

## Sierra Leone WASHFIT Training Report

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*December 2023*

# **Sierra Leone WASHFIT Training Report**

*4 - 8 December 2023*

## **Purpose**

To conduct training of trainers, who will be responsible to rollout out the training and support implementation at facility level.

The objectives of the training were:

- 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 including climate resilience, gender and social inclusions (second edition elements)
- 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 38 participants from national, district and selected health care facilities (hospitals), attended the five days training which was held during 4 -8 December 2023 in Kenema town.

The training was facilitated by Kebede Eticha (UNICEF HQ WASH in HCFs consultant), Anthony Pius Mario, WASH officer at UNICEF Sierra Leone and Dauda Kamara, WASH program manger at national ministry of health.

## **Summary of the training schedule**

**Days 1 and 2** – covered training startup including opening remarks and participants introduction, expectations, program description and pretest. Presentations and discussions were made on background of WASH in HCFs, national context and WASH FIT introduction and process step. Also, practical visit to two health care facilities (hospital and health) for doing assessment.

**Day 3** – involved group work and presentation on the facilities visit to practice scoring, identify gaps and risk analysis.

**Day 4** – a session on adult education, group work and presentations on the participant led sessions.

**Day 5:** session on operation and maintenance, climate and GEDSI, action planning and training evaluation.

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

The session started with the welcoming speech by Engineer Saramadi, Acting Manager of Urban water supply and sanitation at Ministry of Water Resources and Sanitation (MoWRS), and highlighted the importance of the training for WASH improvements in health care facilities and hoping the training session will be interactive, learn from each other and looking forward to apply.

Also he noted, the training is organized by MoWRS with the support of UNICEF. UNICEF is very instrumental for the WASH intervention in Sierra Leone.

Mr Dauda Kamara, national WASH program manager, pointed the training is intended to be a training of trainers and asked to the participants to commit for the training process. Noting some of the participants have attended the training on WASH FIT, but this training is different in that it will bring a lot of developments and be ready to learn and change your mental model accordingly.

This was followed by asking the participants to indicate their expectations and take pre training test to understand the baseline awareness. Then the ground rules for the training process were identified.

And the training objectives, schedules and methods were shared to the participants.

### **The expectations**

- To gain knowledge and application of WASHFIT
- To internalize the training concept for implementation
- To be highly educative in what we are coming to learn and put it in practice
- To get a clear guide in the implementation of the WASHFIT program in my facility
- To gain the concept and practices it in my facility
- To know the meaning and importance of WASH FIT 2. Why WASHFIT and where do we expect to implement WASH FIT. To know the required person(s) that should carry out or implement WASH FIT.
- Expecting people from other organizations to share their experiences with regards to WASH FIT
- To acquire more knowledge on WASH gaps and challenges faced by beneficiaries and how those gaps will be tackled
- To be fully equipped with skills to cascade wash fit in communities 3. To be in a good footing to be a trainer of WASH FIT
- At the end of the training, advocacy issues will be identified and messages developed to inform WASH-Net's influencing engagement processes around WASH

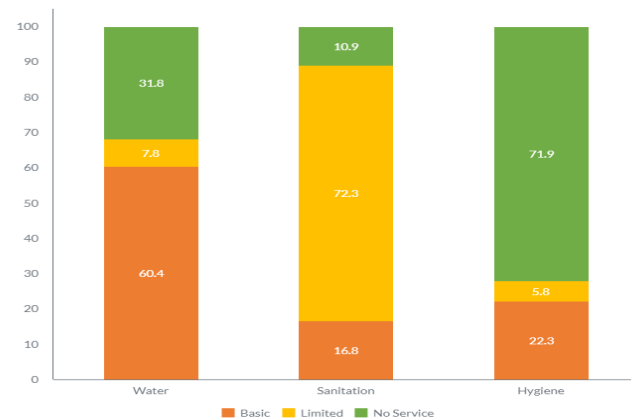
in Healthcare Facilities while equally using the tools to reach out to our diverse membership

- To get certificate at the end of the training

## Background of WASH in HCFs national context

Recently MoH made assessment of all WASH In HCFs including private facilities in 2022. The result of the assessment with the explanation on the joint monitoring program (JMP) service level and indicators were shared.

A total of 1,364 government facilities (hospitals/clinics/PHUs) and 54 Private Organization which includes Missions/Faith-based, NGOs, and Private facilities were assessed. The result of the assessment is presented on the graph here.



## WASH services in HCFs

### Basic Sanitation

**16.8%**

of the HF's have usable improved sanitation facilities with at least one sex-separated toilet with mensural hygiene facilities and at least one toilet accessible to PLWD

### Basic Water Services

**60.4%**

of the health facility have water available from an improved water source located on premises

### Basic Handwashing

**22.3%**

of the HF's have Handwashing facilities with water and soap at the point of care and within 5m of the toilet

### Privacy

**40.4%**

of the HF's have separate latrine/toilet compartment for patients (males and females)

### Maintenance

**0.2%**

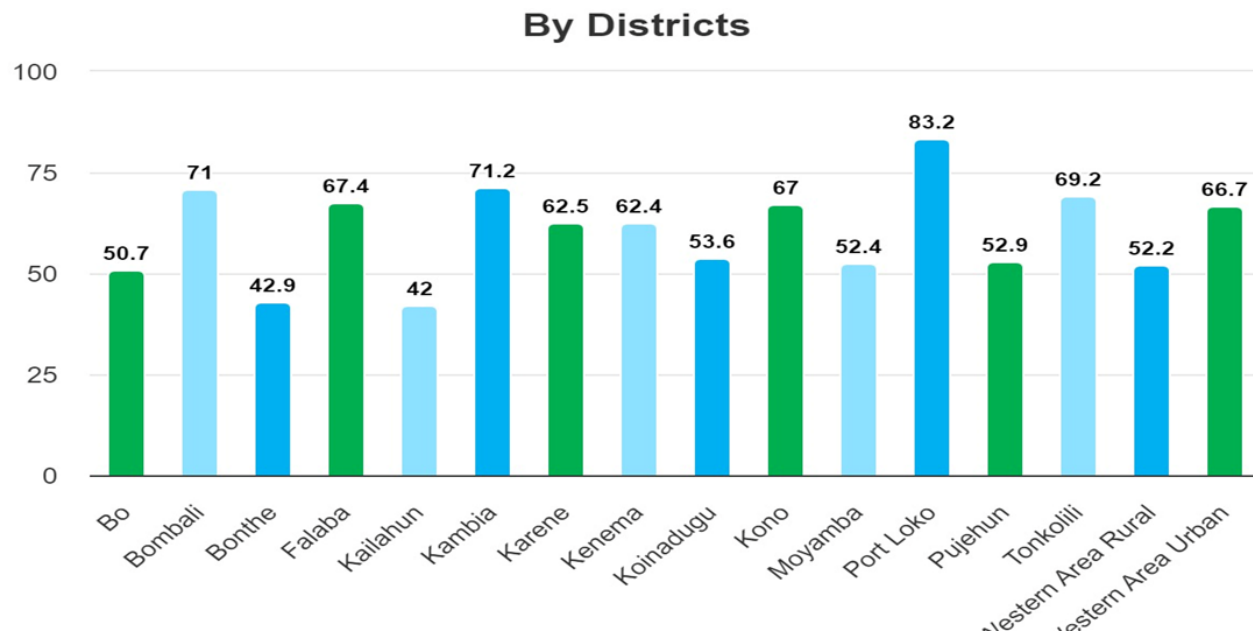
the Health Facilities with WASH facilities maintain dedicated budget for cleaning and maintaining WASH facilities

