



## Gambia WASHFIT Training Report

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# Gambia WASHFIT Training Report

30 October – 3 November 2023

## Purpose

To conduct training of trainers, who will be responsible to rollout the training and implementation in their respective regions.

The objectives of the training include:

- To inform on the backgrounds of WASH in HCFs including global and national status and the linkages with health programs
- To create understand of WASH FIT, its approach and implementation including how to adapt and apply it in a range of different settings
- To demonstrate WASH FIT assessment, risk analysis and improvement planning
- To enhance understanding of the technical domains of WASH in HCFs
- To facilitate cross learning among the participants and create well informed and skilled trainers that could train others at different level

## Training participants and period

A total of 30 participants (*annex 1*) which included national ministry of health, water and education and regional health offices public health officers, health officers from selected HCFs, UNICEF and partners staff were attended the training during 30 October – 3 November 2023 at Bwiam.

WASH FIT assessment tool were reviewed and customized and plan to conduct national assessment including schools in the country has put in place. Also, an action plan which include roll out of WASH FIT in targeted health care facilities is prepared.

The training was facilitated by Dr Kebede Eticha (Lead trainer, consultant at UNICEF HQ WASH) and co-facilitators Aminnate Sarr and Samba N Beldeh from UNICEF country office and the chair of the training was appointed from MoH.

## Summary of the training schedule

**Days 1 and 2** – included training startup which included opening remarks, program description (*annex 3*), expectations and pretest. Presentations were made on background of WASH in HCFs, national context and WASH FIT introduction and process step 1 and 2. Practical visit was made in a Bwiam general hospital.

**Day 3** – group work and presentation on the facilities visit assessment findings. Also, group work on participant led session (PLS) to review available resources and prepare short presentations on each of the technical domains.

**Day 4 and 5** – included group presentations on the participant led sessions and review of adapted assessment tool for HCFs and Schools. Also, briefing on use of Kobo toolbox and wrap up of the training.

### **Key outputs of the training included:**

- A total of 30 trainee (2 female) attended the training from national and regional levels as well as from UNICEF country office and partners
- WASH FIT tool was reviewed and customized for use in the country starting with the planned assessment in all HCFs
- Assessment plan for WASH in HCFs and school was put in place

### **Day I – Training start up, background and WASH FIT methodology**

The session started with the opening remarks by:

**Dr. Buba Manjang** (Director of Public Health Services-Ministry of Health), welcoming all and stated the importance of the training for the country and the assessment that will follow. He also summarized the milestones of the directorate in WASH which include GIS mapping and the Smart Subsidy Projects for the nation. And thanked UNICEF for their unwavering support in achieving those milestones

**Mr. Lamin M. Fadera** (WASH Program Manager and National Coordinator), explained the importance of WASH in IPC including; reducing/preventing the incidence of nosocomial infections, contributing to the health and wellbeing of both HCF staff and clients and quality of care, and safeguarding human dignity. He however informed the gathering of the increasing effects and potential impacts of climate change especially on WASH infrastructure, and emphasized the need for strengthening coordination. He encouraged all to be attentive and engaged on the training.

**Mrs. Aminata Sarr**, WASH Officer, UNICEF Country Office – The Gambia), stated that UNICEF is happy to support organization of the training, through providing both the financial and technical support. She further highlighted other interventions supported by UNICEF including ‘the GIS mapping and the Smart Subsidy’ projects. These help the last mile efforts in the fight against open defecation amongst other efforts, all geared towards providing a better and a bright future for the children of The Gambia. Moreover, she explained the importance of the training in knowing our WASH status in healthcare facilities and schools. And finally assured her partners of her organisation’s continuous support especially for the children of the country and she then introduced the lead trainer.

It was noted that UNICEF supported a lot of infrastructure improvements and this training helps to understand the state of the service in HCFs and to make evidence based improvement interventions.

On behalf of the Regional Director, Mr. Fatajo gave the welcome remark. He warmly welcomes the team and assured the region’s full support.

### **Training expectations**

The participants indicated their expectations from the training which include:

- Better understanding of the WASH framework and national guidelines
- To understand the WASH FIT tools, basic steps and all about WASH in HCFs.
- To be able to utilize the WASH FIT Assessment tool to identify gaps and analyze the risks
- To have a capacity to conduct step down training and be able to assess in HCFs
- To have improved skills as a trainer in WASHFIT and be able to carry out key functions as a national resource person
- To be familiar with all the functions undertaken by WASH at health facility level
- Use the knowledge and skills gained to improve WASH in schools as well
- To understanding the linkages between WASH, IPC, quality of care and climate change.
- To have the necessary skills to promote behavior change and community engagement in WASH activities.
- To equip with the tools and knowledge to improve WASH conditions and contribute to better health and well-being in the country.
- To interact with the participants to have more knowledge in WASH and the services
- Certificate to be proved at the end of the training

### **Background of WASH in HCFs national context**

Mr Lamin made briefing on the background as presented below:

Fully functioning water, sanitation, hygiene (WASH) and health care waste management services are a critical aspect of infection prevention and control (IPC) practices, and ensuring patient safety and quality of care. Such services are also essential for creating an environment that supports the dignity and human rights of all care seekers, especially mothers, newborns, children and care providers. WASH and waste services are also critical for preventing and effectively responding to disease outbreaks. The COVID-19 pandemic was a good testimony to that. The gaps of WASH facilities in HCFs threaten the safety of patients and caregivers, and have environmental consequences, especially as a result of large increases in plastic health care waste. In short, WASH is a critical foundation for improving quality across the health system.

