

Ethiopia National WASHFIT Training Report



May 2023

Ethiopia National WASHFIT Training

15 – 19th May 2023

Purpose and objectives of the training

To conduct national training of trainers on WASH FIT methodology and technical modules for relevant staff identified from the national and subnational level health sector and partners working on WASH in health care facilities. The objectives of the training included ensuring the participants to:

- Aware the backgrounds of WASH in HCFs and the linkages with health programs
- Understand WASH FIT approach, importance, and how to adapt and apply it in a range of different settings
- Familiarize with the tools for WASH in HCFs improvement interventions
- Aware of the enabling factors and possible barriers to implementing WASH FIT
- Understand the technical domains of WASH in HCFs including climate resilience, gender and social inclusion
- Demonstrate WASH in HCFs assessment, risk analysis, improvement planning
- Facilitate cross learning among the participants and create well informed and skilled trainers that could train others at different level

Training period, place and participants

The training was conducted for four and half days during 15 – 19 May 2023 in Kanet hotel, Adama town. A total of 36 participants (20% female) attended the training from national and regional health offices (22), partners (7) and UNICEF regional focal (7). The list of the training participants is annexed to this report.

The training was facilitated by Kebede Eticha and Netsanet Kassa from UNICEF, Osman Yiha (WHO), Yohannes Kena and Molla Godif (MoH).

Summary of the training schedule

Days 1 – included opening remark and training program description; introduction to WASH in health care facility including linkages with health program, and WASH FIT background and process step 1 (assemble and train team) and 2 (assessment).

Day 2 – involved interactive recap of day 1 sessions and continuation on WASH FIT methodology i.e risk analysis and prioritization in the morning; practical visit to health center for WASH FIT assessment exercise

Day 3 – Group work and presentation on facility visit (scoring, gaps identification and risk analysis), improvement planning and participant led session (PLS) following the briefing on adult education

Day 4 – Presentations of the PLS sessions by the groups of trainees assigned to different technical modules and climate resilience

Day 5 – Presentations on gender and social inclusion, use of Kobo toolbox for WASH FIT assessment data submission, action planning and wrap up of the training with a closing remark by official from MoH and training evaluation.

DAY I: Introduction and WASH FIT background

The training was started with the welcoming and briefing by a focal from ministry of health and opening remark by UNICEF chief of WASH program. It was noted that there are different initiatives to quality of care improvements and needs towards the health sector transformation plan (HSTP) and SDGs. Highlights on the importance of WASH FIT to identify gaps and continuously improve WASH in health care facilities. The second version of the tool is customized in the country through the support of partners. Thus, there is a need to roll out the tool and this training of trainers has a great importance in this regard. The training is unique in that it is a participant entered and applies engaging methodology.

Opening remark was made by Mr Kitka, UNICEF Chief of WASH. He welcomed the trainees and facilitators and noted the importance of WASH in HCFs for quality of care. Lack of adequate WASH services in HCFs is a risk to patients, staff and visitors and there is a big need to address the gaps in the services. The statistics tells us that the basic water supply is 75% and sanitation may be down to 50% globally. In Ethiopia, these services are even lesser. WASH FIT is a real global move towards addressing the gaps and it is related to many things to improving WASH in HCFs initiatives including universal access. WASH in HCFs is not just for health services but also for community. The covid pandemic experience also spotlighted the critical gaps in WASH services in health care facilities. So the need for improvement and progressive better is the key.

It was also noted that there are global events which highlight WASH in health care including the recently held ALL system connect symposium and the upcoming global summit in June on WASH in HCFs which is aiming to review the progress and plan for the way forwards. Finally thanked MoH, regional health bureau and partners for the collaboration and participation.

Next to this the participants and facilitators made self-introduction. Three participants from Tigray region, where there was a recent conflict, were warmly welcomed and the importance of the training for this region in particular was highlighted.

Training expectations

Each of the trainees was asked to write down and then discuss in group their expectations from the training. The responses are summarized below:

- WASH FIT related learning
 - Approach, methodology and tool including assessment tool
 - Key areas of WASH FIT, domains and indicators
 - Implementation modality, aligning and integrating with other initiatives
 - Experience sharing
- Training facilitation skill

Following this the objective of the training and the schedule were described. Also ground rules were identified by the participants.