### Disability

**36.4%**

of the health facilities HF's have functional improved water supply facility within the premises and accessible to PLWD

## Percentage of HCFS with basic water supply services



As a challenge, a case of functional waste management facility in a hospital which was supported by MSF, become un-functional due to lack of resource for operation and maintenance and weak leadership in some of the facilities. There is also a gap in coordination platform of the stakeholders in the facilities in having regular meetings. The volume of waste generated is huge and requires partners support to ensure sustainability of the services. There are also facilities with good practices. There is a stone need to establish teams in facilities to ensure the services are in place.

### **Presentation on Module 1 – Introduction to WASH in HCFs**

The content of the presentation and discussions involved:

- Addressing the importance of WASH in HCFs
- JMP indicators and definitions
- WASH in HCFs linkages with the health programs and related guidance.
- Elements of the Eight practical steps and country progress in this regard

### **Participant reflections on the importance of WASH FIT**

- Promote public health outcomes
- Improve health service delivery
- Support IPC quality practices
- Improve IPC compliance
- Reduce Health Care Associated Infections (HCAIs), maternal and neonatal sepsis

## **Reflections on the barriers to WASH in HCFs service delivery**

- Robust leadership / coordination / preventive maintenance / weak leadership structure / political commitment
- Sustainability of WASH facilities
- Lack of knowledge on WASH / behavior of health care workers
- Weak allocation of funds to the WASH sector by the central government / Inadequate funds available
- Inadequate monitoring / supervision / monitoring / training on WASH FIT / transfer of trained staff to other districts or facilities
- Availability of resources to implement WASH FIT in health facilities
- Non-compliance of health workers on segregation of wastes / behavior change
- Involvement of community stakeholders / support maintenance / community ownership lacking / unaccountability
- No funds available for maintenance / no O&M budget allocated
- Weak leadership or no focal points for WASH in health facilities
- Lack of coordination amongst actors / players / different WASH infrastructures designs / Need to standardize designs or options
- Weak coordination / non-alignment in relation to Government priorities
- Misuse of commodities (liquid soap, hand sanitizer / hand rub)
- Non-compliance to WASH standards / guidelines for HCF
- Limited investment in WASH at district level
- Blame game syndrome / I didn't attend this workshop / weak prioritization

## **Relationship between WASH and IPC**

- WASH forms the platform for IPC to work effectively
- WASH is an enabler for IPC
- IPC has 10 components / transmission base contains WASH as a key requirement
- WASH is a lifeline to IPC
- Both contribute to health improvements
- Share common goal and aim at reducing the spread of diseases
- WASH addresses broader issues while IPC is specific on infection prevention
- WASH facilities improve IPC practices

## **Module 2 - WASH FIT methodology**

The contents of the session included:

- Session objectives
- Concept and approaches of WASH FIT
- Implementation phases
- Countries testimonial and experiences
- WASH FIT framework and domains

**Step 1** – establishing team, group work to identify list of members and roles in hospital and primary care units. Below is the presentation of the groups:

## **HOSPITAL**

<b>Member</b>	<b>Role</b>
Medical superintendent	Head of team and overseas the WASH- FIT activities
Matron	Assists the medical superintendent
Hospital Secretary	Take minutes of meetings and acts on external correspondences
Financial Officer	facilitates resource funding
Human resource officer	Allocate staffs for training
Maintenance officers	facilitate the operational maintenance activities
Quality of Care officer	Monitor healthcare workers on quality service delivery
WASH FIT Officer	Provide technical advice on all WASHFIT activities
IPC focal Person	Ensure compliance of IPC protocol
Occupational health and safety officer	Ensure health and safety of HCWs and their clients
Monitoring and Evaluation officers	Monitor and track WASHFIT indicators
Rep of cleaners	Ensure day to day cleaning environment, tools/ equipment etc
Partners Rep	Provide technical and financial support
Units/ Departmental in Charges	Ensure the implantation of WASH- FIT activities in their units.
Pharmacist/ storekeeper	Account for stock-in and stock out of medical and commodities and supply
Healthcare waste management officer	Monitor proper waste management

## **PHC LEVEL**

### **Facility Staff**

<b>Member</b>	<b>Role</b>
Nurse in charge	Provides leadership
All CHOs and Nurses	Provide Technical support to the team
CHW	Community engagement
Sanitary officer	Identify and carry out inspection of facilities



## Local Technicians

Member	Role
Plumber, Electricians, water Mechanics	Operational and maintenance support

## Non – Technical Staff

No	Member	Role
1	Potters	Support in terms of cleaning

Member	Role
Local NGOs / CBOs	Advocate, raise awareness and fund raising
Community reps ( Women leader, youth leader, WASH COM , Teacher, Religious Leaders, Chiefs ect	Provide Awareness raising Identify and carry out inspection of facility
External Expertise Needed	Training and other technical support/ resources
FMC Rep	Provide overall governance

Six groups were organized per WASH FIT domains in order to familiarize with tool and practice application through making a visit to two health care facilities in Kenema town.

## Sept 2 – Assessment

- Addressing the outputs and tasks
- The trainees went through the tool variables, requirements and scoring method.

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

In a group the trainee undertook:

- Review of the excel tool to familiarize with the contents and practice how to use it
- Looked at the instruction sheet and the domains sheet
- Conducted imaginary practice of scoring and view of the result

## Briefing on facility visit

Briefing was made for the facility visit for the purpose of practicing assessment and process to apply:

- Each group will do on the assigned domain area, dividing for the into for visit two facilities



- Using printed assessment and excel tool on mobile
- Making introduction with the facility leadership and facility profile
- Methods for the assessment - observation, interviews, document review, and photo
- Conduct assessment in the targeted ward of the hospital and whole part of the CHC
- Debriefing of key findings to the facility team

### Post facility visit groups exercise

- Each group discuss and make scoring for each of the variables of the domains, and noting specific information about the gaps
- Identify the score for the domain and state for the JMP indicators (basic, limited, no service)
- Make graph for the score of the domains and proportion of total indicators in each domain which are 2 (green), 1 (yellow) and 0 (red)
- Indicate the state of the facility in terms of climate resilience, GEDSI and energy (%)
- Do risk analysis, scoring and prioritization
- Do step 4 – improvement plan
- Discuss on the experience and learning from the visit
- Prepare and deliver your presentations

Groups were organized and briefing was made on the process and tasks to be undertaken.

