



## Tanzania National WASHFIT Training Report

---



# Tanzania National WASHFIT Training

17 - 20th April 2023

## Purpose

To conduct national training of trainers on WASH facility improvement tool (WASH FIT) for trainees with diverse professional background selected from different institutions and organizations. This include ministry of health staff from WASH and health sections, president office and municipal council, national health training institutions, national specialized and zonal hospitals, NGOs including CRS, local partner NGO (SAWA) and UNICEF staff from country and field offices.

## Training period, place and participants

The training was conducted for four days during 17 – 20 April 2023 in Morena hotel hall, Morogoro town. A total of 45 people (44% female) attended the training from ministry of health (11), political office (3), academic institution (9), quality improvement team members from national and zonal hospitals (12), CSOs (5) and UNICEF staff (5). *The list of the training participants is annexed to this report.*

The training was facilitated by Kebede Eticha (UNICEF HQ WASH in HCFs consultant), John Mfungo (UNICEF WASH specialist), Mariam Mahamudu (senior environmental health officer, MoH) and Jairos Hiliza (WHO PHE consultant).

## Summary of the training schedule

**Days 1 and 2** – involved training start up sessions which included opening remarks and participants introduction, expectations and setting up training rules, pretest and training program description. And presentations and discussions on introductory module which included reflections on the status of WASH in HCFs and progress with the eight practical steps in the country, gaps and challenges, WASH FIT introduction and process step 1 to 3 and presentations and discussion on the technical modules.

**Day 3** – included recap on the sessions from day II, presentation on environmental cleaning module and practical visit to two health centers around Morogoro town.

**Day 4** – group presentations on the facilities visited, practical exercise on the visited facilities assessment scoring, risk analysis, presentations and discussion on WASH FIT step 4 and 5. Also presentations and discussion on gender equity and social Inclusion, adult education and learning, climate resilience, use of kobo toolbox. Finally wrap of the training with participant feedback and closing remark, Post-course test and training evaluation.

## **DAY I: Introduction and WASH FIT background**

The training started with registration of the trainee and supply of the training materials

The trainees were welcomed and requests made for opening remarks presented below

### **Opening remarks**

#### ***Welcoming note by UNICEF WASH chief, Mr Francis Odhiambo***

Thanked the collaborative effort of MoH, UNICEF and WHO for organizing the training and that he is pleased to be part of the training. He mentioned the importance of WASH in HCFs for addressing key challenges in relation to quality of care, reducing infections and anti-microbial resistance. The training is timely for IPC and congratulating the containment of Marburg outbreak in the west part of the country. There is a concern of Ebola in the region. Finally, asked the trainees to be attentive and indicated best wishes of the training.

#### ***Remark by Jairos Hiliza , WHO country office PHE focal and training co-facilitator***

He noted the training came at right time of the need for improving WASH in HCFs and JMP has set the requirement for basic service level against which countries progress is tracked. The prevalence of health care associated infections (HAIs) and deaths is of a concern and there is an increase of emerging outbreaks. Poor WASH services also affect staff morale and there is universal access plan. WASH FIT is important for the country, need to cascade and reach health care facilities and use this training opportunity to plan for progress.

#### ***Opening remark by Anyitike Mwakitalima, Asst. director of disease prevention department at MoH,***

He indicated that the training came at right time of need to focus to WASH in HCFs. WASH FIT helps to audit WASH services including element of infection prevention practices and it requires to be integrated into WASH program for enabling progress towards SDG.

Following this, below sessions were addressed in order:

- Introduction of the facilitators, trainee and identifying expectations (which is indicated below)
- Training program description including objectives and schedule

## **Trainees' expectations**

- Understanding WASH FIT
  - To have basic concept and inner understand of WASH FIT
  - To know what problem WASH FIT is going to address
  - To know how WASH FIT tools are appropriate to limited resource areas
  
- Application of WASH FIT
  - To familiarize and understand different tools of WASH in HCFs and how to use
  - To learn manageable and implementable approach
  - Know how to integrate WASH FIT in HCFs and day to day works
  - To earn experiences shared by others
  
- Standards, monitoring and tools
  - To understand the minimum standards for WASH in HCFs
  - To understand WASH domains monitoring in HCFs
  
- WASH FIT, IPC and quality of care
  - To know areas for quality improvement to strengthening WASH and IPC standards
  - To understand the role of WASH FIT for improving quality of care in HCFs
  - To learn how WASH FIT tool relate with IPC tool
  - To understand effective system of IPC management

## **Session on WASH in HCFs introductory and health linkages**

- Definitions and status of WASH in HCFs service level globally and in the country
- Eight practical steps and global tracker including the status in the country. The good progress of the country on some of these steps were recognized by the trainees
- In reflections a question was asked on what to be done to capture the monitoring indicators through the national information management system?
- It was noted that domestic funding for WASH in HCFs is available though there is no information on the amount of this fund

## **Session on WASH FIT introduction and process steps**

- Introduction of what WASH FIT is and its approach
- The purpose and importance of WASH FIT including expected outcomes and impacts
- WASH FIT domains and process steps
- Establishing WASH FIT team in health care facilities
- Assessment tool (excel and kobo forms) and how to adapt for use in a range of different settings
- Doing assessment, scoring and data visualizing

### **Group discussion** on WASH FIT team:

- Different groups of the trainees were assigned to discuss on who should be the member of WASH FIT members in hospital and primary health care facilities settings, roles of the team members and possible challenges encountering the team
- In reflection, the groups indicated proposed list of members, the roles and challenge of establishing team in some primary care units due to shortage of staff
- Remark was made to involve focal person from district office and supervising facility, community member, stakeholders and partners staff as a team member
- A question was asked if a facility leader needs to be part of the team member or not? In response the possibility of appointing team lead was indicated and the need to engage the leadership throughout WASH FIT process steps and decision making was highlighted



