions
- Doing facilitation than teaching
- Be time conscious
- Diversify teaching methods
- Encourage group discussion, role play, competition and experience sharing
- Doing demonstration or practice
- Include test, question and answer and quizzes
- Active and passive reading, active note taking
- Coaching and mentoring
- Use of mentimeter

Three stages of training: preparation, delivery, evaluation and follow-up with reference to WASH FIT training manual.

Group exercises were also made on learning pyramid asking the trainees to match different teaching method pictures printed on pieces of paper to relevant levels of the learning pyramid having six stages.

AFTERNOON SESSION

PLS Group work

The participants were grouped into six and each of them were provided with a module (technical and management and human resource topics) and requested to review available resources for three hours in the afternoon and to prepare a 20 minutes presentation on the modules assigned to them.

The guidance provided includes:

- Select their audience (trainee), could be national, subnational/provincial, and facility levels
- Read through available module and resources
- Identify 3-4 learning objectives
- Prepare session plan with time, objectives, sequence or subtopics, methods and materials
- Prepare adapted presentation
- Rehearse the presentation

DAY III: Participant-led WASHFIT sessions and assessment in Mathare Hospital

MORNING SESSION

The session started with the recap of the day II

PLS presentations on technical modules

All the groups made a role play to make presentation on the modules the prepared.

The PLS sessions helped to engage the trainees and make in-depth review of the resources, group discussion and learning from each other. It also enabled to practice effective presentation and facilitation methods.

Briefing on technical visit to facility

The six groups established to work on different modules were informed to practice assessment in their respective domain on the visit to the facility. Guidance also provided to the team on the process and key variables to address during the visit.

AFTERNOON SESSION

Facility visit

A visit was made to Mathare health center, a facility which has an overage of over 800 daily patient flow and 24 inpatient beds. The facility offers the following services: outpatient, maternity, Comprehensive Care Clinic, Mental Health, Non-Communicable Diseases, Maternal and Child Health, Family Planning, Cancer screening, TB services, Nutrition, Ultrasound and X-ray. Recently the facility upgraded from Level 3 (health center) and Level 4 (district hospital).



Purpose of the visit: to create pre training exposure, understanding of the context and how to conduct assessment. So that it will help to have real-life data that was used during the training sessions for practicing the WASH FIT process steps.

A team of were grouped into six, to conduct assessment on different domains or technical areas using interviews and observations within the whole part of the facility. Each group were provided with essential variables for the assessment, and further request to refer to the WASH FIT tool, to get the data for each of the indicators and to identify methods to assess the indicators.

Trainees' feedback:

At the end of the visit, the groups were requested to provide feedback to the facility visit organizers

- The visit went well and the trainees thanked the organizers at health center for the warm welcome
- Indicated positive aspects in WASH services availability and areas which require improvement. These included addressing the gaps related to waste management, lack of maintenance for the borehole, lack of cleaning records and compliance monitoring provided that the infrastructures are in place.
- The facility team also accepted the feedback and indicated that the visit was an eye opener. The upgrading of the facility to Level four required more staffing which needs to be addressed.

DAY IV: Deep-dive into WASHFIT process and application to Mathare Hospital's assessment

MORNING SESSION

Recap of the day III

The contents of this session included background, description and importance of WASH FIT.

Step 1: Establish WASH FIT Team

- Group work to discuss team possible team members in primary facilities and hospital
- Linkages with other team like QoC and IPC
- Challenges to the team

WASH FIT roles addressed by the trainees include: coordinate WASH intervention, assessment, resource mobilization, monitor and report progress, conduct improvement interventions, conduct in-house training, compliance monitoring, provide mentorship and technical support.

Step 2: Assessment

This involved presentation and group work to demonstrate assessment scoring by the groups on different domains, using the facility visited as a case. Each group came up with the percentage score for the domains which include lower score on health care waste management and management aspects.

Result visualization methods were also addressed to the trainees.

AFTERNOON SESSION

Step 3: Risk analysis and prioritization

The concept of risk, hazards, associated risk and risk categorization were addressed.

This step also addressed through group exercise.

Step 4: Improvement planning

This involved developing detail activities plan, cost, timeline and responsibility.

Identify intervention needs based on incremental improvement, and classify interventions as short, medium and long term.