During the afternoon session, practical visits to two health care facilities (hospital and health center) were conducted. Coming back, the groups undertook post visit exercise as per the guidance provided.

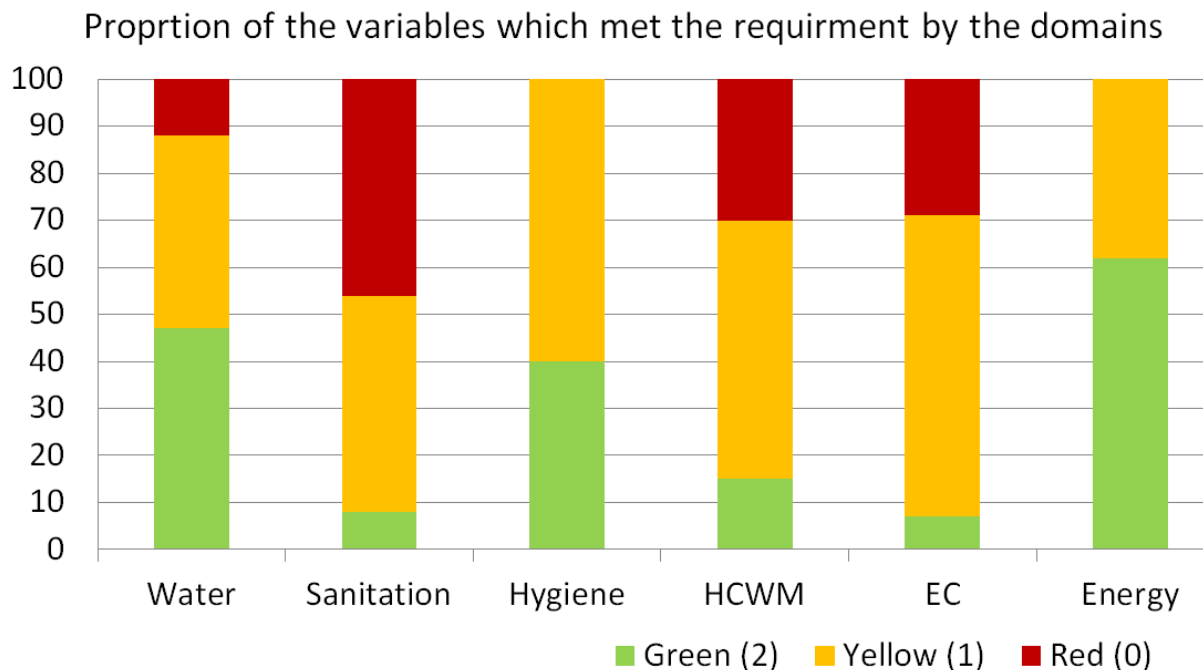
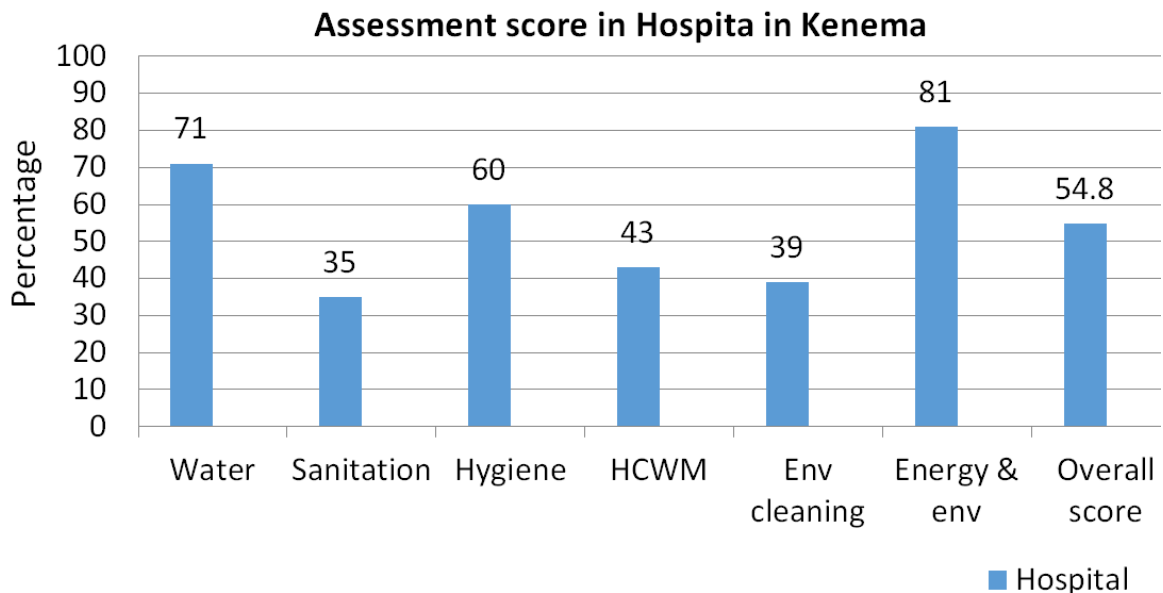


### Day III – Presentation of the visit findings

Each made presentations of their findings as indicated below:

#### Kenema government hospital

The presentation was made at the presence of hospital leadership, deputy medical superintendent, Dr. Yayah S. Conteh.



## **Major gaps identified**

- No Water supply in male and female wards
- Safe drinking water supply is not available in all departments
- The hospital laboratory does not have a piped water supply
- Some units don't have functional toilets for both the patients and staff
- Poor hygiene in the toilets, some of the toilets are covered with dust and spider web
- Most departments have one toilet for both the male and female staff
- The available waste treatment technology (incinerator) is not functional
- There is no dedicated and fenced area for waste storage
- Most of the staff are not vaccinated against Hepatitis B
- No existing policy on occupational health and safety for cleaners at time of visits
- Inadequate cleaning materials in various wards
- No dedicated budget available for cleaning programs
- Cleaning records were not seen at the time of visit
- No attendance list for training seen

At the end of the presentation, the hospital representative made a reflection noting the exercise is important for good health outcome and improvement of quality of care. The exercise helped to come up actionable step. He noted waste is generated everyday in the hospital and needs to be managed properly.