Lack of services, and of systems to improve WASH in HCF, compromises caregivers ability to provide safe and quality care, and places health care providers and those seeking care at substantial risk of infection and loss of dignity. Unhygienic health care facilities without drinking water or functional toilets are also a disincentive to seeking care and undermine staff morale – these factors can have a critical impact on controlling infectious disease outbreaks.

Climate change and its impacts on WASH and health services, gender-specific needs, and equity in service provision and management all require rigorous attention, adaptable tools and regular monitoring.

One third of health care facilities do not have what is needed to clean hands where care is provided. One in four facilities lack basic water services, and one in 10 have no sanitation services. Around

1.8 billion people use facilities that lack basic water services, and 800 million use facilities with no toilets. Across the world's 47 least developed countries, the problem is even greater: half of health care facilities lack basic water services.

Building on the global call, all 194 World Health Organization (WHO) Member States approved a resolution on WASH in health care facilities at the 2019 World Health Assembly. The resolution calls on countries to establish baselines and set targets, embed WASH in key health programmes and budgets, improve and maintain infrastructure, and regularly report on progress.

Alongside the resolution, WHO and UNICEF published a set of eight practical steps for improving and sustaining WASH services and practices in health care facilities. Countries are reporting on their progress in this regard.

Today you are here to attend training of trainers sessions on WASH FIT which is Water and Sanitation for Health Facility Improvement Tool. The tool applies a risk-based management tool for health care facilities, covering key aspects of WASH services: water; sanitation; hand hygiene; environmental cleaning; health care waste management; and selected aspects of energy, building and facility management.

### **Why WASH FIT?**

- In a bid for us as a country to have a framework to develop, monitor and continuously implement an improvement plan (covering infrastructure, behaviors, and operation and maintenance) and prioritize specific WASH actions that are climate-resilient, equitable and inclusive
- Guides in planning and implementation of WASH improvements as part of wider quality improvement (QI) efforts, and to meet local, national and global standards;
- Supports the implementation of IPC standard and transmission-based precautions according to national guidelines and standard operating procedures (SOPs);
- Facilitate multi-sectoral actions by bringing together all those who share responsibility for providing WASH services, policymakers, district health officers, hospital administrators, water and sanitation experts, climate and environmental specialists, and users

### **Module 1: Background and Linkages with health**

Then the training session proceed with the contents of Module 1 which include service level indicators and available data in this regard and the linkages with health programs including QoC, IPC, AMR and resilience building.

Also the elements of the eight practical steps were communicated and the country progress in this regard addressed. Below table presents this:

	<b>Step 1</b>	<b>Step 2</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 3</b>	<b>Step 4</b>	<b>Step 5</b>	<b>Step 6</b>	<b>Step 7</b>
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	Situational analysis	Baseline assessment	National roadmap & coordination	Standards (WASH in HCF)	Standards (health care waste)	Infrastr. & WASH FIT	HMIS	Workforce development	Comm. engagem
<b>2020</b>	1	2	1	4	4	1	1	ND	ND
<b>2022</b>	3	3	4	2	3	2	2	2	1

### Session on the WASH FIT methodology

- Introduction to WASH FIT, its approach and implementation process. It was noted that the first version was introduced in some counties
- Four participant groups were organized to cover different modules
- The groups practiced going through the steps of the tool

### Group work on the step 1 of the tool – establishing WASH FIT team in HCFs

Proposed list of members with their roles in a hospital and health center settings and anticipated challenges were identified. Below is the proposal for hospital setting.

Member	Role
<ul style="list-style-type: none"> <li>• Hospital Administrator (Chair)</li> <li>• Public health officer ( Secretary)</li> <li>• Infection control Officer</li> <li>• Domestic supervisor</li> <li>• Quality assurance officer</li> <li>• Ward matrons</li> <li>• Chief laundry</li> <li>• Head of maintenance</li> <li>• Mortuary</li> <li>• Water specialist / plumbers</li> <li>• Occupational health and safety officer</li> <li>• Vector control</li> <li>• Chief orderly and security</li> <li>• Lab and pharmacy technologists</li> <li>• Data clerk</li> </ul>	<p>Have collective and individual areas responsibilities</p> <p>Responsible for assessment, planning and budgeting</p> <p>Monitoring and maintenance of WASH facilities</p> <p>Provision of WASH facilities</p> <p>Training of staff on WASH and related matters</p> <p>Coordinating WASH services</p>

### Anticipated challenges

- Inadequate capacity building training
- Inadequate enforcement of wash regulations
- Limited resources to maintain wash facilities
- Lack of adherence to wash SOPS, guidelines and protocols
- Irregular meetings

### **A session on assessment**

In a group the participants worked on:

- Review of the excel tool to familiarize with the contents and practice how to use it
- Familiarizing with instruction and domains sheets on the Excel tool which include category, indicators and scoring with their definitions (0, 1, 2)
- Discussed on the processes and methods to use for conducting the assessment
- Practicing scoring of each of the variables

## **Day II – WASH FIT methodology continuation and practical visit in health care facilities**

Recap of day I was made by group 1, who presented the key contents and learning from the day 1 sessions. Then the daily session proceed with the session continuation on the assessment step by the trainees group.