Step 5: Monitoring and review

Key elements in relation to monitoring and review were addressed. Also the need to have monitoring and review at different levels from facility to national level was addressed.

DAY V: Sustainability of WASHFIT and planning for action

MORNING SESSION – *extended time until 3:00 pm*

Recap of day IV

The groups on different domain were provided to do one minute elevator speech simulation to communicate the learning from the training to director general of their offices back home.

Session on Kobo toolbox (*By Kebede*)

The started with brainstorming question and responses by the trainees on the importance of digital data collection. This was followed by brief presentation and practical exercises on Kobo form creation, uploading WASH FIT form, deploying and sharing the form, data collection, online report, downloading, review and analysis. The possibility to aggregate and analyze WASH FIT data at different levels also noted.

The lessons from this session were:

- The need to prepare and provide printed version of the procedures on Kobo use for the trainees
- Prepare scenario for practicing project creation by the participants providing some context like WASH FIT assessment or outbreak/ data and to conducting assessment (form creation, share form, data view, edit, report, down load, analysis etc

Session on sustainability and implementation of WASH FIT (*By Maggie, WHO HQ*)

The presentation addressed factors for successful implementation

Key learning on scaling up including cost as a barrier

Integrating monitoring to national system

Gaps related to cleaners and health workers

Engaging community members to support cleaning

Sustainable finance and the shift to PHC as potential opportunity

Need to identify recurrent and capital costs, cost of training and supervision

Investment cost estimate, a lot of cost goes to health care waste management

Lack of systemic way to track funding per the case study done in Ghana

Lack of inter-sectorial collaboration, global framework how WASH is funded

Need to use investment return or gain of WASH intervention for advocacy

Need for partners to support scale up interventions to government plan than specific project

The need to advocate for health care facilities to be self-governing like in budget including operation maintenance

Emergency structures in some of the countries need to consider budget for WASH.

Session on GEDSI (By Nadia)

WASH FIT module on GEDSI was used for the session. It was noted that the need to consider services from gender, disability and social inclusion perspectives.

Group brainstorming was made to address barriers (physical, social and institutional) related to WASH in HCFs. Experience from Indonesia was displayed using the video prepared in the country. It was noted that the need to address GEDSI across assessment, planning and intervention.

Gender participation ladder was address through the participation of the trainees.

Country action planning

Each country team seat together and worked on the draft activities action plan based on the template shared by the facilitators. Below present the summary for nine countries:

Some of the planned activities by the countries are below:

Ethiopia: finalize tool customization, national training, piloting in selected facilities, preparing national roadmap, monitoring through DHIS2

South Sudan: sensitizing and engaging leadership, establish TWG/integrate with IPC WG and develop action plan, identify targeted facilities, adapt tool

Kenya: Adapt the tool, identify and train in targeted facilities, supervision of facilities, Develop roadmap and target in collaboration with USAID, UNICEF and WHO)

Tanzania: national training, establish TWG, identify and implement in targeted facilities, situation analysis and assessment in collaboration with national statistics

Malawi: engage the leadership, revitalize national TWG, adapt the tool, rollout the tool in 72 HCFs

Uganda: adapt the tool, national refresher training, training to targeted facilities in 20 districts,

Mozambique: engage leadership, establish TWG, introduce the tool in 20 HCFs, training at national level (June), monitoring of HCFs,

Zambia: finalize baseline survey, sensitizing and engaging leadership, adapt tool, establish TWG, identify more facilities for implementation, training at targeted facilities, finalize roadmap