There are many challenges; however, need to be addressed for improving quality of care, focusing to priority intervention needs and in collaborative effort.

The representative asked for a consolidated assessment findings to be shared.

This was followed by the sessions on the WASH FIT methodology process step 3 – 5.

## **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 put the sum of the total risk score (Column G-I).
- Continuing in "Steps 3-5", sort the risk scores (Column J) from highest to lowest.

## **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

This was also followed by a session addressing operational aspect of WASH FIT including the enabling factors and barriers to effective implementation of tool.

## **Monitoring and review**

- Reviewing columns O-T which helps to record progress over time on a later date.
- Insert the date of review (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

## **Group exercise and presentation on risk analysis and improvement planning**

Reflections the exercise included:

- Need to do proper risk scoring and identify high risk gaps
- Listing of relevant activities in the plan, quantified, considering multimodal, climate and GEDSI aspects
- Assigning responsible person for different activities from the facility team
- Need to maintain standard which were met through regular monitoring, operation and maintenance
- Come up with realistic timeline and cost estimate for the activities
- WASH FIT team to have an action plan for implementation including preparation
- Addressing the importance of hot water supply in hospitals
- Need to address enabling intervention needs

## **Day IV – Sessions on adult education and participant led sessions**

The daily session started with recap of the day III.

This was followed by sessions on adult education and participant led sessions preparation and presentation on the assigned domain

### **Session on adult education**

The learning objective for the session was to inform and enhance the skill of the trainee on effective adult education. The contents of the training included:

- Principles which guide adult education
- Tips for trainers
- Traditional vs active learning experiences
- Training facilitation methods
- Pyramid of effective learning
- Stages of a training

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

Purpose: is to encourage the participants to demonstrate prepare and facilitate a session on different technical modules.

### **Guidance on the PLS session preparation**

- Identify the audience for the session
- Review available resources including referring to the portal
- Identify learning objectives and points
- Methods to use for the training facilitation
- Preparing and delivering their presentation per the time allocated

This was followed by groups preparation for their PLS sessions.





*Group photos while preparing their PLS session*

## **Groups delivery of the PLS**

Below are two of the PLS session

### **Health care waste management**

**Proposed audience:** CHOs/CHAs, mid-wives, nurses, lab. Technicians and cleaners

#### **Learning objectives**

- To understand the processes of health care waste management from generation to safe treatment and disposal
- To Understand which risks are caused by unsafe health care waste management practices within the health care facility

#### **Contents**

- Waste management from generation to final disposal
- Segregation and waste minimization including the importance and methods
- Collection and storage
- Treatment and safe disposal

### **Hand hygiene**

**Proposed audience:** health care workers

#### **Learning objectives**

- Understand what is Hand Hygiene and its importance in healthcare settings
- Know why, when and how to practice hand hygiene



- Understand the multimodal improvement strategy approach to cascade knowledge gained from training to their respective health units

## **Contents**

- What and why hand hygiene?
- Factors for poor compliance
- The 5 golden moments of hand hygiene
- Techniques for proper hand hygiene
- The multimodal improvement strategy

## **Reflections on the PLS activity**

- Learning on presentation methods which is engaging and participatory
- Time management is key on the PLS session
- Videos can be adapted to role plays for training where there is no electricity to display
- The facilitator need to take ownership of the topic to deliver
- Emotional regulation in engaging the participants is important

## **Day V – Sessions on operation and maintenance, climate resilience, GEDSI, Kobo tool box, action planning and training evaluation**

The daily session started with recap of day IV sessions learning points and discussions.

### **Session on village level operation and maintenance (VLOM)**

A consultant working on topic made the presentation of the stakeholder consultation findings. Group discussions were made on different areas related to operation and maintenance of water supply. In reflections, how to improve it in HCFs were addressed, highlighting the need to involve focal person, technician, in the WASH FIT team, identifying the gaps on assessment, have plan and schedule including spot check, training staff on the topic and having customer complain group.

### **Session on climate resilient WASH in HCFs**

- Terms and concepts
- Hazard, vulnerability, exposure and risk
- Climate considerations in WASH domain
- Need to move away from generators and incineration of waste
- Integrating climate resilience in improvement planning



## **Session on GEDSI module**

The contents of the session included:

- Understanding of marginalized peoples and associated reasons, using different scenarios
- Understanding the context in terms of social, cultural and religious differences
- Need for meaningful engagement of the concerned people in decisions which affect them
- Improving participation of women and people with disabilities
- Participatory ladder and barrier analysis
- Accessible, safe, clean and inclusive WASH services

## **Session on Kobo toolbox**

The participants were allowed to practice use of Kobo toolbox through creating user account, form creation, upload of WASH FIT kobo form, form sharing and data collection.

## **Action planning**

Pre-prepared template was shared to the participants to get their plan (activity, timeline and cost estimate) at national, regional and facility levels (the planning template is annexed).

## **Closing remark**

Participants' representative indicated that the training was useful for improving WASH in HCFs and learnt a lot. Need to rollout the training and reach out as many HCFs as possible. The session on adult education will help them to have better performance a trainer.

UNICEF country WASH specialist indicated it was a great time having such participation and use of the time for the training. Action plan need to be acted upon and implemented in HCFs. Going forward, there will be a lot such intervention working together as WASH and health sectors.

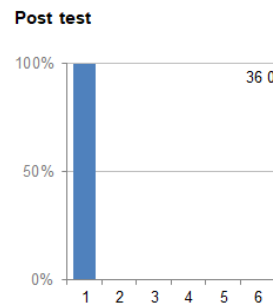
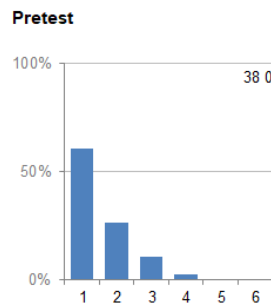
## **Training evaluation and feedback**

Questions for parking lots and areas which required clarification as well as any feedback on the daily session was shared by the participants on the form (barcode) shared using *mentimeter* platform.