This was followed by a session on:

### **Risk analysis and prioritization**

- Explaining risk and risk analysis
- Looking at step 3-5 sheet on the excel
- Providing brief description of the situation / gaps observed and any risks associated with the gaps.
- Decide the level of risk and the score for of the total risk (Column G-I).

### **Improvement plan**

- Starting with the highest risk, decide and indicate:
  - What improvements and list of activities to be done
  - When they will be carried out
  - By whom and with what resources, conduct itemized cost estimate

### **Monitoring and review**

- Reviewing columns O-T of the Excel tool, helps to record progress over time on a later date.
- Insert the date of re-assessment (ideally within 3-6 months) and as a team,
- Review each indicator to see what has improved, got worse and remain the same over time.
- Have monitoring plan for spot check, audit of supplies, behavioral observations
- Conduct reassessment of the facility to see the progress in the scoring for overall and by domains

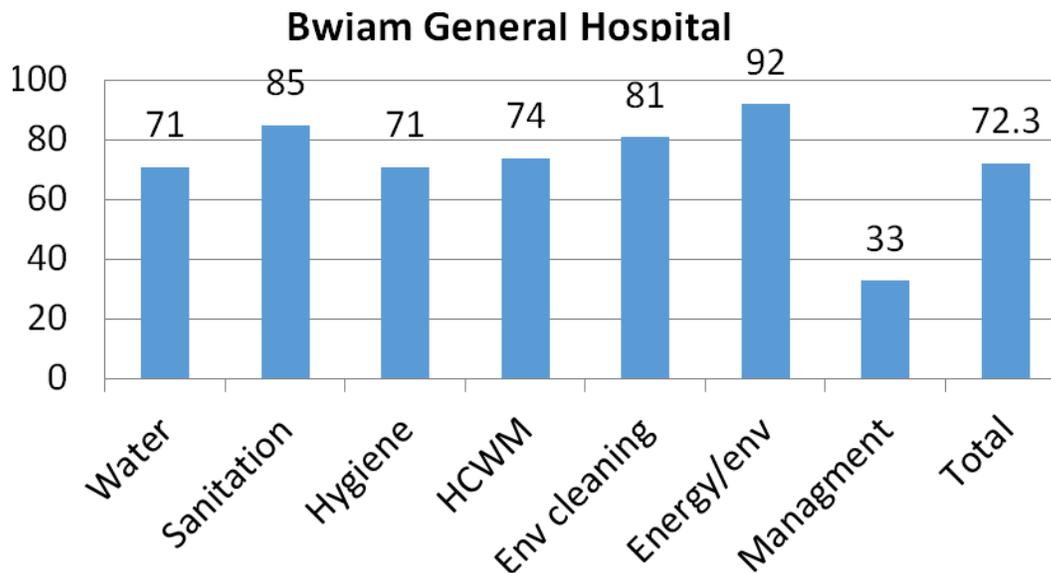
Then briefing was made on conducting practical assessment visit to a facility to be undertaken during the afternoon session of the day.

**Day III – Group work on the facilities visit finding and presentation; briefing on PLS**

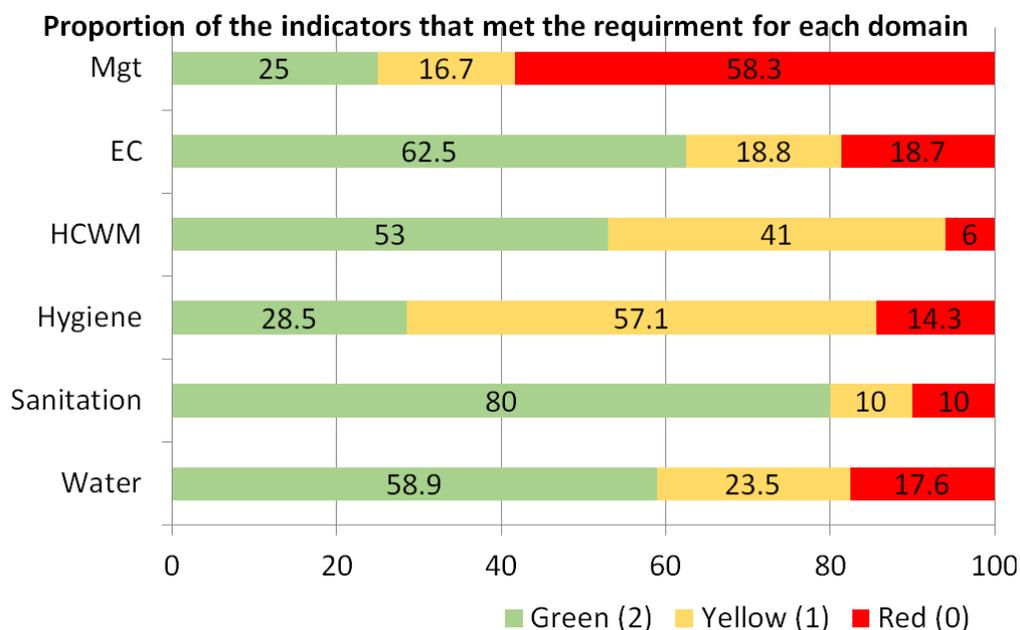
Following the recap of day II sessions, the groups continued to work on the facility visit findings including scoring, visualizing the results and presentations at the presence of the facility representative.