### **Group work** on use WASH FIT assessment tool:

- Different groups were created to work on each of the WASH FIT technical domain
- The groups were tasked to read through and familiarize themselves with the variables and related requirements
- In reflection, trainees made suggestions to add more indicators on hygiene domain, split water domain variables (8.3, 8.13 and 8.14) and adding indicators for vector control like fumigation into environmental cleaning domain. And, to align the frequency of facility assessment with IPC program recommendation i.e doing it on quarterly basis.
- Remark also made on the possibility to adapt the tool per the need and standards for different types or levels of HCFs

## DAY II: WASH FIT background and Technical modules

The day started with participants' recaps in group competition to listing down more of the concepts and terms addressed on day I sessions. Below photo indicate a group members standing in a row and writing different topics, concepts and terms learnt.



Group exercise continued on WASH FIT assessment scoring, result visualizing and risk analysis.

Then presentations, brainstorming/questions and reflections of the trainees on the technical modules presented below with the key learning points were addressed.

### Water supply

- Requirements for safe and sufficient water in health care facilities
- Impacts of inadequate water supplies in HCFs
- How to estimate quantity of water demand for health facilities and storage capacity, including the need for staff and care givers
- Tools available to monitor and improve water quality and quantity
- Common plumbing problems and improvements that can be made
- Legionella disease, its cause and prevention methods
- Effect of climate change on facility's water supply and improvement measures

### Sanitation

- Minimum requirements for sanitation in health care facilities
- What "safely managed sanitation" is and its importance for human health and safe care
- The links between antimicrobial resistance and sanitation in HCFs and interventions to be done
- Different sanitation technology options and the effects of climate change on technologies
- Making sanitation facilities user friendly, gender-inclusive and climate-resilient



## Hand hygiene

- The role of hand hygiene for breaking chain of infections and antimicrobial resistance
- The five golden rules for hand hygiene
- The importance of using a multimodal improvement strategy for hand hygiene promotion
- The right moments and technique for hand hygiene
- The need for health workers and managers training on hand hygiene

## Health care waste management

- The risks caused by unsafe health care waste management practices in health care facilities
- Health care waste categories and quantity of generation
- The process of health care waste management from generation to safe treatment and disposal
- Waste treatment options, environmentally-friendly and the role for mitigation of climate change
- Incremental improvement approach

## DAY III: Technical modules continuation and Facility visit

*The daily session started with the recap of the day II by the trainees in a group.*

This was followed by presentation and discussion on environmental cleaning.

## Environmental cleaning

- The importance of clean health care environment
- An organized approach to cleaning to ensure safe health environment
- Best institutional practices associated with cleaning
- The linkages of cleaning best practices and WASH FIT indicators
- Important products/resources, processes, supplies and equipment for cleaning and disinfection

The application of multimodal approach for cleaning and the importance of training cleaners in participatory way using teaching aid like posters and demonstration of cleaning procedure were highlighted.

## Briefing on facility visit

For the planned visit to two health centers around the training town in the afternoon period, briefing was made to the trainees. The purpose of the visit was to conduct practical demonstration of doing assessment and the process for conducting it was described.

The trainees per their earlier grouping by different WASH FIT technical domains were requested to split into two for doing the assessment in different facilities.

## Actual visit in the facilities

On arrival to the facilities, they were welcomed and informed of the background of the facilities (see below picture) before they proceed with the assessment on their respective domain. Below picture indicates this.

At the end of the visit, the groups made debriefing of the key findings to the facilities management focal.



## DAY IV: Presentation on the facilities visit; adult learning and training wrap-up

The daily session started with the groups work on preparing presentations of the findings from the facilities visit including the strengths, gaps and areas required improvements. The groups also did actual assessment scoring and visualization of the findings in graphs for the two health centers.

The contents of the group presentations are presented below:

### Water supply

Mafiga Health Center	Kingolwira Health Center
<b>Strengths</b>	
Adequate supply of water and located on the premises	Piped water supply on premises
Over 90% of points of care had water connection	Water is available in and out of the facilities
Storage tanks of 30,000lts and deep well	Water storage tanks with total capacity of 12,500Lts
Availability of drinking water at OPD and CTC	Availability of treated drinking water for patients/customers
<b>Gaps / challenges</b>	
No water quality test	Leakage of water tap in men's ward
Cleaning of the storage is not done quarterly as stipulated in the guideline	No regular water testing
No rain water harvesting system	Cleaning of the storage is not done quarterly as stipulated in the guideline
No treatment of water from the deep well	Rain water harvesting is not effective
No shower compartment at Maternal Ward	Dug well is not properly covered on top





## Sanitation

Mafiga Health Center	Kingolwira Health Center
<b>Strengths</b>	
Toilets for male, female and staffs available Toilets are in a good state of repair Waste water conveyance system is in good state Availability of in situ faecal sludge treatment facilities Storm water system is in place	The number of toilets is sufficient for the available patients and staff (total number is 10) Separate toilets exist for staff and patients and clearly labeled Running water available in all toilets Bathrooms available in male, female, labour wards
<b>Gaps / challenges</b>	
Toilets for people with disabilities not provided  MHM services not adequately provided  Latrine cubicles not adequately provided to meet customers and staff demand	Unavailable supporting structures for people with limited mobility in all toilets Hand washing is available but not in the toilets (available close to the patients' room/beds)-Risk of contaminations MHM supporting facilities are not available