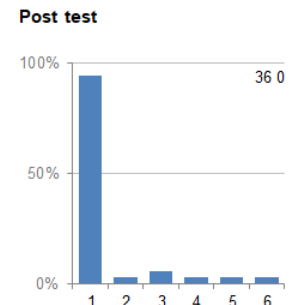
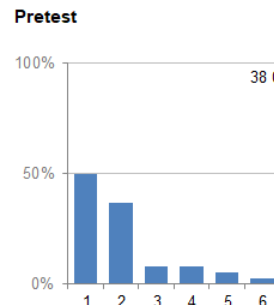
## Pre and post test result

The result of the trainees' pre and post training sessions to the twenty questions shared on the online using kobo form is presented below comparing the result of the proportion of correct response to some of the questions is presented below in graph:

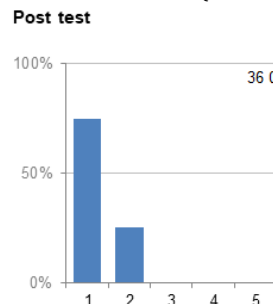
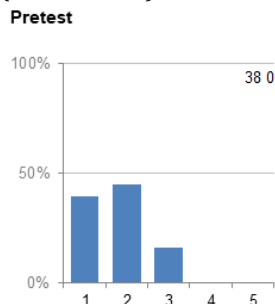
**Importance of WASH in health care facilities**  
(61% vs 100%)



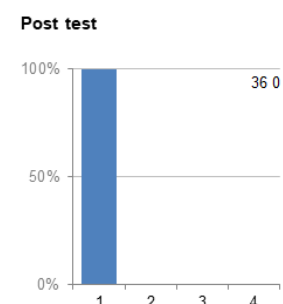
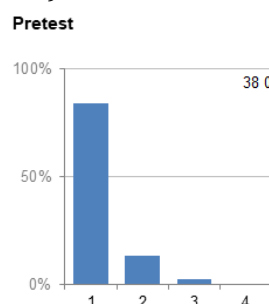
**Elements of WASH FIT implementation process**  
(50% vs 94%)



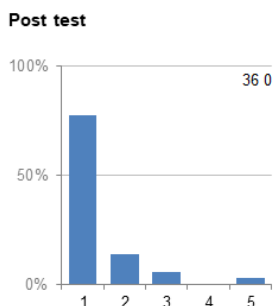
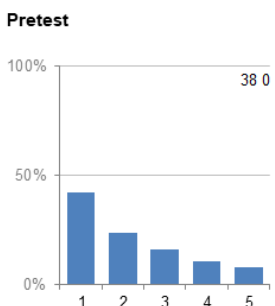
**Not domain in WASH FIT**  
(39% vs 75%)



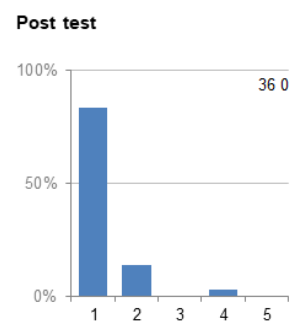
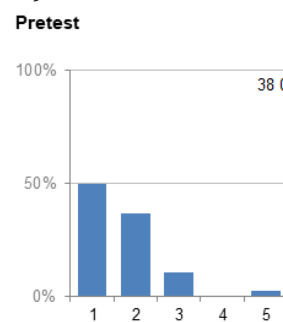
**Scope of WASH FIT improvement intervention**  
(84% vs 100%)



**Aspect of adapting WASH FIT tool**  
(42% vs 78%)



**Factor for effective implementation of WASH FIT**  
(50% vs 83%)

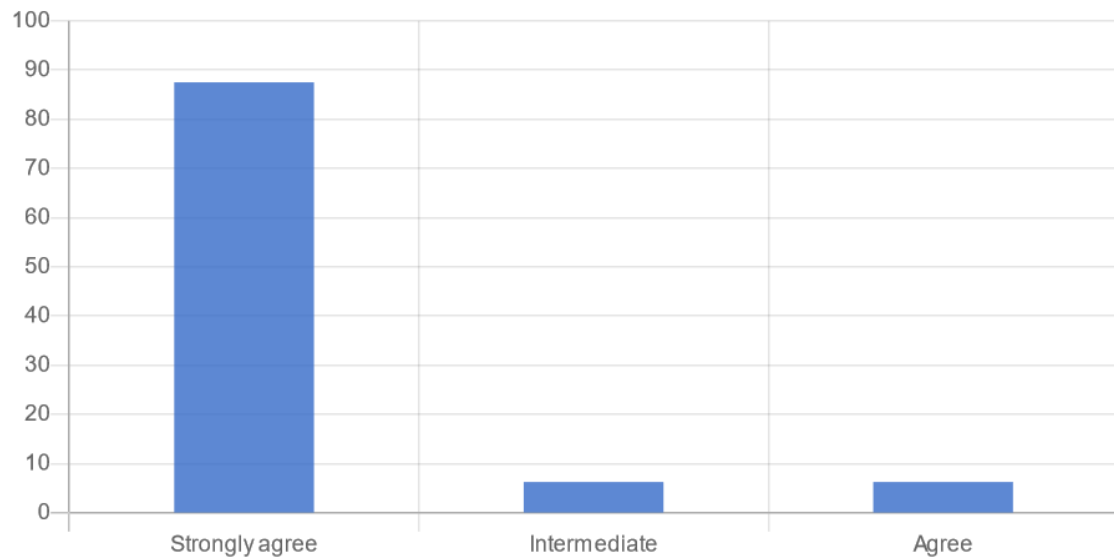


## Training evaluation

Kobo form was shared to the participants to get their training evaluation and feedback. Below is graph is the result of the response provided by them:

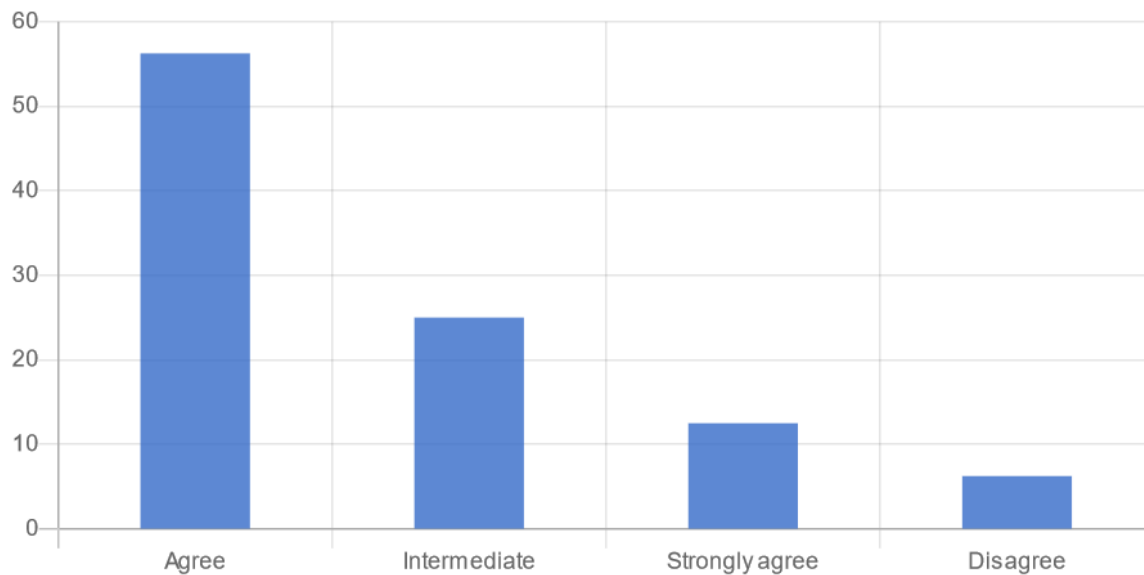
### The training was interesting and useful

TYPE: "SELECT\_ONE". 16 out of 16 respondents answered this question. (0 were without data.)