**The findings of the visit as presented by the groups**

Below diagram indicates the result of the scoring (overall and by domains) for the hospital visited:



While the overall score for the facility was 72.3%, considerable improvement is required for the management and workforce domain.



The facility scored better for sanitation, while management and hand hygiene domains require more improvement intervention.

### **Briefing on participant led session (PLS)**

The participants were asked to make review of available resources and prepare short presentation on their assigned domains. The guidance provided in this regard were:

- Identify their audience for the session
- Review available resources referring to the WASH in HCFs online portal
- Identify learning objectives and points
- Methods to use for the training facilitation
- Preparing and delivering their presentation over the time allocated

### **Day IV – Group presentations on the participant led sessions and review of the tools**

Recap of day III was made by group 3 which include the experience from the facility visit. They indicated the general observations at the facility:

- The facility staff were very accommodative, cooperative, supportive and dedicated to duties
- Teams were given access to the different wards/areas in the facility to do their work.
- The facility is clean and conducive
- Some of the gaps at the facility in areas of waste disposal, availability of water at dispensers, bathroom(s) in the labor ward, lack of maintenance of water systems and connectivity

This was followed by group presentation on the PLS topics:

- Water supply
- Sanitation
- Hand hygiene
- Cleaning
- Health care waste management

### **National assessment plan**

Sample size and list of HCFs and schools to be assessed were identified and communicated to the participants.

Region	Number of teams	Total facility (Schs+HF)	Days	Schs	Health/F
WC2	11	388	7	354	34
WC1	6	209	7	173	36
LRR	3	88	6	72	16
URR	5	149	6	130	19
CRR	5	156	6	132	24
NBR	5	170	7	138	32
<b>Total</b>	<b>35</b>	<b>1160</b>	<b>39</b>	<b>999</b>	<b>161</b>

### **Day V – Sessions on Kobo toolbox, action planning and training evaluation**

With the recap of the day 4 sessions, the final day sessions included:

- Briefing on use of Kobo toolbox for WASH FIT assessment data sharing
- Review of the customized assessment form for WASH in HCFs and schools
- Post training test and evaluation

### **Training evaluation**

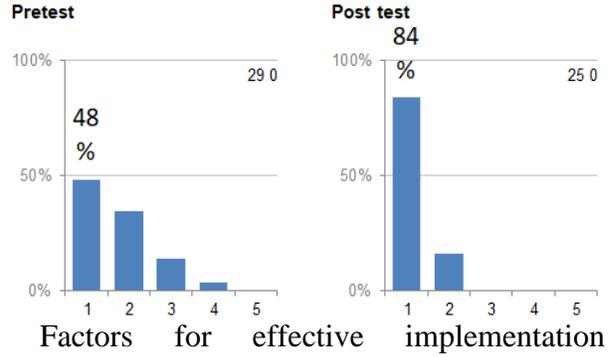
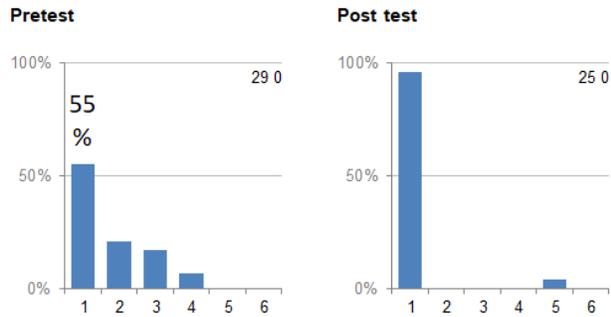
#### **Pre and post test results**

There was a considerable improvement in the correct response to most of the questions on posttest as it can be seen from the dispersion of the response on below graphs.

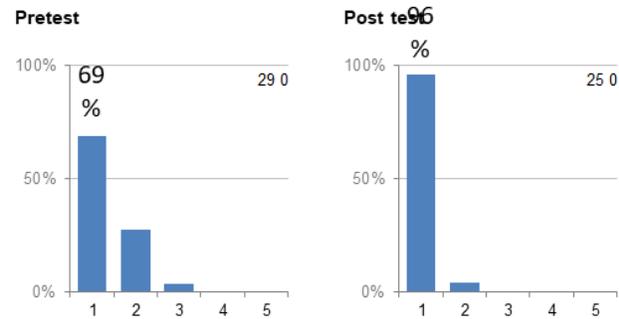
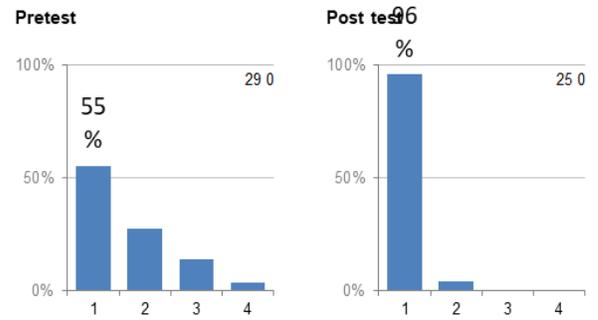
**Major improvement topics** (30% and above score increase of correct response)