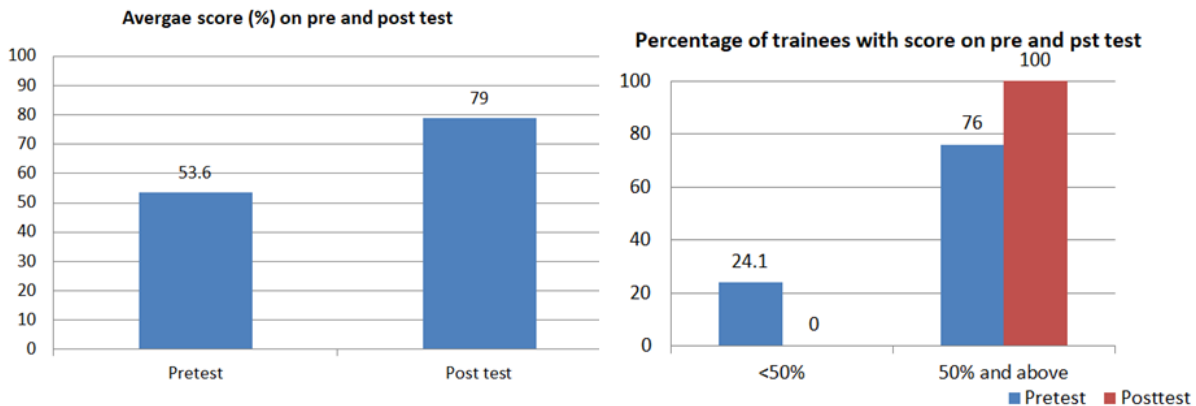
Zimbabwe: Adapt the tool, training at provincial level, monitoring implementation in the 100 HCFs, Review of the implementation by June

Madagascar: review and adapt the tool, national training, identify targeted facilities

Training evaluation

Pre and post test

The pretest average score of the trainees increased from 53.6% on pretest to 79.0% on posttest. All the trainees scored 60% and above as opposed to the 24.1% of the trainees who scored less than 50% on the pretest. The number of trainees with average score of 75% and above on pretest increased from 4 to 14. The least score on pretest increased from 20% to 75% on the post test.



Some of the participants missed to answer questions on:

- JMP service level indicators for water and hand hygiene
- Waste storage duration
- Cleaning procedure
- Climate resilient sanitation and waste treatment technologies

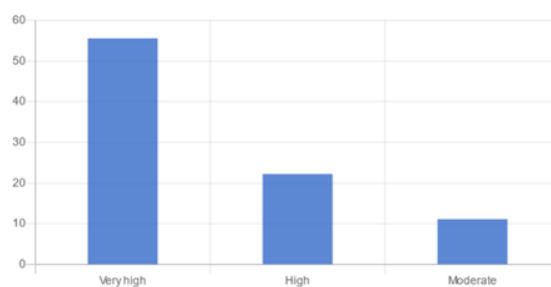
Evaluation of the training sessions



Findings of the online evaluation and feedback

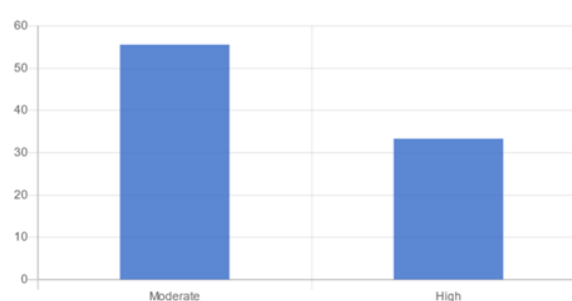
How was the training interesting

TYPE: "SELECT_ONE". 8 out of 9 respondents answered this question. (1 were without data.)



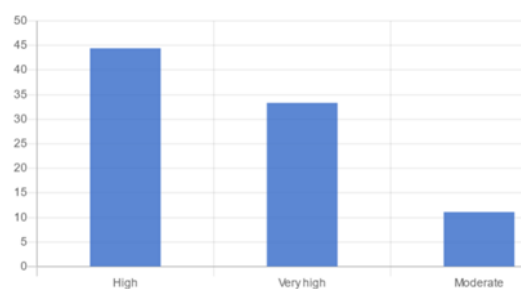
How was the length of the training

TYPE: "SELECT_ONE". 8 out of 9 respondents answered this question. (1 were without data.)



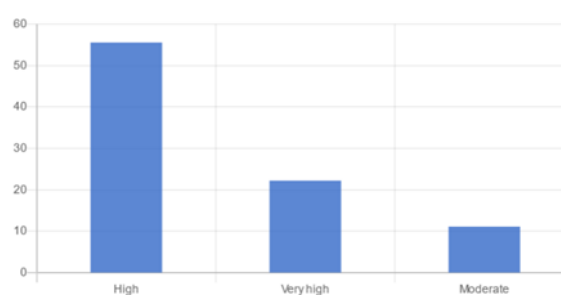
What you learn from the training

TYPE: "SELECT_ONE". 8 out of 9 respondents answered this question. (1 were without data.)