Introduction to WASH in health care facility and country progress

Presentations and reflections were made the background on why WASH in HCFs is important, JMP service level indicators and state of WASH services including global and national efforts presented below:

Global and regional progress

- Overview of WASH in HCFs – global call for action in April 2018
- Global guidance and baseline for strategic action, may 2019
- Resolution, 2019, global summit, September 2019
- Regional training of training conducted in March 2023
- Global summit is planned for June 2023

National effort

- Service availability and readiness assessment made in 2016 and 2019, improved services
- Health sector transformation plan (HSTP) with activities, target and indicators
- One WASH national program component include WASH in institution
- WASH and environmental health strategy (2021-2025) which include WASH in health care facilities with indicative budget and WASH FIT is included
- Ethiopia hospital quality assurance including CASH and CATCHIT
- WASH in health care facilities guideline prepared in 2021
- WAHS in HCFs harmonized training manual incorporated into CPD
- WASH integrated to national IPC strategy and framework
- National WASH TWG is revitalized

Gaps indicated

- Lack of costed roadmap
- Absence of earmarked budget code for Win HCFs, noting the availability for IPC
- Lack of inter-sectorial collaboration, governance and coordination mechanism at different level
- Missed domains and service level in the strategy
- Lack of timeline and compete data and monitoring system on WASH in HCFs
- Fragmented intervention, lack of intervention packages
- Lack of established IPC program in HCFs
- Shortage of human resources on the lower structure

Linkages with health program (Quality of care, IPC and AMR)

The presentation and reflections from the participants included the linkage of WASH in HCFs as part of:

- Elements of quality of care including safety, efficiency in terms of prevention and minimizing resource, effectiveness, integrated, equitable and people centered service
- Core components of IPC i.e enabling environment and multimodal strategy
- Prevention of anti-microbial resistance through disease prevention and safe sanitation system
- The need for an integrated intervention of these program

WASH FIT background and methodology

Presentation made on the background, approach and elements of WASH FIT methodology including the implementation experiences in different countries. This was followed by group discussion and exercise on the process steps.

Group discussion on establishing WASH FIT team:

Groups of the participants made discussion on the questions which include - Who should be member of WASH FIT team in primary health care and hospitals; What should be the role of the team and What challenges could encounter the team.

Below table summarizes the reflections of the participants:

Questions	Hospital	Health center	Health post
Who should be member of WASH FIT member?	<ul style="list-style-type: none">- Hospital board- Medical Director or CEO- Department team leaders/heads- IPC/WASH focal- Environmental Health focal- Quality improvement team- Cleaners and laundry coordinators- Community represent.- Assessment, planning, implementation, monitoring and evaluation of WASH improvement actions	<ul style="list-style-type: none">- Head of health center- Chair of the board- Environmental health worker- Health Extension program supervisor- IPC and MCH focal- Head of finance unit- Head of cleaners- Water utility focal- Community represent.- Situational assessment- Conduct regular meeting- Target setting, prioritization during planning, implementation- Resource mobilization- Monitoring and feedback	<ul style="list-style-type: none">- Catchment focal from health center- Health Extension Worker- Head of the Health Center- Kebele manager / administrator- Kebele cabinet members- Women affair- School principal or focal <p>Not Presented from both groups</p>

Challenges encountered	- WASH-FIT may not be prioritized due to other prior clinical services	- Financial constraints	- No clear HP structures
	- Conflict of interest. Existing focal for IPC/WASH/CASH	- Awareness gap from leadership	- Coordination mechanism
		- May lack attention	- Resources constraint
		- How to integrate multiple teams in a health center	- Gaps in utilization of existing resources
			- Availability of HEWs in the workplace

WASH FIT assessment

- Six different groups were created, each of them to work on specific domain
- The groups familiarized themselves with the assessment tool variables, description of the scoring criteria and exercised scoring

Suggestions made for adding more variables into hand hygiene domain like training for health worker; to split the tool as applicable to different types of facilities; need for an online dashboard for assessment data submission and result visualization.

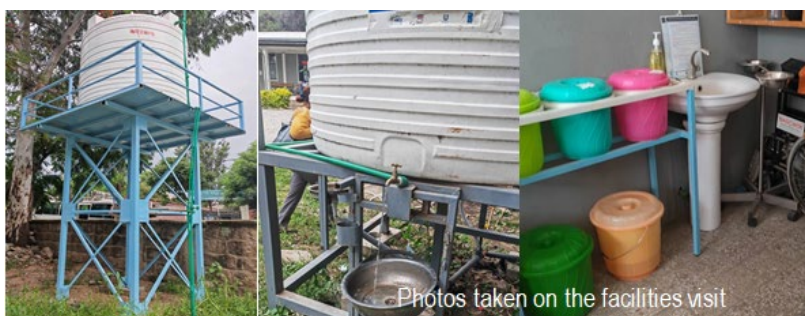
DAY II: WASH FIT methodology; practical visit to Anole health center for assessment

The daily session started with recap of the day I different session key terms and learning points using an interactive method. This was followed by WASH FIT methodology continuation i.e risk analysis and prioritization which included contents on:

- Concept of risk, which is an outcome of consequence of exposure to and practices of hazardous event and likelihood of occurrence
- Risk analysis of the gaps identified on WASH FIT assessment i.e variables with zero and one score



Briefing was made on the process to a facility visit i.e pre, during and post facility visit activities. Each group created by the domains was informed to do the assessment on their respective topic. In the afternoon, a practical visit was made to a health center, Anole health center, in the Adama town.