### Importance of WASH in HCFs

### What WASH FIT adaption involves

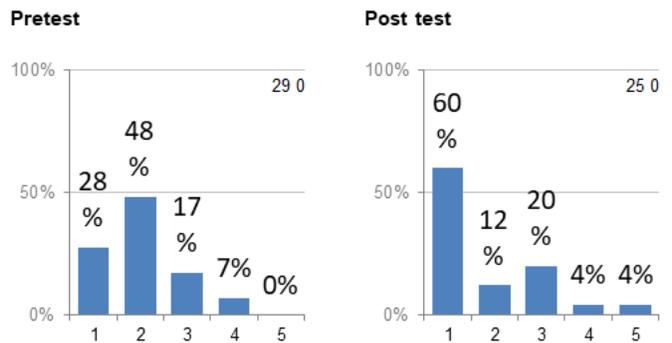
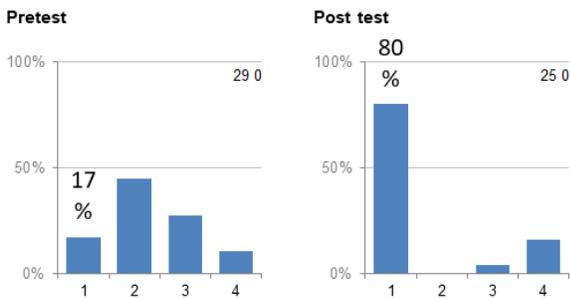


### Water storage capacity

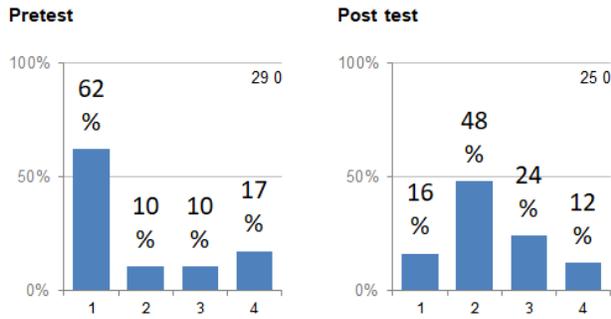


### Proportion of general waste

### Cleaning procedure (28% into 60%)



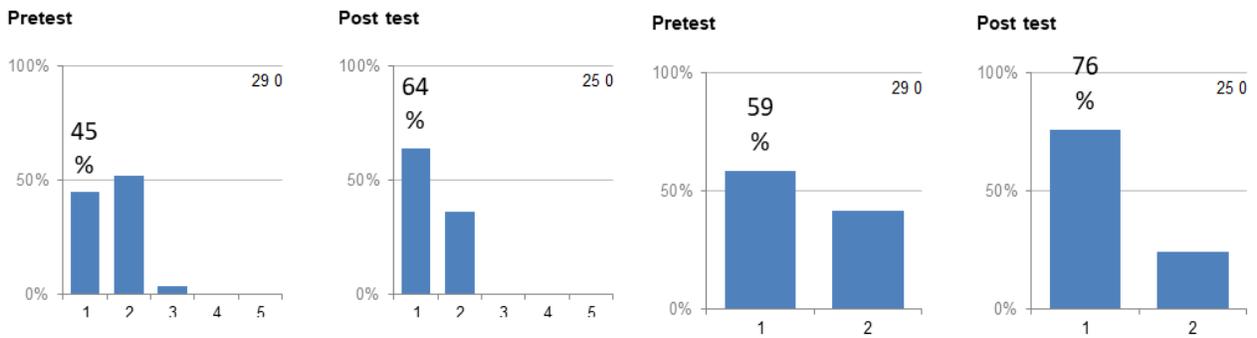
Duration of waste storage (10% into 48% correct response)



Moderate improvement topics (20 - 30% increase of correct response)

Domains in WASH FIT

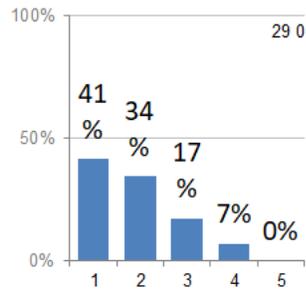
Water supply basic service level



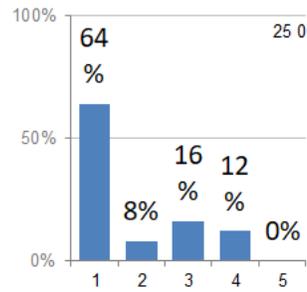
Less improvement topics (<20% score increase of correct response)

Climate start improvement intervention

### Pretest



### Post test

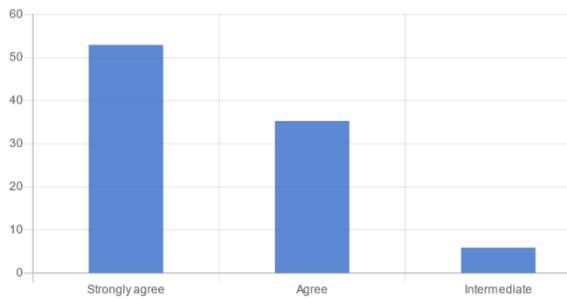


## Training evaluation and feedback

The participants in general provided a positive feedback on the different aspects of the training which include how the training was of interest and useful, the length of the training and meeting the objectives and expectations. Also, regarding their understanding of the training contents and the impression they have on the facilitators as well as the training methods.

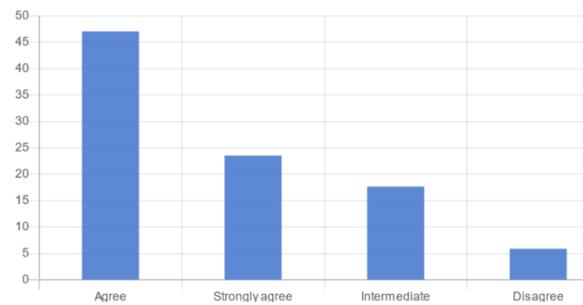
### The training was interesting and useful

TYPE: "SELECT\_ONE". 16 out of 17 respondents answered this question. (1 were without data.)