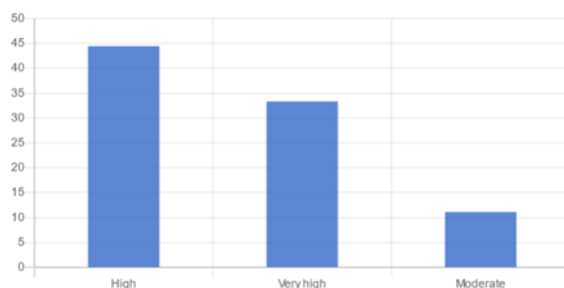
Meeting the objectives of the trainings

TYPE: "SELECT_ONE". 8 out of 9 respondents answered this question. (1 were without data.)



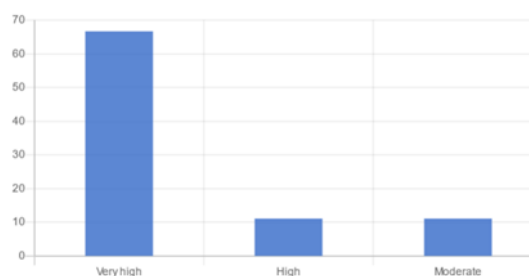
Understanding of WASH FIT

TYPE: "SELECT_ONE". 8 out of 9 respondents answered this question. (1 were without data.)



How suitable are the teaching methods (in person)

TYPE: "SELECT_ONE". 8 out of 9 respondents answered this question. (1 were without data.)



In which topics would you like to have more information and learning?

Energy and environment, management and workforce

Management and sustainability

Use of kobo toolbox to formulate and deploy questionnaires

Climate and WASH, WASH and vulnerable groups, operation and maintenance

Operation and maintenance, WASH for vulnerable

What lessons do you consider from this training process?

Adult learning and Kobo tool use

WASH FIT can contribute on improving quality of care at minimal cost

Effective leadership is important to drive implementation of WASH FIT

Learning on WASH FIT, adult education methods, use of a market place, recap methods and many more

Incremental improvement of HCF is critical in IPC and achieving good WASH indicators.

Training methodology, most of which were new and interesting

The visit to health center was interesting and a good experience

Most of the training topics were addressed very well except few topics like climate resilience and energy

Annexes

List of trainees

Name	Country	Organization	Email
Molla Godif	Ethiopia	ICAN	mollagodif10@gmail.com
Yohannes Kenne		MoH	yohannes.kenne@moh.gov.et
Yehualaw Getahun		MoH	Yehualaw.getahun@moh.gov.et
Netsanet Kassa		UNICEF	nkassa@unicef.org
Osman Yiha		WHO	yihao@who.int
Adam Mohamed	Kenya	MoH	adamqone@gmail.com
Ibrahim Basweti		MoH	baswetin@gmail.com
Janet Mule		MoH	mulejanet@yahoo.com
Jimmy Kariuki		UNICEF	jkariuki@unicef.org
Agnes Makanyi		UNICEF	amakanyi@unicef.org
Rasolomanana Rab	Madagascar	ICAN	rasolo.harytolotra@gmail.com
Dorica Ng'ambi	Malawi	ICAN	doricangambi@gmail.com
Hamid Mponda		WHO	mpondah@who.int
Filomena Zolinho Aide	Mozambique	MoH	filoaide@gmail.com
Neuza Buque		UNICEF	nbuque@unicef.org
Nyankiir Ajing J.	South Sudan	MoH	nyankiiralor85@gmail.com
Biar Kuai Biar		UNICEF	bkbkar@unicef.org
Abraham Alberto		WHO	achiera@who.int
Waleed Eissa Kami	Sudan	Save Momentum	WlssaKuku@momentumhr.org
Mariam Mahamudu	Tanzania	MoH	mamumashimba@gmail.com
John Mfungo		UNICEF	jmfungo@unicef.org
Jairos Hiliza		WHO	hilizaj@who.int
Bob Omoda Amodan	Uganda	MoH	omobob@gmail.com
Paul Kejira		UNICEF	pkejira@unicef.org
Innocent Hamuganyu	Zambia	MoH	Innocent.Hamuganyu@MOH.gov.zm
Junko Suzuki		WHO	suzukij@who.int
Milliton Chivasa	Zimbabwe	MoHCC	millysibs@gmail.com
Pasipamire Jasper		WHO	pasipamirej@who.int
Tendai Makamure	Regional hub	WHO	makamuret@who.int