Photos taken on the facilities visit

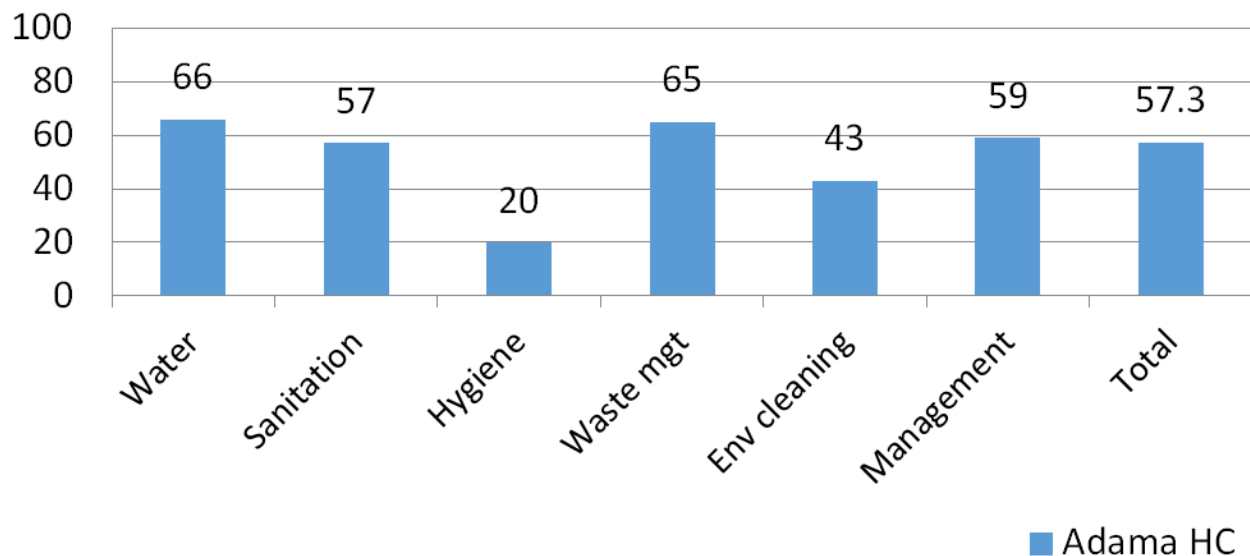
DAY III: Group work and presentation on facility visit; participant led session (PLS)

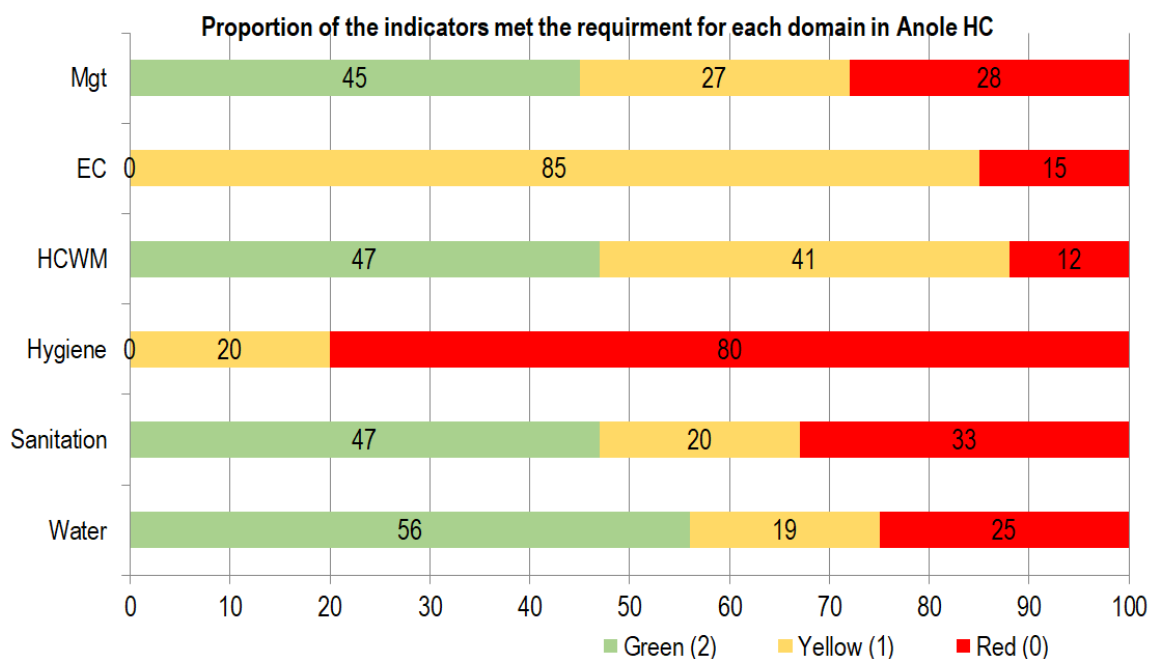
The day started with an interactive recap session of day II with a different method than the day II. Below picture depict the session.