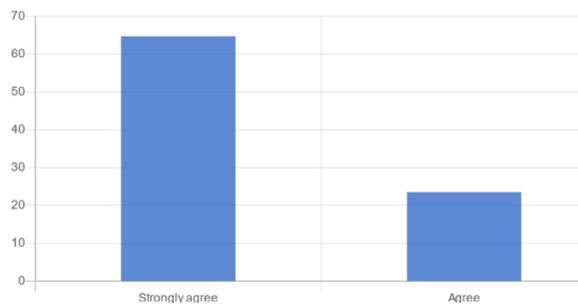
### The length of the training was adequate

TYPE: "SELECT\_ONE". 16 out of 17 respondents answered this question. (1 were without data.)



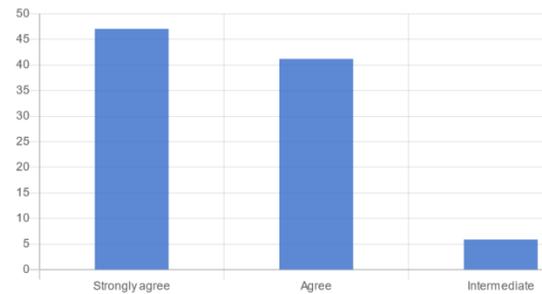
### Have learnt a lot from the training

TYPE: "SELECT\_ONE". 15 out of 17 respondents answered this question. (2 were without data.)



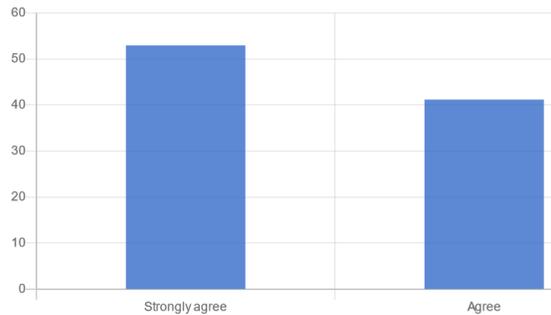
### The training objectives and expectations were met

TYPE: "SELECT\_ONE". 16 out of 17 respondents answered this question. (1 were without data.)



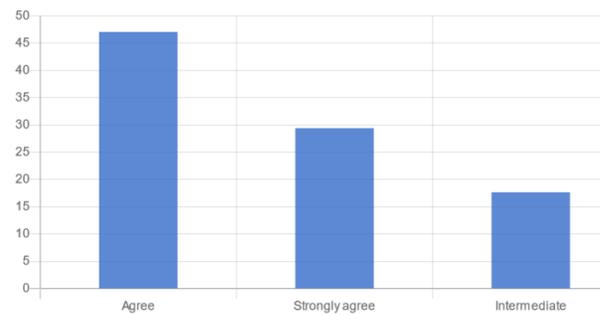
**I have got adequate understanding and application aspect of WASH FIT**

TYPE: "SELECT\_ONE". 16 out of 17 respondents answered this question. (1 were without data.)



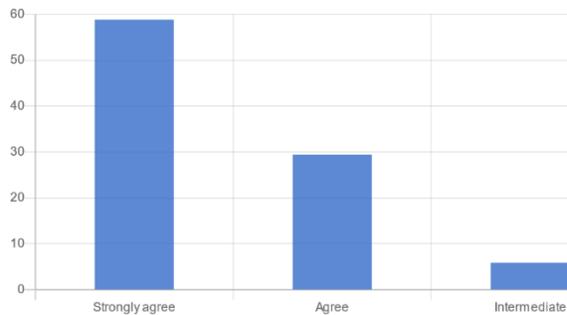
**Do have good impression of the trainers**

TYPE: "SELECT\_ONE". 16 out of 17 respondents answered this question. (1 were without data.)



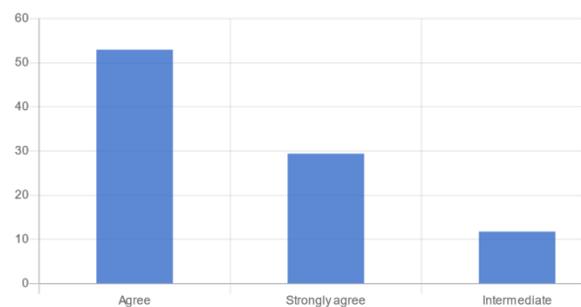
**The teaching methods were suitable, interactive and engaging**

TYPE: "SELECT\_ONE". 16 out of 17 respondents answered this question. (1 were without data.)



**The training program well organized**

TYPE: "SELECT\_ONE". 16 out of 17 respondents answered this question. (1 were without data.)