## Hand hygiene

Mafiga Health Center	Kingolwira Health Center
<b>Strengths</b>	
Most of points of care contained functioning hand washing facilities Availability of running water and soap on each station	Availability of functional facilities and supplies Trained staff and ongoing daily reminders to patients Monitoring of facilities and communication materials
<b>Gaps / challenges</b>	
Absence of hand washing station/ facility at waste disposal area Absence of posters materials at some point of hand washing stations such as OPD toilets, consultation room, eye clinic room etc No compliance of the standards of hand washing No ward based audit for hand washing resources such as paper towel, soaps, sanitizer.	Lack of hand hygiene facility at waste disposal area and PMCTC room Gap in hand hygiene communication materials at point of hand washing stations

## Health care waste management

Mafiga Health Center	Kingolwira Health Center
<b>Strengths</b>	
<p>Reminders for correct waste segregation are available at all waste generation points.</p> <p>Appropriate protective equipment and resources are available for all staffs responsible for handling waste and in charge of waste treatment and disposal</p> <p>There was a pit for anatomical and pathological waste.</p> <p>There was a trained incinerator operator</p>	<p>Availability of new functioning High tech. Incinerator and fenced with storage area</p> <p>Presence of colour coded Waste bins and labelled</p> <p>Availability of PPE</p> <p>Adequate number of staffs trained</p> <p>Health care workers vaccinated with Hepatitis B</p>
<b>Gaps / challenges</b>	
<p>There was a single colored bin liner in all bins</p> <p>Incinerator has no chimney</p> <p>There was no ash pit</p> <p>Incinerator operator and waste collectors are not vaccinated</p> <p>There was no reminders and trainings about wearing PPE among health care workers</p> <p>No recycling of non-hazardous wastes</p> <p>Not all pharmaceutical waste are correctly disposed safely</p>	<p>Lack of Ash pit for disposal of incinerated waste</p> <p>Placenta pits lacks airtight /intact ( allow vectors in and out)</p> <p>No HCW segregation practices</p>



In-country manufactured high tech incinerator at installed at Kingolwira HC

## Environmental cleaning

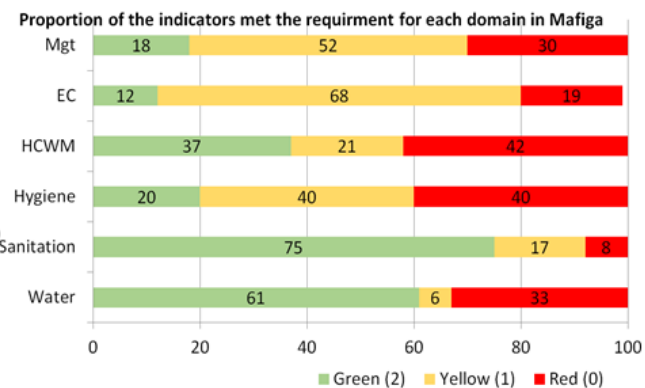
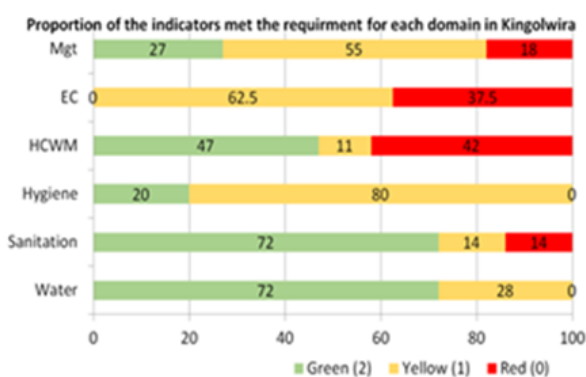
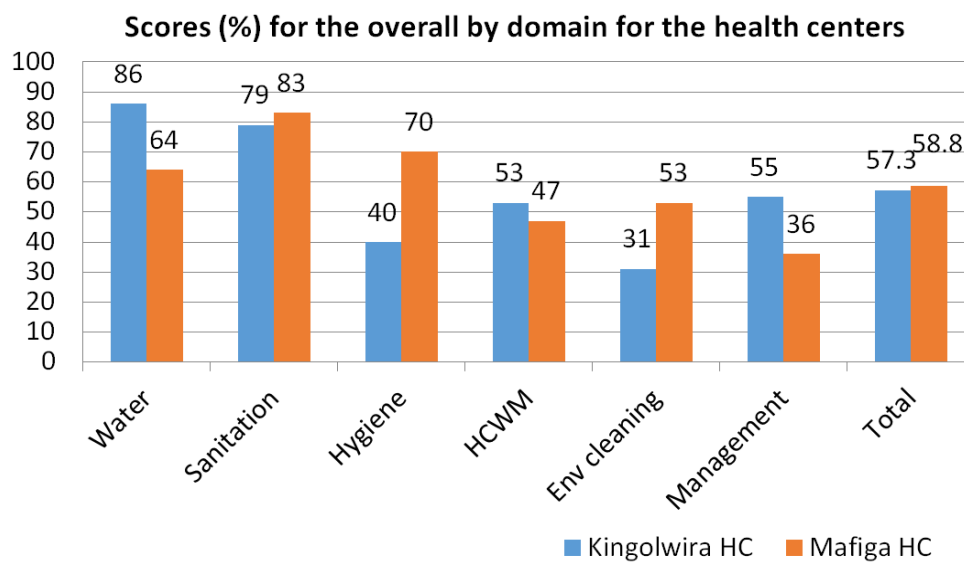
Mafiga Health Center	Kingolwira Health Center
<b>Strengths</b>	
<p>Beds and mattresses have water proof cover without sign of damage            Presence of guideline e.g IPC guideline            Presence of cleaning materials            Most visited areas were cleaned (image at right side)            Presence of trained cleaning staff            All staffs responsible for cleaning</p>	<p>The facility has protocol on handling spillage, blood, vomitus, feces and contaminated debris at CTC and IPD            The facility also has policies and practices to improve occupational health and safety            The cleanliness is conducted once daily, and on Thursday they have general cleanliness for the whole hospital            At the Laboratory department they have a cleaning schedule for equipment and for the laboratory room although is outdated            Some of healthcare workers have received on job training on IPC            Laboratory department they have decontamination schedule            The facility has some supplies for cleaning</p>
<b>Gaps / challenges</b>	
<p>Lack of written SOP for environmental cleaning            Insufficient cleaning material and PPE            Inadequate number of cleaning staff            Lack of job description for cleaning staff            Insufficient budget for cleaning material and PPE eg absence of gynecological gloves            Presence of dirt toilet at OPD (image at right side)            Absence of laundry            Schedule and checklist for cleaning are not displayed</p>	<p>The facility have no SOP, clear and detailed cleaning policy            Equipment and supplies like detergents, mops, buckets and PPEs like boots, heavy duty gloves are not sufficient            The walking ways are not paved            The budget for environmental cleaning supplies and equipment is insufficient; no cleaning schedule in all departments except at the Laboratory            The cleaners are not enough and only few of them have received training            The facility has no operation and maintenance plan            The facility has no laundry and there is untimely transportation of bed linen to Mzingu Military hospital for washings            The hospital have no dedicated area for storage of cleaning materials and equipment            The floor and toilet sinks, urinals and hand washing basins looks dirty because of insufficient cleaning            The walls are also unclean with some spills seen on walls at the injection room            The corridor floor and walls in some parts have cracks which made difficult cleaning            Some of the mattresses waterproof cover are worn out, which made difficult cleaning            Posters are placed on walls instead of noticeboard which make the walls look unclean</p>