This was followed by group work and presentation on the facility visit (scoring, gaps identification and risk analysis). The group presentations on the results of the facility visit assessment are presented below:

WASH FIT assessment score, Anole Health center,





Risk Analysis – hand hygiene

Indicator	Latest score	Provide a brief description of the problem	Risks associated with the problem	Severity of risk to facility users	Likelihood of occurrence	Risk score
Functioning hand hygiene stations are available at all points of care, including in the delivery room	1	No functional Hand Hygiene stations at some point of care	safety , health , equity	8	5	13
Functioning hand hygiene stations are available in all waiting areas and other public areas, and in the waste disposal area	1	No functioning HH stations at some public area & in the waste disposal area	safety , health , equity	9	7	16
Hand hygiene promotion materials are displayed and clearly visible in all wards/treatment areas	0	Lack of Hand hygiene promotion materials	health, safety	9	9	18
Hand hygiene compliance activities are undertaken regularly (at least annually)	0	Lack of Hygiene compliance activities	health	9	9	18
Regular (at least every three months) ward-based audits are undertaken to assess the availability of hand rub, soap, single-use towels and other hand hygiene resources	0	Lack of Hand Hygiene audit	Health	10	7	17

Risk Analysis - Sanitation

Indicator	score	Risk	Severity	Likelihood	Risk score
Facility has a sufficient number of improved toilets for patients	1	decrease satisfaction	5	6	11
All patient toilets are available and usable	1	insecurity	4	4	8
All toilets have a functioning handwashing station within 5 metres	0	expose to infection	10	9	19
Improved toilets are clearly separated/ <u>labelled</u> for male, female or gender-neutral and provide privacy (i.e. single stall/room) if gender-neutral	1	discomfort	3	6	9
At least one usable improved toilet meets menstrual hygiene management needs	0	dignity	7	8	15
At least one functional improved toilet meets the needs of people with reduced mobility	0	in equity problem	9	9	18
Well designed and well managed <u>faecal</u> sludge treatment plants, with publicly available operation records, are used and meet performance standards	0	hazard	8	4	12

JMP status of Anole HC

Water	Sanitation	Hygiene	Waste	Cleaning
Basic	Limited	Limited	Limited	No service

This was followed by presentation and group exercise on improvement planning, monitoring and review. Below table presents an improvement plan prepared by the group working on waste management.

	HCWM incremental improvement activities (Anole HC)	Timeline			Budget (ETB)	Responsible Body
		Immediate / short term 3-6 mos)	Medium term (6-12 mos)	Long term (1 - 2 years)		
1	Conduct detail assessment of HCWM facility's and practices of the HCWs and Cleaners using WASH FIT tool				20,000.0	Anole HC, ZHO, RHB
2	Implement correct waste segregation practices					
2.1	Purchase and put in place colored/labeled 3 bin system at all points of care	YES			24,000.0	Anole HC
2.2	On job refresher training HCW and Cleaners on proper waste segregation	YES			30,000.0	Anole HC
2.3	Incorporate proper waste segregation into BSC of department heads, HCWs and cleaner, and performance appraisal of the workers	YES	YES	YES	5,000.0	Anole HC
3	Ensure availability and correct use of PPE					

3.1	Purchase Missing PPE (apron ,heavy duty glove, rubber boots, eye goggle) and make available for cleaning workers	YES	YES		3,000.0	Anole HC
3.2	Provide On-job training on proper treatment and disposal of Health care wastes, and health and safety procedures , daily monitor proper use of PPE				30,000.0	ZHO and RHB
4	Proper recording, reporting and disposal of pharmaceutical wastes					
4.1	Timely and record pharmaceutical wastes and report to regulatory body				3,000.0	Anole HC
4.2	Provide capacity building training on National guidelines on management of pharmaceutical wastes (recording, storage, treatment and disposal)	YES			150,000.	ZHO and RHB
5	Monitoring and evaluation					
5.1	Monitor implementation improvement activities and Review performances	YES	YES	YES	10,000.0	Anole HC, ZHO and RHB
5.2	Quarterly review and annually revise HCWM improvement activities	YES	YES	YES	60,000.0	Anole HC, ZHO and RHB
Total cost					335,000	

Then briefing made on **adult education and learning** which include key principles, tips for facilitators, and teaching methods which ensure varying learning outcomes. This led to participant led session (PLS), in the afternoon, during which the participants were allowed to review and prepare an adapted module with session plan to practice preparing for training facilitation.

DAY IV: Presentations of the PLS sessions on technical modules

The daily session started with the group presentation of the PLS on each of the domains. The groups demonstrated different methods and skills of training facilitation which is applicable to targeted audience. This include training of cleaners using role play (experience based discussion, no powerpoint) and leading a meeting with a health care facility staff to discuss on the enabling factors and challenges to improving WASH in the facility.