Agenda of the training			
#	Title	Content highlights	Facilitator/trainer (PLS=participants-led session)
Day1: Setting the scene			
1.1	<i>Welcome & registration</i>		
1.2	Introduction	Welcome and opening remarks	MoH Kenya – Dr. Adam Mohamed Ali UNICEF - Pierre Fourcassie WASH Specialist WHO - Guy Mbayo WASH Technical Officer
1.3	Program description	We will get to know each other during the week Purpose of this TOT Program description Methodology and material (PLS explained) Groups forming (6) Rules Expectations	Pierre Fourcassie (WASH PHE specialist, UNICEF ESARO)
1.4	Pre-course test	Participants to conduct the pre-course test individually	Kebede Eticha (WASH in HCF consultant, UNICEF HQ)
1.5	AFRO Countries progress in HCFs) on 8 practical steps) Energy in HCF	Overview of global and AFRO status, introducing the 8 practical steps and countries' progress, how to submit updates and share stories on progress. Overview of Energy in HCF and Energy options Q&A	Nadia Abdalla (WASH tech. officer, WHO Geneva) Nour Alnajjar (Energy specialist, UNICEF ESARO)
Break			
1.6	Market place with 8 countries: detailed situation of WASH in HCF; IPC/WASH progress; Good practices	Market Place session with country posters on the wall 1/ Country situation (Group work using the template, country progress/eight steps) and plenary feedback, and challenges 2/ Country posters (optional) or country presentations on free themes such as good practice examples of frameworks - gender/QoC/climate integration, financing/budgeting experiences, etc; tools/processes for improving quality of care; an innovation (not PV); barriers analysis and how they are overcome; gender equality Energy; budgeting (local governments, other sources); integration WASH+IPC+QoC ;	Facilitation team
Lunch			
1.7	WASH and IPC in emergencies	The critical importance of WASH/IPC in emergencies Ebola: WASH/IPC response Cholera: WASH/IPC response Roundtable of examples	Pierre Fourcassie
1.8	Hand Hygiene	Hand hygiene promotion and adherence in HCF:	Nadia Abdalla

	promotion in HCF through country examples	concrete examples from countries of approaches that work Country team WG Feedback in plenary	
Break			
1.9	WASH in HCF Introduction	Service levels and JMP report The Eight practical steps	Guy Mbayo
1.10	Wrap-up of the day	Complete your daily learning diary All stand-up for wrapping up the day	Pierre Fourcassie
Day 2: How to be a good WASH Fit trainer			
2.1	Recap the previous day & introduce the program of the day	Use one of the proposed learning review methods	PLS
2.2	Climate resilient in HCF	Impact of climate change in Africa (IPCC AR6 WG2; Africa chapter) -speech Climate resilience and WASH in HCF - presentation	Guy Mbayo
2.3	Adult learning	How adults learn Training of Trainer Skills Designing, preparing, and running a training Post-training	Pierre Fourcassie, Nadia Abdalla
Break			
2.4	PLS instructions	Objectives, material, and instructions for the role play (participant-led session with a small group of trainees, and the rest of us as observers) Group settings -6 groups (water, sanitation, hygiene, waste, env cleaning, management) see instructions on the right -->	3 hours preparation for a 20 min session 1. Select your audience (trainees) <small>1. HC facility level: IPC focal points, cleaners, HC staff... 2. Provincial level: Environmental Health or IPC inspectors 3. National Level: national technical team</small> 2. Read the WASHFIT module ppt and other resources (see the link) 3. Select 3 to 4 "learning objectives" for your audience 4. Prepare the session plan (SP) -time, sequences, methods, material with at least one participatory exercise (5-8 min) 5. Prepare the ppt presentation adapted from the WASHFIT module 6. Rehearsal for your assigned TOT facilitator & adjustments
Lunch			
2.5	PLS: Preparing your training session	follow the instructions Use the provided material Ask for support from the facilitation team	Participants in the group, supervised by the facilitation team
2.6	Wrap-up of the day	Complete your daily learning diary All stand-up for wrapping up the day	PLS
Day 3: Participant-led WASH Fit sessions & WASH Fit assessment in Mathare Hospital			
3.1	Recap the previous day & introduction to the prog. of the day	Use one of the proposed learning review methods	
3.2	Water supply (PLS group 1)	session delivery to your selected audience (20 min) feedback from 1/PSL team, audience (trainees), and observers (20 min)	PLS group 1
3.3	Sanitation (PLS group 2)	session delivery to your selected audience (20 min) feedback from 1/PSL team, audience (trainees), and	PLS group 2