## Management

Mafiga Health Center	Kingolwira Health Center
<b>Strengths</b>	
Facility has IPC Focal person	Facility has IPC Focal person
Presence of appraisal on the performance( is done quarterly)	Presence of performance appraisal.
Budget is available(for IPC only)	Budget for cleaners and O&M has been allocated
Overall appearance of the health facility is good	Availability of casual laborers for cleaning, plumbing and maintenance with supportive budget
<b>Gaps / challenges</b>	
Absence of WASH FIT team and WASH Focal Person	Insufficient budget for staff training and purchasing consumable supplies for WASH activities e.g waste bins, bin liners etc.
Groups(Women and disability) are not consulted	
No protocol and effective system for O & M for infrastructure and procurement	
Absence of patient safety policy and Other Policies are not applicable as per the level of HF	Inadequate staff that can handle and compliment IPC/WASH activities at the HF.

Below presented is the score results provided by the groups assigned to assess on different domains:



EC - Environmental cleaning; HCWM – Health care waste management



This was followed by presentations and reflections of the trainees on below presented sessions with the essential learning points:

### **WASH FIT improvement planning, monitoring and review**

- Prioritizing high risk gaps which relate with infections, quality of care, people centered services
- Identifying list of activities, cost, timeline, responsible person/unit, progress monitoring plan
- WASH FIT implementation process including training cascade, piloting and scale up
- Enabling factors and possible barriers to the implementing the tool successfully

### **Gender, Equity and Social Inclusion module**

- How and why people experience exclusion and discrimination when using healthcare facilities
- How to improve participation of women and people with disabilities in implementing WASH FIT
- Accessible and inclusive WASH solutions in HCFs within the WASH FIT model
- Use of WASH FIT indicators to support inclusion and empowerment

### **Climate resilience and WASH**

- Climate change related definitions and how climate change impacts health
- Approaches that can be employed to combat the impacts of climate change
- Global guidance that relate to climate change and WASH, specifically for HCFs
- Approaches to address climate change in HCFs in relation to WASH domains

### **Kobo toolbox and WASH FIT**

- Importance of digital platforms for data collection, sharing and analysis
- Application of Kobo toolbox form creation, data collection, report and download
- WASH FIT assessments using Kobo tool
- How to modify the WASH FIT assessment in KoboToolbox
- Scoring for different domains and generate a WASH FIT facility score

### **Adult teaching 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 which include preparation, delivery and follow-up (WASH FIT trainer manual in this regard was cited)

## Briefing on the next step action *(based on below national plan)*

Mariam Mahamudu from MoH noted that “WASH FIT could become a prerequisite to guide budget plan by health care facilities. The decentralized budgeting process in the country could help WASH FIT implementation. It helps to assess, plan and efficient use of budget”.