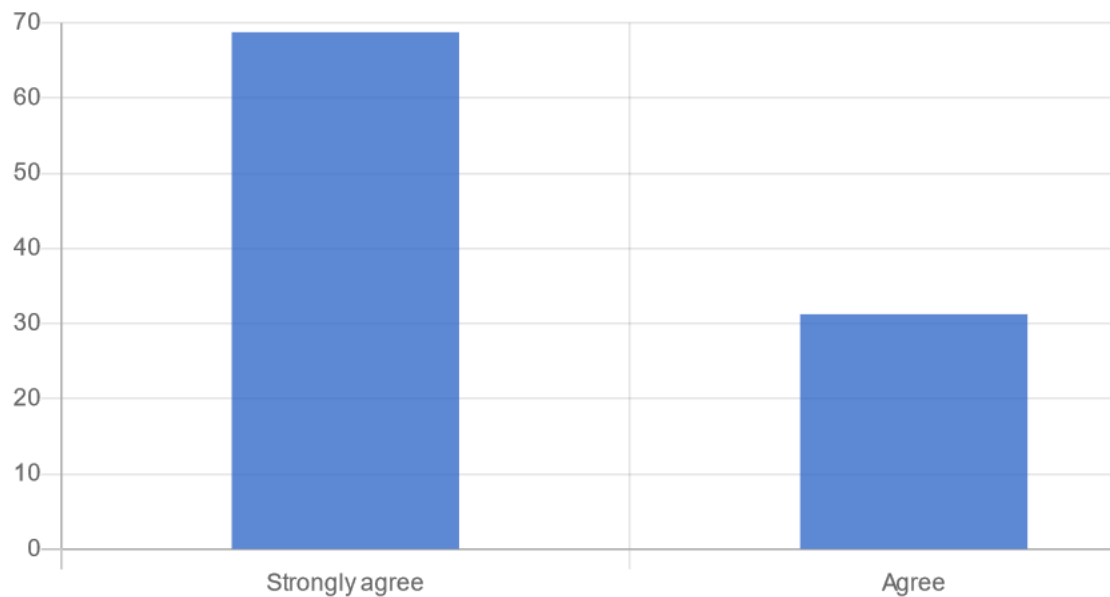
### The length of the training was adequate

TYPE: "SELECT\_ONE". 16 out of 16 respondents answered this question. (0 were without data.)



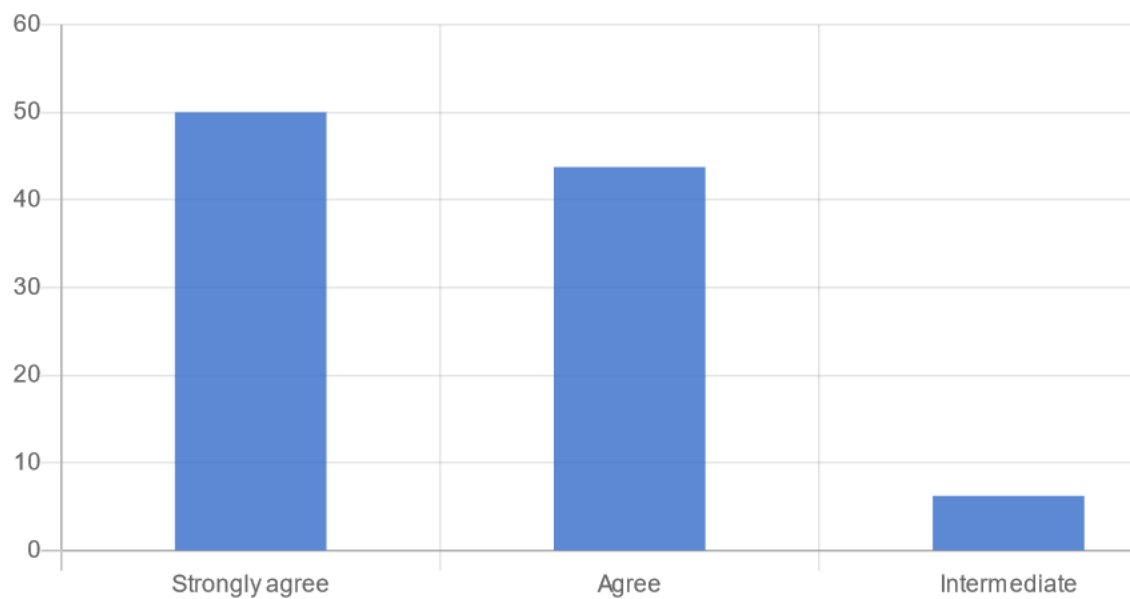
Have learnt a lot from the training

TYPE: "SELECT\_ONE". 16 out of 16 respondents answered this question. (0 were without data.)



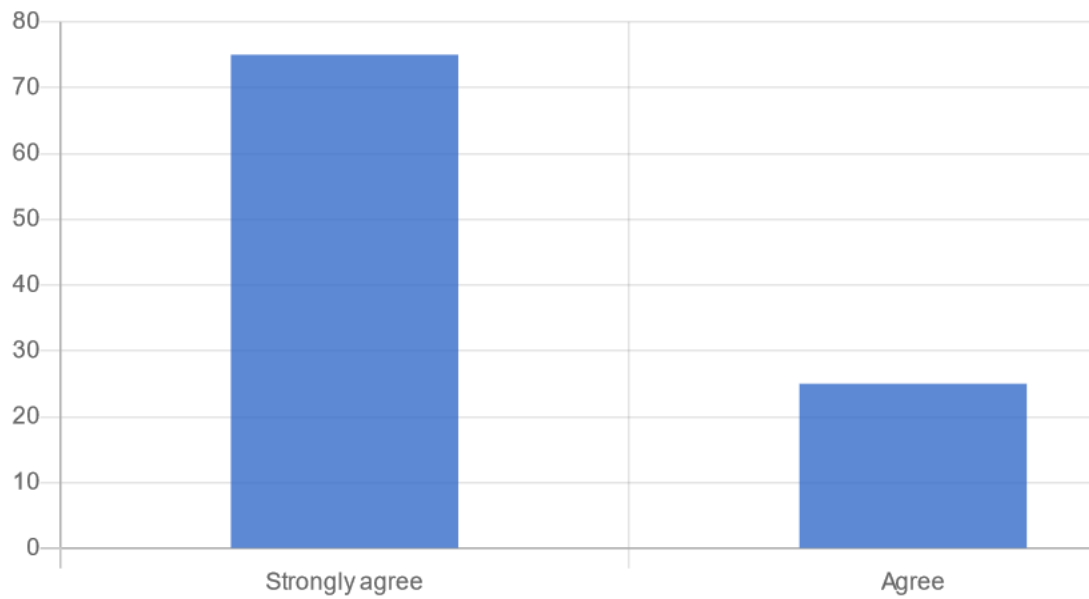
The training objectives and expectations were met

TYPE: "SELECT\_ONE". 16 out of 16 respondents answered this question. (0 were without data.)