**What aspect of the training were most liked by the trainees**

- The practical aspect
- The participant led sessions
- Interactive and engaging process
- Review and testing the tool
- Multimodal improvement approach
- JMP indicators and definitions
- The practical assessment
- Training modules and the contents

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

- Water, quality and treatment methods
- Climate change and energy
- Multimodal improvement strategy
- Practical assessment and WASH FIT step 3-5
- Waste management
- Management and human resources

**What lessons do you consider from this training?**

- That tool is very important in health care settings and the wash fit teams need to be effective in their functions
- How moderately our hospital are doing during the WASHFIT assessment
- Basic understanding of both WASH FIT &IPC
- The facilitator have sufficient knowledge on the topics
- I've useful insight on all the WASH FIT domains
- Knowledge improved on data collection tool and key areas to assess on WASH in HCF
- Multimodal strategies
- Application of the WASH FIT tool for data generation

**Additional comments on the training (including how the training could be improved)**

- More practical sessions
- Giving interpersonal discussion with low learners on the data collection tools
- Let the participant to determine their accommodation arrangement
- Increase the number of facilitators
- By providing more number of days and making it more practical approach
- Increase training timeframe for better understanding of the WASH FIT tool and it's application
- Perhaps you could consider conducting the training in a place that has a good internet connection
- Step down training to regions

**Annex 1- List of participants**

Name	Region	Organization / Institution	Responsibility (Title)	Email address
Modi A Jawo	Upper River Region	Basse District Hospital	Public health officer	1641024@gambiacollege.edu.gm
Sang Martin Jarju	Western health region	WASH unit	WASH Officer	sancollin@outlook.com
Kebba	Western one	Epidemiology Disease Control	Disease Surveillance Officer	kebbajobarteh95@gmail.com
Sheikh Tijan Cham	Lower river region	KKWINELLA HEALTH CENTER	PUBLIC HEALTH OFFICER	chamsheikht21@gmail.com
Dembo	Wr	Health	Deputy program.mng	dembo
Lamin Sawo	Central River Region	Regional Health Directorate	Principal PHO	doctorsawo2013@gmail.com
Ensa Jammeh	WCR2	MOH	PHO	ensa.jammeh.ej@gmail.com
SMF	WR1	MOH	RPPHO	saikoufatajo@gmail.com
Musa Jimbara	Western Health Region 1	WASH Unit	WASH Officer	musajimbara@gmail.com
Lamin M Jarju	Central River Region	Kudang Health Centre	Public Health Officer	isatoumulboy100@gmail.com
Ebrima Jawara	WR1	Health Facility	Public Health Officer	ebrimaawara9999@gmail.com
Musa KS Sarr		Ministry of Basic and Secondary Education	Principal Edu. Officer	musasarr321@gmail.com
Modou Lamin Jammeh	North Bank West	Ministry of Health	Public Health Officer	modoulaminjammeh71@gmail.com
Modou Jallow	WHR 1	Ministry of Health	Program Officer (WASH)	bamodijallow1@hotmail.com
Lamin Bah	NBER	Ministry of Health	PHO	laminbah713@yahoo.com
Ebrima S. Jabbi	Central Level	GRCS	WASH program Officer	ebrima.jabbi@redcross.gm
Ebrima Jawara	WR1	Health facility	Public health Officer	ebrimajawara9999@gmail.com
Ebrima Njie	West Coast Region 1	Water, Sanitation and Hygiene	Program Officer	njee45@gmail.com
Jerreh Camara	West Coast-1	MoH	Vector Control Officer	cjerreh86@gmail.com
Modi A Jawo	URR	Basse District Hospital	Public health officer	1641024@gambiacollege.edu.gm
Ebrima S. Jabbi	KM central level	GRCS-HQ	WASH/Health program officer	ebrima.jabbi@redcross.gm
Musa	West Coast Region 1	WASH UNIT	WASH Officer	musajimbara@yahoo.co.uk
Raymond Correa	Western one	MoH	Public Health Officer	raycorrea22@yahoo.com
Saikou Maffuge Fatajo	WR1	MOH	RPPHO	Saikoufatajo@gmail.com
Bubacarr Touray	North Bank West	Ministry of Health and Social Welfare	Regional Health Promotor	touraybubacarr24@gmail.com
Yusupha Bojang	WCR	Department of Water Resources	Senior Hydrological Superintendent	wallimang69@gmail.com
Karim Darboe	Western 2Health Region	Ministry of health	Principal Public health officer	karimdarboe80@gmail.com

## Annex 2 – Draft action plan

<b>WASH-FIT implementation roll out Action Plan for regions, Gambia</b>	
Name of Country: Gambia	
Total number of health care facilities in the county: _____	
Number of HCFs by type – Hospital/District Hospital _____, Health centers: _____, Community clinic _____	
Total number of HCFs to target for introducing WASH FIT tool <b>64</b>	
Target HCFs by type: Hospital/District Hospital <b>15</b> , Health centers (HCs): <b>35</b> , Community clinic: <b>14</b>	

SN	Activities	Timeline	Responsible person	Required budget
<b>1</b>	<b>Assessment of WASH in HCFs</b>			
1.1	Number of HCFs to assess - <b>161</b> Number of schools to assess - <b>999</b>			
1.3	Identification of facilitators, data collectors Coordinators _____			
1.4	Orientation of data collectors for the WASHFIT assessment			
1.5	Conduct actual assessment and share the data			
<b>2</b>	Facility level assessment data shared and consolidated (Excel form and Kobo form filled and shared)			

3	Support facility based WASH FIT team established and conduct assessment			
4	Support risk analysis and improvement planning of the targeted facilities			
5	Data analysis and report writing			
6	Validation, disseminations of finding of the assessments			
7	Designed improvement plan including resource mobilization, monitoring and supervision			
8	Implementation of the improvement plan			
9	Other activities to conduct			