## Country action plan

Activity list	Timeline	Responsible	Collaborators
<b>WASH FIT implementation preparation</b>			
Engaging leadership and sensitization	APRIL	EHSS-DPS, MoH	PORALG, UNICEF & WHO
Review methodology and adapt tool	APRIL	EHSS-DPS, MoH	UNICEF, WHO & Consultant
Training at national / subnational level	APRIL	EHSS-DPS, MoH	PORALG, Academic Health Institution, RS, LGAs, UNICEF, WHO, CSOs
National working group established or revitalized	APRIL	EHSS-DPS, MoH	UNICEF & WHO
Identify targeted/pilot facilities	MAY	EHSS-DPS, MoH	PORALG, Academic Institution, RS, LGAs, UNICEF, WHO, CSOs
<b>WASH FIT activities implementation</b>			
Training at targeted facilities	MAY-SEP	EHSS-DPS, MoH	PORALG, Academic Health Institution, RS, LGAs, UNICEF, WHO & CSOs/NGOs
Support facility based implementation assessment, report, planning and budget	MAY-DEC.	EHSS-DPS, MoH	PORALG, Academic Health Institution, RS, LGAs, UNICEF, WHO, CSOs/NGO & HCF Committees
Supervision to WASH FIT introducing or implementing facilities	JULY-DEC	EHSS-DPS, MoH	PORALG, UNICEF &WHO
Consolidate assessment data from different facilities	MAY -DEC	EHSS-DPS, MoH	PORALG, Academic Health Institution, RS, LGAs, UNICEF, WHO & CSOs/NGOs
Monitoring implementation progress in implementing facilities	QUARTER	EHSS-DPS, MoH	“ “
Conduct review of WASH FIT at different levels	JAN, 2024	EHSS-DPS, MoH	“ “
Case studies and lessons documentation	FEB. 2024	EHSS-DPS, MoH	“ “
<b>Eight practical step</b>			
Situation analysis and assessment	APR2023- JAN, 2024	EHSS-DPS, MoH	“ “
Road map and target	MARCH-JUL, 2024	EHSS-DPS, MoH	PORALG, UNICEF & WHO
Standard and accountability	ONGOING	EHSS-DPS, MoH	MoW, PORALG, RS, LGAs, UNICEF, WHO & CSOs/NGOs



Activity list	Timeline	Responsible	Collaborators
Improve infrastructure	ONGOING	EHSS-DPS, MoH	“ “
Engaging community and partners	“	EHSS-DPS, MoH	“ “
Operational research	By Dec. 2024	EHSS-DPS, MoH	“ “

### Overall training feedback and closing remark

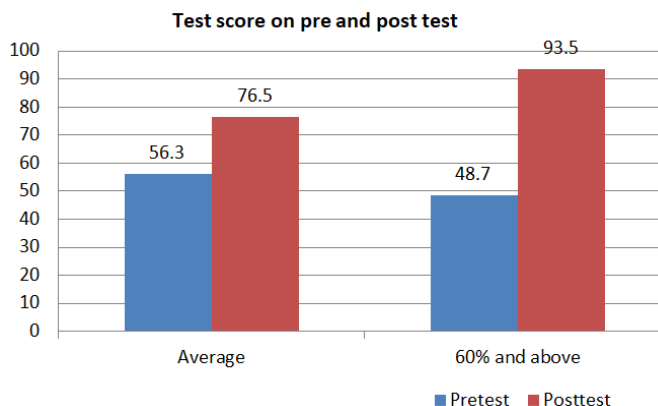
The representative of the trainee thanked the facilitators for the great role taking through the training sessions. Appreciated the methodologies were fully interactive, engaging and motivating using group work, exercises, question and answer and role play among others.

The closing remark was made by head of environmental health unit at MoH, thanking all for the great participation and asking for readiness and commitment to ensure WASH FIT implementation is a success.

### Training evaluation

#### Pre and post test

The pretest average score of the trainees increased from 56.3% on pretest to 76.5% on posttest. A total of 48.7% of the trainees score 60% and above on pretest which was 93.5% on the post test.



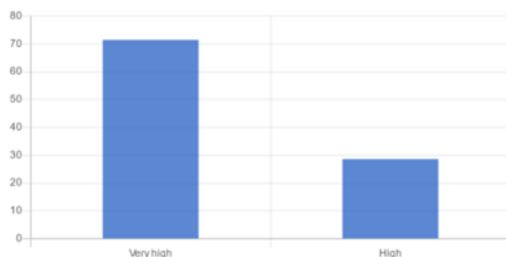
Some of the participants missed questions:

- JMP service level indicators for water
- Cleaning procedure
- Climate resilient waste treatment technologies

### Findings of the online evaluation and feedback

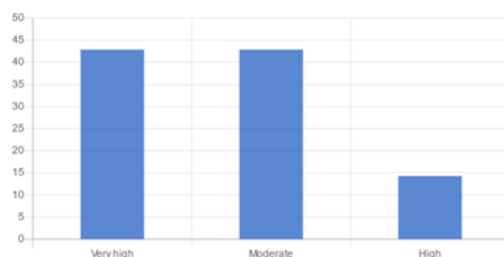
How was the training interesting

TYPE: "SELECT\_ONE"; 7 out of 7 respondents answered this question. (0 were without data.)



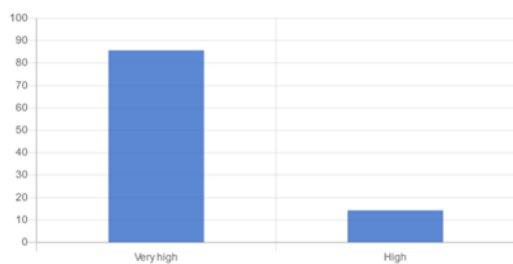
How was the length of the training

TYPE: "SELECT\_ONE"; 7 out of 7 respondents answered this question. (0 were without data.)



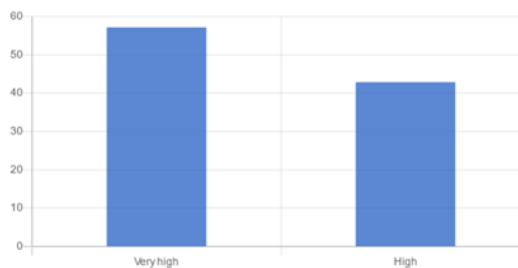
#### What you learn from the training

TYPE: "SELECT\_ONE". 7 out of 7 respondents answered this question. (0 were without data.)