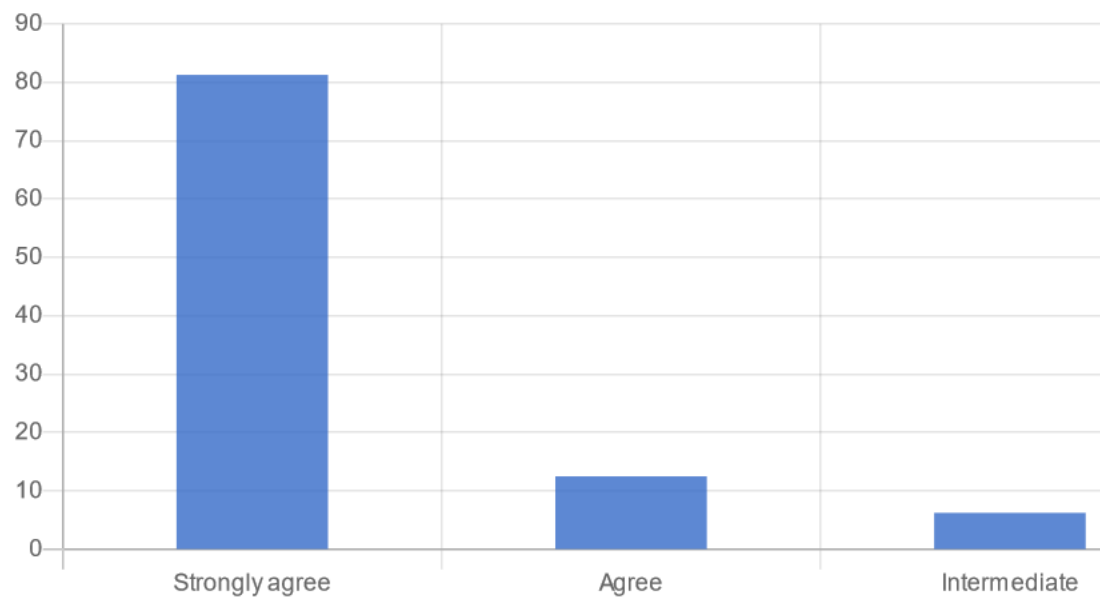
## I have got adequate understanding and application aspect of WASH FIT

TYPE: "SELECT\_ONE". 16 out of 16 respondents answered this question. (0 were without data.)



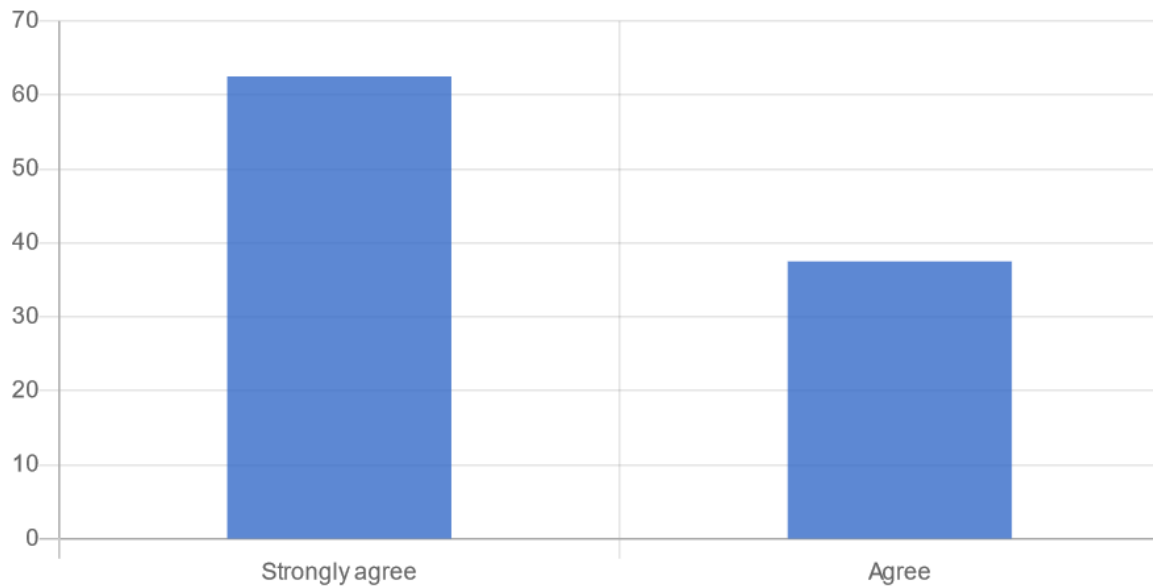
## Confident to conduct similar training others

TYPE: "SELECT\_ONE". 16 out of 16 respondents answered this question. (0 were without data.)



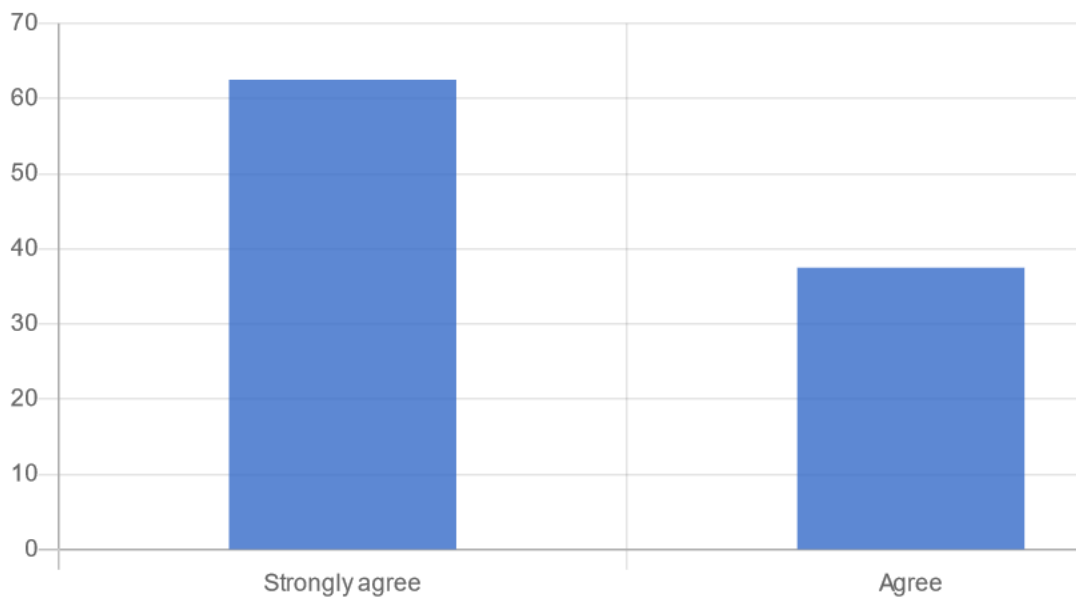
### Do have good impression of the trainers

TYPE: "SELECT\_ONE". 16 out of 16 respondents answered this question. (0 were without data.)