The groups indicated session plan with targeted audience, objectives, methods and time.

Reflections:

- Standard for water storage capacity 48 vs 72 hours (national)
- Linkages of water shortage with AMR
- Challenge of safely managed sanitation in the absence of sewage and sludge treatment system
- Waste reduction strategies in HCFs
- Feedback on the groups facilitation demonstration



DAY V: Wrap up, planning for action and closing

The daily session started with the presentation and discussions on gender and social inclusion. This was followed by briefing on Kobo toolbox, action planning, closing remark and training evaluation.

- Importance of digital data
- Sign up to create account, username
- Creating form, uploading WASH FIT kobo form
- WASH FIT assessment data submission
- Creating own project

Recommendation and the way forwards

- Progress on the eight practical steps - updating national assessment, roadmap, WASH and energy in HCFs indicators monitoring system
- Roll out WASH FIT implementation including climate resilience and energy intervention
- and strengthening capacity at different level
- Ensure leadership commitment and community engagement
- Strengthen institutional accountability, partnership and coordination mechanism
- Ensuring WASH in HCFs financing mechanism including regular budgeting and funding tracking

National and regional action plan

Activity list	Timeline	Responsible	Collaborators
WASH FIT implementation preparation			
National working group revitalize	March 2023	MoH	UNICEF, WHO
Review methodology and adapt tool	April 2023	MOH, UNICEF, WHO	
Training at national / subnational level	April 2023	MOH, UNICEF, WHO	
Identify targeted/pilot facilities	April 2023	MoH	UNICEF, WHO and partners
Engaging leadership and sensitization	May 2023	MoH	WHO and UNICEF
WASH FIT activities implementation			
Training at targeted facilities	June 2023	RHB/MoH	UNICEF, WHO and partners
Support facility based implementation assessment, report, planning and budget	June 2023	RHB/MoH	UNICEF, WHO and partners
Supervision to WASH FIT introducing or implementing facilities	November 2023	RHB/MoH	UNICEF, WHO and partners
Consolidate assessment data from different facilities	July 2023	MoH	UNICEF, WHO and partners
Monitoring implementation progress in implementing facilities	Jan 2024	MoH	UNICEF, WHO and partners
Conduct review of WASH FIT at different levels	Feb 2024	RHB/MoH	UNICEF, WHO and partners

Case studies and lessons documentation	Sept. 2024	MoH	UNICEF, WHO and partners
Eight practical step			
Situation analysis and assessment	April 2023	MoH / RHB	“
Road map and target		“	
Standard and accountability		“	
Improve infrastructure	July 2023	HCF/RHB	“
Engaging community and partners	April 23- Ju24	HCF/RHB/MoH	“
Operational research	April 2024	MoH UNICEF and WHO	

Regions

- Establish regional working group
- Identify and introduce WASH FIT in selected HCFs (total **67** HCFs)
- Supervision and implementation monitoring
- Resource mobilization

Plan by regions:

Region	Hospital	Health center
Afar		2
Amahara		10
Binshangul		3
Gambella		4
Harar		2
Oromia	1	4
Somali		10
South		2
Tigray	2	3
Addis Ababa city	4	10
Diredawa city	2	8
Total	9	58

Concern NGO to support implementation in 10 HCs

Propose facilities selection criteria:

- Overt leadership readiness
- Full service provision and accessibly (urban and rural)
- One WASH / CWA woreda
- Clean and safe health care facilities i(CASH) implemented facility
- Partner support

Training feedback and closing remark

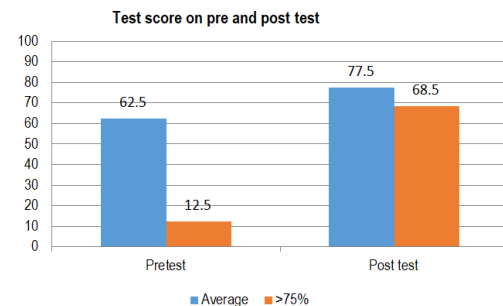
Trainee's representative thanked for organizing an providing opportunity for the training. The tool is key for improving the services of HCFs. If finance support can be made, a lot of changes can be made. The action plan needs to develop on going back to office. There is a need for further learning on Kobo toolbox application. Suggestion also made to mobilize local resource including for rehabilitation of HCFS affected by the recent conflict and use of emergency funding for WASH FIT.

Closing remark was made by Mr Israel Otoro, Lead Executive Officer for PHC and community engagement at MoH. He noted WASH FIT is important as it is a facility based tool and it can be adaptable. There is a need to implement WASH FIT and think of how to scale it up, thinking of over 1025 districts in the country, based on domestic funding, partner support and community engagement. And MoH is ready to support implementation efforts and partners are requested to inform their support and work in collaboration. Community score card is being rolled out in health care facilities and it also helps to assess availability of basic services including WASH. Regions also requested to communicate their plan, to consolidate at national level including the monitoring and review.