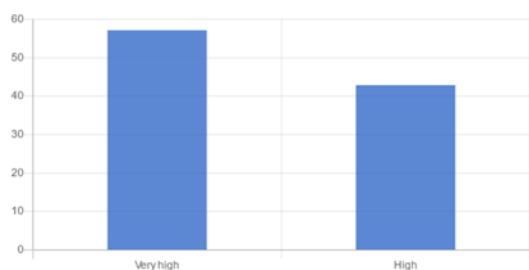
#### Meeting the objectives of the trainings

TYPE: "SELECT\_ONE". 7 out of 7 respondents answered this question. (0 were without data.)



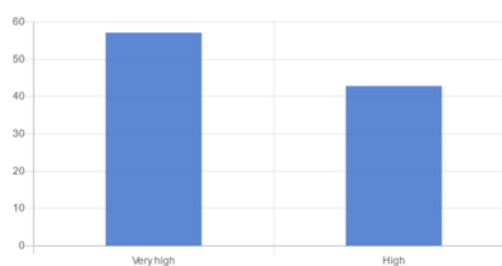
#### How confident are you to delivery training on WASH FIT

TYPE: "SELECT\_ONE". 7 out of 7 respondents answered this question. (0 were without data.)



#### How suitable are the teaching methods (in person)

TYPE: "SELECT\_ONE". 7 out of 7 respondents answered this question. (0 were without data.)



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

- Development of incremental plan; use of kobo toolbox
- Climate change and resilience
- Deep dive into WASH FIT technical modules

### What lessons do you consider from this training process?




- The importance of WASH FIT for improving WASH and IPC conditions in health care setting
- Kobo tool box and deploying the project form
- Infection prevention and control can be successful if we adapt the WASH tool and cascade to others
- WASH in HCFs and the importance of working as a team to achieve improvements in HCFs
- Gained knowledge about WASHFIT and capacity to train others
- Importance of the facility visit for demonstrating WASH FIT process steps