		observers (20 min)	
Break			
3.4	Hand Hygiene (PLS group 3)	session delivery to your selected audience (20 min) feedback from 1/PSL team, audience (trainees), and observers (20 min)	PLS group 3
3.5	Healthcare waste mgt (PLS group 4)	session delivery to your selected audience (20 min) feedback from 1/PSL team, audience (trainees), and observers (20 min)	PLS group 4
3.6	Environmental cleaning (PLS group 5)	session delivery to your selected audience (20 min) feedback from 1/PSL team, audience (trainees), and observers (20 min)	PLS group 5
Lunch			
3.7	Technical visit to Mathare North Hospital	13:55: gathering 14:00. Departure; Instruction provided in the bust; 14:30: introduction meeting at the Hospital (90 min) 6 teams will conduct a WASHFIT assessment. 1 team per the following domains: Management; Water; Sanitation and Hand hygiene; Environmental cleaning; Waste management; See hospital program visit Collective debriefing of the visit	Kebede Eticha, supported by the facilitation team
3.8	Wrap-up of the day	Complete your daily learning diary All stand-up for wrapping up the day	Pierre Fourcassie
Day 4: Deep-dive into the WASH Fit process and application to Mathare Hospital's assessment			
4.1	Management and physical environment (PLS group 6)	session delivery to your selected audience (20 min) feedback from 1/PSL team, audience (trainees), and observers (20 min)	PLS group 6
4.2	PLS: end of the role play and feedback for improvements	Feedback from the participants on how the role play went and what should be done to improve it next time	Pierre Fourcassie
4.3	WASH FIT methodology: Deep dive into the 5 steps Application to the hospital was assessed yesterday	A/ Deep-dive lecture on WASHFIT: Background (what is WASHFIT?) Step 1 – Establish team Step 2 - Assessment Step 3 - Risk analysis and prioritization Step 4 - Incremental improvement and implementation Step 5 - Monitoring and review;	Kebede Eticha and facilitation team
Break			
4.5		B/ the 6 groups work the 5 WASFIT steps on their respective WASHFIT area based on the hospital assessment conducted the day before. Assessed areas were Management; Water; Sanitation and Hand hygiene; Environmental cleaning; Waste management	

Lunch			
4.5		C/ Groups present their WASHFIT qualitative/quantitative findings in plenary and Q&A (technical)	6 groups
4.6		D/ Review of the process	
4.7	Wrap-up of day	Complete your daily learning diary	All facilitators
Day 5: Sustainability of WASH Fit and planning for action			
5.1	Recap - previous day & intro to the prog. of the day	Use one of the proposed learning review methods	Pierre Fourcassie
5.2	Kobo toolbox and WASH FIT assessment (Digital data)	Kobo toolbox: create, submit, and analyze data Uploading WASH FIT Kobo form and editing Data collection on Android phone (app) or using link access to the YouTube tutorials	Kebede Eticha
Break			
5.3	Sustainability of WASHFIT	Resource considerations Sustainable finance and investment Data collection and sharing (HMIS Metrics for WASH in HCF) Supportive Supervision and Mentoring Partners engagement Support from the region and HQs Q&A and experience sharing Key recommendations	Margaret Montgomery (online with support from Nadia in the room)
5.4	Integrating Gender, Equality, and Social Inclusion into WASH in HCFs	GEDSI and WASH in HCF Risks associated with unmet GEDSI related to WASH in HCF Examples of how to improve GEDSI	Nadia Abdalla
5.5	Action planning	Instruction on the exercise Group work by country team Presentation of the (tentative) post-TOT action plan	Facilitation team
5.6	Review of the week's learning	Complete your daily learning diary Exchange on what we have learned in training adults	Facilitation team
5.7	Pose-course test and evaluation of the course	Online: Post-course test and Evaluation of the course	Kebede Eticha
5.8	Certificates and Closure		Facilitation team