Training evaluation

Pre and post test

The pretest average score of the trainees increased from 62.5% on pretest to 77.5% on posttest. The proportion of trainees who scored over 75% increased from 12.5% on the pretest into 68.5% on the post test.

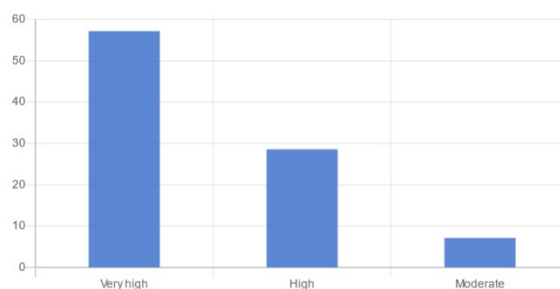


End of the training evaluation and feedback

The trainee made the evaluation using the online form prepared on Kobo toolbox. Over one third of the total trainees (36%) filled the form and the result is presented below:

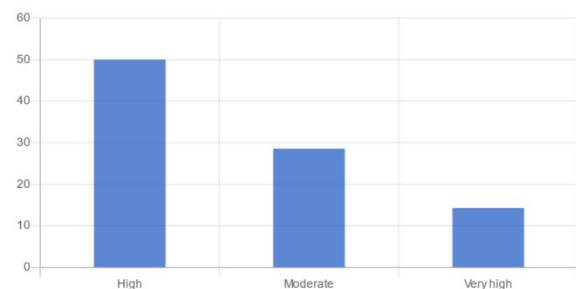
How was the training interesting

TYPE: "SELECT_ONE", 13 out of 14 respondents answered this question. (1 were without data.)



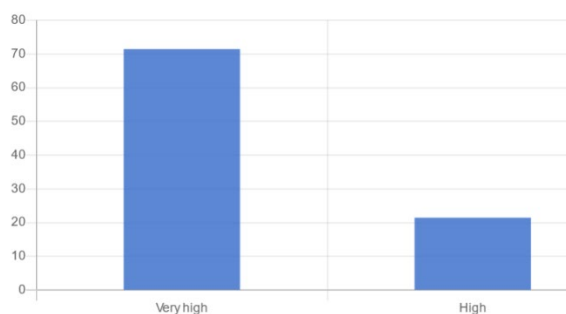
How was the length of the training

TYPE: "SELECT_ONE", 13 out of 14 respondents answered this question. (1 were without data.)



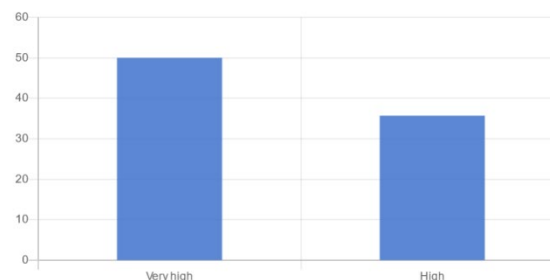
How was the training useful

TYPE: "SELECT_ONE". 13 out of 14 respondents answered this question. (1 were without data.)



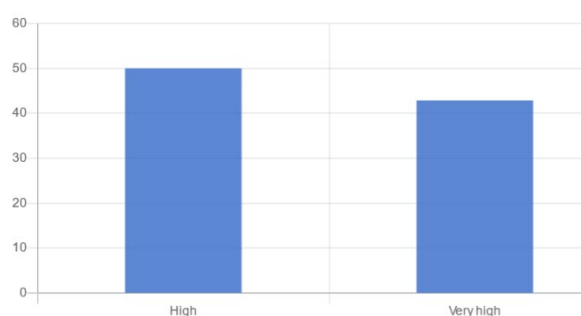
What you learn from the training

TYPE: "SELECT_ONE". 12 out of 14 respondents answered this question. (2 were without data.)



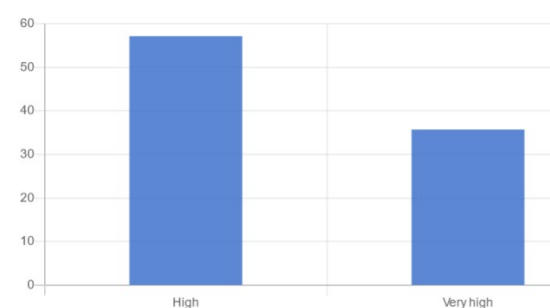
Meeting the objectives of the trainings

TYPE: "SELECT_ONE". 13 out of 14 respondents answered this question. (1 were without data.)