### Annexes - List of trainees

**List of Participants National ToT WASH FIT Training (17-20 April 2023), Morogoro**

S/N	Full Name	Sex	Title	Department/Unit	E-mail Address
<b>Ministry of Health (12)</b>					
1	Birago Joseph	M	ADEHS	MoH-DPS/EHS	<a href="mailto:joseph.birago@afya.go.tz">joseph.birago@afya.go.tz</a>
2	Anyitike Mwakitalima	M	HFWES	MoH-DPS/EHS-WASH	<a href="mailto:anyitike.mwakitalima@afya.go.tz">anyitike.mwakitalima@afya.go.tz</a>
3	Lilian Mreta	F	SEHO	MoH-DPS/EHS-WASH	<a href="mailto:lilian.mreta@afya.go.tz">lilian.mreta@afya.go.tz</a>
4	Evanca Simkoko	M	SEHO	MoH-DPS/EHS-WASH	<a href="mailto:dabrick.evance@afya.go.tz">dabrick.evance@afya.go.tz</a>
5	Adolf Kiyunge	M	PEHO	MoH-DPS/EHS-EPRU	<a href="mailto:adolf.kiyunge@afya.go.tz">adolf.kiyunge@afya.go.tz</a>
6	Toyi Midaba	F	SEHO	MoH-DPS/EHS-OHU	<a href="mailto:toyi.midaba@afya.go.tz">toyi.midaba@afya.go.tz</a>
7	Akili Mawazo	M	IPC	MoH-DQA/IPC	<a href="mailto:akil2mawazo@gmail.com">akil2mawazo@gmail.com</a>
8	Lucia Laurian	F	Nurse	MoH-DCS/Quality Assurance	<a href="mailto:lucylaulian@gmail.com">lucylaulian@gmail.com</a>
9	Mary Mloge	F	MO	MoH-DCS/Quality Assurance	<a href="mailto:mary.mloge@afya.go.tz">mary.mloge@afya.go.tz</a>
10	Innocencia Safari	F	EHO	MoH-EHPRC	<a href="mailto:innops14@gmail.com">innops14@gmail.com</a>
11	Janeth Philip Kilawe	F	EHO		<a href="mailto:janethkilwe08@gmail.com">janethkilwe08@gmail.com</a>
<b>PORALG (3)</b>					
12	Selema Yondu	M	SEHO	PoRALG-DHNS	<a href="mailto:seleabdi1@gmail.com">seleabdi1@gmail.com</a>
13	Martha A. Mariki	F	PEHO	PoRALG-DHNS	<a href="mailto:marikiay@yahoo.com">marikiay@yahoo.com</a>
14	Kilatu N	M	EHO	Morogoro Municipal Council	<a href="mailto:nkilatu@gmail.com">nkilatu@gmail.com</a>
<b>Academic Institutions (9)</b>					
15	Magdalena Shao	F	Lecturer	MUHAS-School of Public Health	<a href="mailto:maggvedes@gmail.com">maggvedes@gmail.com</a>
16	Idd Mapande	M	Ass. Lecturer	MUHAS-School of Public Health	<a href="mailto:mapandeiddi@gmail.com">mapandeiddi@gmail.com</a>
17	Suzu Wilson	F	Tutor	Ngudu School of Environmental Health	<a href="mailto:suzymgonja0@gmail.com">suzymgonja0@gmail.com</a>
18	Jennifer Mbise	F	Tutor	Tanga School of Environmental Health	<a href="mailto:jmbise23@gmail.com">jmbise23@gmail.com</a>
19	Jairo Jayambo	M	Ass. Lecturer	RUCU-Iringa	<a href="mailto:jairopanaito@gmail.com">jairopanaito@gmail.com</a>
20	Ramadhan Bofu	M	Tutor	Mpwapwa School of Environmental Health	<a href="mailto:rbofu68@gmail.com">rbofu68@gmail.com</a>
21	Brigitha Onesmo	F	Tutor	Mpwapwa School of Environmental Health	<a href="mailto:brigithaonesmo@yahoo.com">brigithaonesmo@yahoo.com</a>
22	Friday Ndibwa	M	Tutor	Kagemu School of Environmental Health	<a href="mailto:fridayndibwa97@gmail.com">fridayndibwa97@gmail.com</a>
23	Mariam Amour	F	Tutor	Muhimbili School of Hygiene	<a href="mailto:hamismaryam80@gmail.com">hamismaryam80@gmail.com</a>
<b>QIT Members National Hospital: Specialized Hospital and Zonal Hospital (12)</b>					
24	Domiana A. John	F	Ag. Director Technical Medical Service	MNH	<a href="mailto:domianajohn@gmail.com">domianajohn@gmail.com</a>
25	Swahibu Ramadhan	M	Radiographer-QIT Mem	Ocean Road Cancer Institute	<a href="mailto:swahiburama@gmail.com">swahiburama@gmail.com</a>
26	Simon Nchimbi	M		MOI	<a href="mailto:snchimbi17@gmail.com">snchimbi17@gmail.com</a>
27	Veronica Vedastus	F		JKCI	<a href="mailto:veronicavedastus13@gmail.com">veronicavedastus13@gmail.com</a>
28	Asharose Muttasingwa	F	EHO	Kibong'oto Infectious Disease Hospital (KIDH)	<a href="mailto:asharosemutta7@gmail.com">asharosemutta7@gmail.com</a>
29	Beatus Gaitan Lugenge	M	MO	Bugando	<a href="mailto:beatuslugenge@gmail.com">beatuslugenge@gmail.com</a>
30	Tabia Muhamed Akili	F	EHO	Mtwara Southern Zone Referral Hospital	<a href="mailto:tabiaakili2018@gmail.com">tabiaakili2018@gmail.com</a>
31	Rajabu Hemed Mandwanga	M	EHO	Lugalo zonal Referral Hospital	<a href="mailto:mandwanga@gmail.com">mandwanga@gmail.com</a>
32	Kennedy Godfather	M	EHO	CHO zonal Referral Hospital	<a href="mailto:kennysafiel27@gmail.com">kennysafiel27@gmail.com</a>
33	Fadhili Katura	M	EHO	Benjamin Mkapa zonal Referral Hospital	
34	Ismail Paul Gwajumbe	M	ANO	Mbeya zonal referral Hospital (HQ)	
35	Teresia Augustino Bahari	F	NO	Mbeya zonal referral Hospital (Meta)	<a href="mailto:bahariteresia@gmail.com">bahariteresia@gmail.com</a>
<b>CSOs (5)</b>					
36	Wilhelmina Malima	F	Head of Prog and Ext Services	Sanitation and Water Action (SAWA)	<a href="mailto:wilhelminamalima@gmail.com">wilhelminamalima@gmail.com</a>
37	Joachim Assenga	M	Capacity Building Office	Sanitation and Water Action (SAWA)	<a href="mailto:joachimventure@gmail.com">joachimventure@gmail.com</a>
38	Godwin Christopher Maleko	M	Head-HES	EEPCO	<a href="mailto:gchrismale48@gmail.com">gchrismale48@gmail.com</a>
39	Jacqueline Makupa	M	Public Health Specialist	Mediapace Tanzania	<a href="mailto:saad.mbingah@mediapace.org">saad.mbingah@mediapace.org</a>
40	Godfrey Mpangala	M	WASH Technical Adviso	Catholic Relief Services	<a href="mailto:godfrey.mpangala@crs.org">godfrey.mpangala@crs.org</a>
<b>UNICEF (5)</b>					
41	Francis Odhiambo	M	Chief of WASH	UNICEF	<a href="mailto:fodhiambo@unicef.org">fodhiambo@unicef.org</a>
42	Remijius Sungu	M	WASH Officer	UNICEF	<a href="mailto:rsungu@unicef.org">rsungu@unicef.org</a>
43	Yelin Cho	F	WASH Officer	UNICEF	<a href="mailto:ycho@unicef.org">ycho@unicef.org</a>
44	Alex Mphuru	M	Immunization Specialist	UNICEF	<a href="mailto:amphuru@unicef.org">amphuru@unicef.org</a>
45	Reginhaldah Mpete	F	SBC Specialist	UNICEF	<a href="mailto:rmpete@unicef.org">rmpete@unicef.org</a>
<b>Facilitators (4)</b>					
	<b>Name</b>		<b>Position</b>	<b>Organization</b>	
46	Kebede Eticha	M	Consultant	UNICEF	<a href="mailto:kegela@unicef.org">kegela@unicef.org</a>
47	John Mfungo	M	WASH specialist	UNICEF	<a href="mailto:jmfungo@unicef.org">jmfungo@unicef.org</a>
48	Mariam Mahamudu	F	SEHO	MoH-DPS/EHS-WASH	<a href="mailto:mariam_mashimba@afya.go.tz">mariam_mashimba@afya.go.tz</a>
49	Jairo Hiliza	M	Consultant	WHO	<a href="mailto:hilizaj@who.int">hilizaj@who.int</a>