### National action plan

SN	Activities	Timeline	Responsible person	Required budget (KSH)
1	Formation of the Taskforce for WASH in institutions (MoH, DWR, Red Cross, MOBSE, UNICEF)			
1.1	Preparation of ToR			
1.2	Shared action plan prepared			
1.3	Regular meeting, monitoring and review			
2	Prepare WASH FIT implementation manual, including customizing the tool, printing and distribute			
4	National assessment report			
5	Prepare strategy/costed road map for WASH in HCFs			
6	Inclusion of WASH in HCFs indicators in health monitoring system			
7	Monitoring and supervision of the WASHFIT implementation			
8	Review meetings to track the progress and challenges of the WASHFIT			
9	National and regional water quality and safety capacity building training			
10	Procurement and supply of water testing kit (delagua)			

### Annex 3 - Training agenda

**Agenda\_WASHFIT Training \_Gambia**  
**30 October – 3 November 2023, Bwiam, West Coast region**

Time	Session	Topic	Content highlights
<b>Day 1 - Introduction and WASH FIT background</b>			
8:30 - 8:45	Registration		Arrival of participants and registration
8:45 - 9:00	1.1	Introduction	Welcome and opening remarks Participants self-introduction
9:00 - 9:30	1.2	Programme description	Purpose and objectives of the ToT Program description; methodology and material Expectations; Training rules
9:30 - 9:45	1.3	WASH in HCFs country context	Strategy, structure and experiences Status of the service (problem and what should be done)
9:45 - 10:00		Pre-course test	<i>Participants to conduct pre-course test individually</i>
10:00 -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
10:30 - 11:00	<b>Break</b>		
11:00 - 11:30	1.4	Module I – WASH in HCFs intro cont...	WASH in HCFs and linkages with health program (QOC/IPC/AMR, resilience and preparedness)
11:30 - 12:30	1.5	Module II – WASH FIT methodology	Introduction; Step 1 – Establish team (group work)
12:30 - 13:30	<b>Break</b>		
13:30 - 15:00	1.6	Module II – WASH FIT method cont..	Step 2 – Assessment – outcomes & resources
15:00 - 15:30	<b>Break</b>		
15:30 - 17:30	1.6	Module II – WASH FIT method...	Step 2 – Assessment cont... Trainees complete their daily learning diary
<b>Day 2 - WASH FIT methodology; visit to health care facilities for assessment</b>			
8:30 - 9:00	2.1	Recap of day I & program of the day	Reminding terms, concepts and facts
9:00 - 10:30	2.2	Module II – WASH FIT method...	Step 3 - Risk analysis and prioritization
10:30-11:00	<b>Break</b>		
11:00-12:00	2.3	Module II – WASH FIT method...	Step 4 – Improvement planning and implementation; Step 5: Monitoring and review
12:00-12:30	2.4	Briefing on facilities visit	Briefing on the facilities visit
12:30-13:30	<b>Break</b>		
13:30 - 15:30	2.4	Facility visit	Departure; Introduction meeting at the facility Groups will conduct a WASHFIT assessment in their respective domain; collective debriefing of the visit
<b>Day 3 - Group work and presentation on facilities visit; group work on participant led session (PLS)</b>			

8:30 - 9:00	3.1	Recap of day II & program of the day	Reminding terms, concepts and facts
9:00 - 10:30	3.2	Groups work and presentation on facility visit	Groups fill the WASH FIT assessment tool, come up with scores, gaps, risk analysis and improvement planning
10:30 - 11:00	<b>Tea Break</b>		
11:00 - 11:15	3.3	Briefing on participant led session (PLS)	Targeted audience; Reviewing available resources Identify key learning objectives, learning points and methods Prepare concise presentation
11:15 – 12:30	3.4	Groups preparing their PLS	Each on different technical modules Management and workforce
12:30-13:30	<b>Break</b>		
13:30 - 14:30	3.4	PLS continuation	"
14:30 - 15:30	3.5	PLS - Water group presentation	Presentation of the group
15:30 – 16:30	3.6	PLS - Sanitation group presentation	Presentation of the group
<b>Day 4 - PLS sessions on technical modules</b>			
8:30 - 9:00	4.1	Recap of day III & program of the day	Reminding terms, concepts and facts
9:00 - 10:00	4.2	PLS - Hygiene group presentation	Presentation of the group
10:00-10:30	<b>Break</b>		
10:30- 11:30	4.3	PLS - Health care waste mgt group presentation	Presentation of the group
11:30-12:30	4.4	PLS - Env cleaning group presentation	Presentation of the group
12:30-13:30	<b>Break</b>		
1:30 - 14:30	4.5	PLS - Management group presentation	Presentation of the group
14:30 -17:00	4.6	Review of the assessment tool	Review of the adapted tool for assessment in HCFs and schools
<b>Day V</b>	<b>Kobo tool box, action planning and wrap up</b>		
8:30 - 9:00	5.1	Recap of day IV & program of the day	Reminding terms, concepts and facts
9:00 - 9:45	5.2	Kobo toolbox	Digital data, form creation/upload, share, report
9:45 - 10:30	5.3	Action planning and presentation	Regions to review draft action plan
10:30-11:00	<b>Break</b>		
11:00-11:30	5.3	Feedback, post test, evaluation,	Post test and evaluation
Closing remarks			