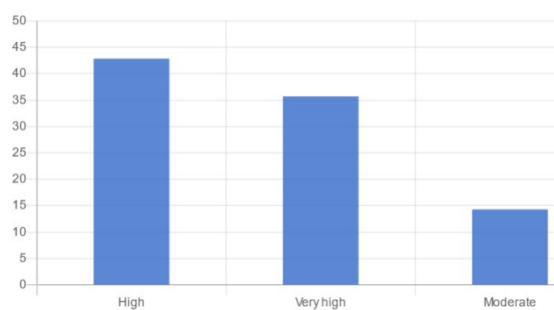
Your understanding of WASH FIT

TYPE: "SELECT_ONE". 13 out of 14 respondents answered this question. (1 were without data.)



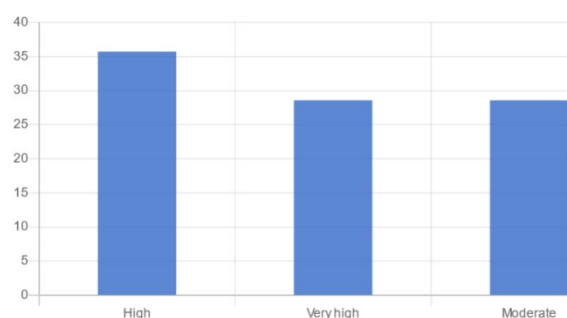
How was your impression of the trainer

TYPE: "SELECT_ONE". 13 out of 14 respondents answered this question. (1 were without data.)



How suitable are the teaching methods (in person)

TYPE: "SELECT_ONE". 13 out of 14 respondents answered this question. (1 were without data.)



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

- | | |
|----------------------------------|-----------------------------|
| - WASH FIT domains | - Indicators and monitoring |
| - Adult learning and methodology | - WASH assessment in HCFs |
| - Implementation modalities | - Climate resilience |
| - Cleaning and SoP | - Kobo toolbox |

What lessons do you consider from this training process?

- WASH FIT is critical component for provision of quality of health service
- Incremental approach, helps to bring sustainable improvements
- Integrated approach in WASH service provision at HCFs which includes the 5 domains
- Need to focus adult learning methodology
- Facilitation skill and training preparation, participant led session
- Good experience sharing and training skill
- Well organized and team work observed and the team composition (NGO and Federal MOH) is also good. this will help for the future WASH FIT implementation effectiveness and HCS quality improvement at Health facility level

Suggestions also made on the need for more time to familiarize with the modules and discuss on the issues; availing aid materials trainee and trainer guide, guideline, different SOPs, and other improvements tool and need for more advocacy for decision makers to allocate fund WASH FIT.

Annexes - List of trainees

List of Participants National ToT WASH FIT Training (15-19 May 2023)

S/N	Full Name	Sex	Department/Unit	E-mail Address
Ministry and Regional health staff				
1	Hayelom Birhanu Abirha	M	Tigray RHB	khayelom12@gmail.com
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8	Desalegn Godiso Kibamo	M	SNNPR Health Bureau	Dmamush22@gmail.com
9	Genitu Kedir Hedato	F	Anole HC	
10	Betelihiem Abebe Damise	F	Olanchity Hopspital	betyabe2012@gmail.com
11	Reta Guta Chala	M	Olanchity Hospital	kuniisnidaba@gmail.com
12	Marsan Adam Wako	M	MOH	marsikanwaleo@gmail.com
13	Wakigari Regassa Gamu	M	Gambella RHB	ragassaw@gmail.com
14	Sr. Gifti Kedir Tibeso	F	Anole HC	gifbiya@gmail.com
15	Foziya Kedir Abdella	F	Anole HC	foz.k@gmail.com
16	Tiruneh Fanta Dako	M	Oromia ZHO	tiruneh.tg@gmail.com
17	Berhanu Degefa Aredo	M	Olanchity Hospital	degefaberhanu@gmail.com
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UNICEF staff				
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4	Alemayehu Teshome Belay	M	UNICEF-DD	abelan@unicef.org
5	Dawit Haile Bogale	M	UNICEF-SNNPR	dahaile@unicef.org
6	Chemedha Nurgi Yadeta	M	UNICEF-BG	cnurgi@unicef.org
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4	Desalegn Ayalew Sewagegn	M	WVE	Desalegn_Ayalew@gmail.com
5	Bereket Hirpasa Urgesa	M	SCI	Bereket.Hirposa@savethechildren.org
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Training agenda