## Training agenda as it run

 <b>National WASHFIT Training of Trainers_Tanzania</b> <b>17<sup>th</sup> to 20<sup>th</sup> April 2023, Glonnency 88 Hotel</b>				
Time	Session		Content highlights	 
<b>Day 1 Introduction and WASH FIT background</b>				
8:00 - 8:15		<b>Registration and Materials Supply</b>	Arrival of participants, registration, and distribution of stationeries	Secretariat (MoH, SAWA)
8:15 - 8:30	1.1	<b>Introduction</b>	Welcome and opening remarks from UNICEF, WHO, and MoH	Frank, Jairos, Anyitike
			Why WASH FIT and MoH plan to cascade	Anyitike Mwakitalima, DPS/EHS-WASH
			Participants self-introduction	
8:30 - 8:45	1.2	<b>Programme description</b>	Purpose of this ToT; Program description Methodology and material; Expectations; Training	Mariam / John
8:45 - 9:00	1.3	<b>Pre-course test</b>	Participants to conduct pre-course test individually	John
9:00 - 10:00	1.4	<b>Module I – WASH in HCFs introduction</b>	Overview and status of WASH in HCFs, in AFRO, JMP servcie levels and report, Q&A	John
10:00 - 10:30	<b>Tea Break</b>			
10:30 - 12:00	1.5	<b>Module I – WASH in HCFs introduction...</b>	WASH in HCFs and linkages with health program, Global strateiges (Eight practical steps to WASH in HCF) and countries progress, Q&A	Kebede
12:00 - 12:30	1.6	<b>Module II – WASH FIT methodology</b>	Introduction; Step 1 – Establish team	Kebede
12:30 - 13:30	<b>Lunch Break</b>			
13:30 - 15:00	1.7	<b>Module II – WASH FIT methodology...</b>	Step 2 – Assessment – outcomes & resources	Kebede
15:00 - 15:30	<b>Break</b>			
15:30 - 17:30	1.8	<b>Module II – WASH FIT methodology...</b>	Step 2 – Assessment, group exercise on scoring <i>Trainees complete their daily learning diary</i>	Kebede
<b>Day 2 WASH FIT methodology</b>				
8:30 - 8:45	2.1	<b>Recap of day I &amp; the program of the day</b>	Reminding terms, concepts and facts	Facilitation team
8:45 - 10:00	2.2	<b>Module II – WASH FIT methodology...</b>	Group exercisce on assessment scoring and risk analysis	Groups
<b>Tea Break</b>				
10:30 - 11:30	2.3	<b>Module II – WASH FIT methodology...</b>	Step 3 - Risk analysis and prirotization	John
11:30 - 12:30	2.4	<b>Module III – Technical module / Water supply</b>	Requirements for adequate and safe water supply Common problems related to water supply Tool for improving water quality and quantity Climate resilience	John
12:30 - 13:30	<b>Lunch Break</b>			
13:30 - 14:30	2.5	<b>Module III – Technical module /Sanitataion</b>	Requirements for sanitation in HCFs Safely managed sanitation Sanitation linkage with AMR Technology options	Mariam
14:30 - 15:30	2.6	<b>Module IV – Technical module / Hand hygiene</b>	Hand hygiene Five golden rules Mulimodal approach	Jairos
15:30 - 15:50	<b>Tea Break</b>			
15:50 - 17:30	2.7	<b>Module V – Technical module / Health Care Waste Management</b>	Risk associated with poor HCWM -Types of waste, management process - Waste treatment options	Jairos

<b>Day 3 WASH FIT methodology cont...</b>				
8:30 - 9:00	3.1	<b>Recap of day II &amp; program</b>	Reminding terms, concepts and facts	
9:00 - 10:30	3.2	<b>Module VII – Technical module / Environmental Cleaning</b>	Importance Organized approach Products and supplies	Mariam / Kebede
10:30 - 11:00	<b>Tea Break</b>			
11:00 - 12:00	3.3	<b>Briefing on facility visit</b>	Establish and briefing group on the facilities visit	Kebede
12:00 - 13:00	<b>Lunch Break</b>			
13:30 - 17:30	3.4	<b>Technical visit to two health centers - Conduct assessment</b>	13:30: Gathering and instruction 14:00: Departure 14:30: Introduction meeting at the facilities (90 min) 6 teams will conduct a WASHFIT assessment. 1 team per the following domains: Water; Sanitation and Hand hygiene. Environmental cleaning; Waste management Collective debriefing of the visit	Facilitation team
<b>Day 4 Presentation on the facilities visit; adult learning and training wrap-up</b>				
8:30 - 10:00	4.1	<b>Group presentations on the facilities visited</b>	Strengthes, gaps and areas for improvement	Groups for each domain
10:00 - 10:30	<b>Tea Break</b>			
10:45 - 11:15	4.2	<b>Group work on WASH FIT scoring, visualizing and risk analysis</b>	Scoring by domain and result visualizing on graph	"
11:15 - 12:00	4.3	<b>WASH FIT Step 4 and 5</b>	Improvement planning , monitoring and review	Kebede
12:00 - 13:00	<b>Lunch Break</b>			
13:00 - 13:30	4.4	<b>Module IX – Technical module / Gender, Equity and Social Inclusion</b>	Reasons for exclusion and discrimination in HCF Improving participation Accessible and inclusive WASH	John
13:30 - 14:00	4.4	<b>Presentation on adult learning</b>	How adults learn, principles and skills Teaching methods and learning pyramid Training implimentation processes including operational and administrative considerations	John
14:00 - 15:00	4.5	<b>Climate resilience and WASH Kobo toolbox and WASH FIT</b>	Climate change and related concepts Approaches to combat impact of CC Climate resilience in WASH domains Use of Kobo tool box	Kebede
15:00 - 15:20	<b>Tea Break</b>			
15:20 - 16:00	4.6	<b>Feedback, way forward and closing</b>	Overall feedback and next step actions	Mariam
16:00 - 16:30	4.7	<b>Post-course test and evaluation of the</b>	Post test and evaluation using Kobo form	Kebede