National WASHFIT Training of Trainers_Ethiopia				
15th to 19th May 2023			Place: Kanet Hotel, Adama	
Time	Session	Topic	Content highlights	Facilitator/Trainer
	Day 1	Introduction and WASH FIT background		
8:30 - 8:45		Registration and Materials Supply	Arrival of participants, registration, and distribution of stationeries	UNICEF/MoH
8:45 - 9:00	1.1	Introduction	Welcome and opening remarks from UNICEF, WHO, and MoH Participants self-introduction	Kitka (UNICEF), Mr Israel (MoH) Facilitators team
9:00 - 9:30	1.2	Programme description	Purpose and objectives of the ToT Program description; methodology and material Expectations; Training rules	Yohanes/ Netsanet
9:30 - 9:45	1.3	Pre-course test	Participants to conduct pre-course test individually	Yohannes
9:45 - 10:30	1.4	Module I – WASH in HCFs introduction	Overview, JMP service level and status of WASH in HCFs; Eight practical steps and progress	Osman Yohannes
10:30 - 11:00		Tea Break		
11:00 - 11:30	1.4	Module I – WASH in HCFs introduction cont...	WASH in HCFs and linkages with health program (QOC/IPC/AMR, resilience and preparedness)	Molla
11:30 - 12:30	1.5	Module II – WASH FIT methodology	Introduction; Step 1 – Establish team	Kebede
12:30 - 13:30		Lunch Break		
13:30 - 15:00	1.5	Module II – WASH FIT methodology cont..	Step 2 – Assessment – outcomes & resources	Kebede
15:00 - 15:30		Break		
15:30 - 17:30	1.5	Module II – WASH FIT method...	Step 2 – Assessment cont... Trainees complete their daily learning diary	Kebede
	Day 2	WASH FIT methodology; visit to health care facilities for assessment		
8:30 - 9:00	2.1	Recap of day I & program of the day	Reminding terms, concepts and facts	Netsanet
9:00 - 10:30	2.2	Module II – WASH FIT method...	Step 3 - Risk analysis and prioritization	Osman / Yohannes
10:30 - 11:00		Tea Break		
11:00 - 12:00	2.3	Module II – WASH FIT method...	Step 4 – Improvement planning and implementation; Step 5: Monitoring and review	Yohannes/ Osman
12:00 - 12:30	2.4	Briefing on facilities visit	Briefing on the facilities visit	Netsanet / Kebede
12:30 - 13:30		Lunch Break		
13:30 - 14:30	2.5	Facility visit	13:30: Gathering and instruction	Facilitation team
	Day 3	Group work and presentation on facilities visit; and group work on participant led session (PLS)		
8:30 - 9:00	3.1	Recap of day II & program of the day	Reminding terms, concepts and facts	Osman
9:00 - 10:30	3.2	Groups work and presentation on facility visit, scoring, result visualizing	Groups fill the WASH FIT assessment tool, come up with scores, gaps, risk analysis and improvement planning	Kebede
10:30 - 11:00		Tea Break		
11:00 - 11:30	3.3	Adult education and learning	Principles of adult learning and tips for trainers - Pyramid of effective learning and methods - Passive and active learning; Steps for change model, put learning into practice - Phases of training	Kebede
11:30 - 12:30	3.4	PLS - Technical module / Water, Sanitation, Hygiene, HCWM, Env cleaning, Management	Each group to review available resources, prepare adapted module, prepare session plan with methods	Facilitation team
12:30-1:30		Lunch break		
1:30-4:30		Module III – PLS continuation	"	"
4:30 - 5:30	3.5	PLS - Water group presentation	Presentation in simulation (selected audience,	Netsanet

	DAY 4	PLS sessions on tehchnical modules		
8:30 - 9:00	4.1	Recap of day II & program of the day	Reminding terms, concepts and facts	Molla
9:00 - 10:00	4.2	PLS - Sanitation group presentation	Presentation in simulation (selected audience,	Yohannes
10:00-10:30	Tea break			
10:30 - 11:30	4.3	PLS - Hygiene group presentation	Presentation in simulation (selected audience,	Molla
11:30 - 12:30	4.4	PLS - Health care waste mgt group presentation	Presentation in simulation (selected audience, observers)	Osman
12:30 - 1:30	Lunch break			
1:30 - 2:30	4.5	PLS - Env cleaning group presentation	Presentation in simulation (selected audience,	Kebede
2:30 - 3:30	4.6	PLS - Managment group presentation	Presentation in simulation (selected audience,	Osman
3:30 - 4:00	Tea break			
4:00 - 5:00	4.7	Module VIII – Technical module / Climate resilience	Climate change and related concepts Approaches to combat impact of CC <i>Climate resilience in WASH domains</i>	Osman/ Yohannes
	Day 5	Wrap up, planning for action and closing		
8:30 - 9:00	5.1	Recap of day II & program of the day	Reminding terms, concepts and facts	Yohannes
9:00 - 9:45	5.2	Module IX – Technical module / Gender, Equity and Social Inclusion	Reasons for exclusion and discrimination in HCF Improving participation	Netsanet
9:45 - 10:30	5.3	Kobo toolbox	Digital data, form creation/upload, data	Kebede
10:30 - 11:00	Tea Break			
11:00 - 11:30	5.4	Action planning and presentation		Yohannes
11:30 - 12:30	5.5	Feedback, post test, evaluation,	Post test and evaluation using Kobo form	Kebede
		Concluding	Closing remarks	Ato Israel (MoH)