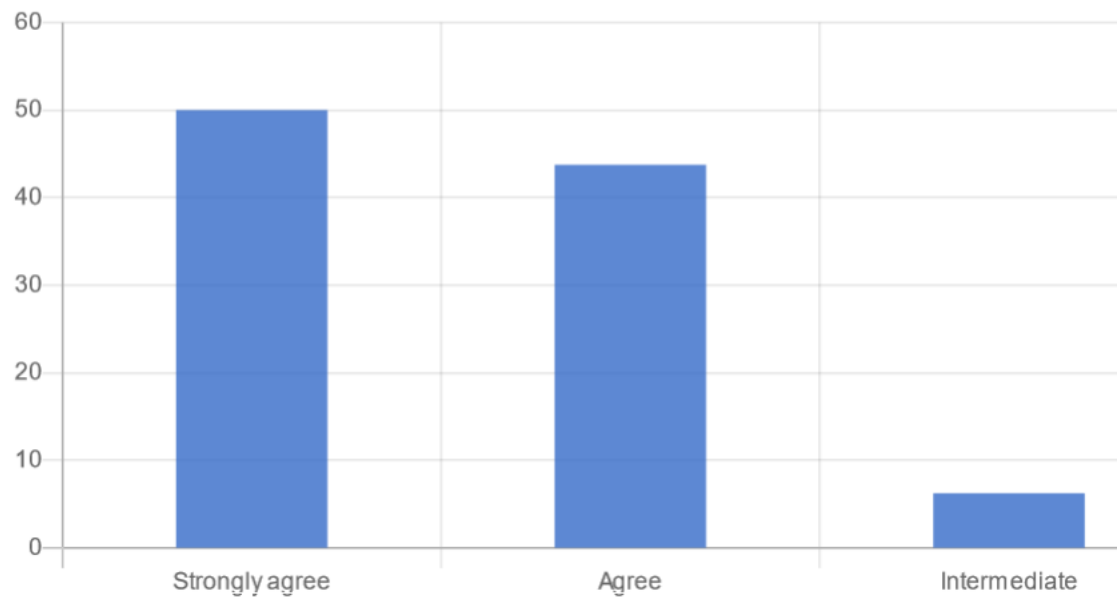
### The teaching methods were suitable, interactive and engaging

TYPE: "SELECT\_ONE". 16 out of 16 respondents answered this question. (0 were without data.)



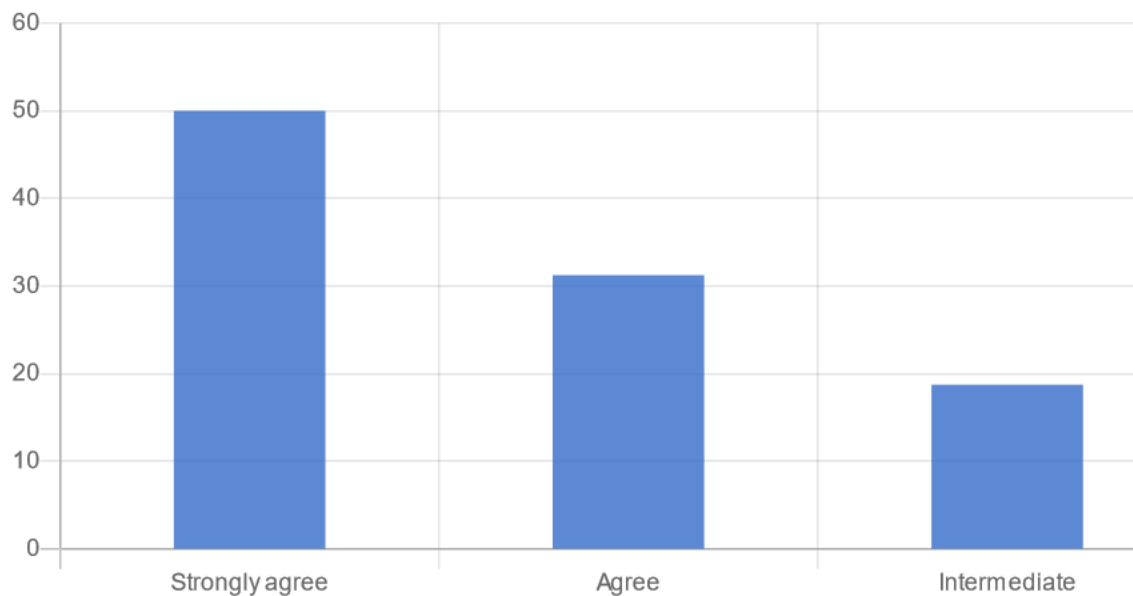
The training program well organized

TYPE: "SELECT\_ONE". 16 out of 16 respondents answered this question. (0 were without data.)



Satisfied with the learning contents of all modules

TYPE: "SELECT\_ONE". 16 out of 16 respondents answered this question. (0 were without data.)





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

- WASH FIT facility assessment and action planning and were extremely very useful
- The knowledge and the opportunity to do on-site assessment
- The teaching method including the field visitation it was more of practical
- Field assessment and group work / breakouts and plenary session
- The five steps of WASH FIT
- The interactive sessions, learning was interactive
- Participation and contributions from different group presentation
- The session on Kobo toolbox

### **In which topic the trainee need more information and learning**

- Kobo toolbox
- Implementation of the WASHFIT tool
- Waste management
- Water domain
- Multimodal Approach

### **Lessons taken from the trainings**

- Joint supportive supervision
- Team work is key to achieving the goal
- Using the interactive method so everyone will understand and participate
- Assessment tools was user friendly
- That the tool helps one to know gaps in your facility and prioritize the gap areas
- Facilitation and project implementation skills
- To improve on the aspect of overall health outcomes for all
- Creating online data collection tool
- Coordination, collaboration and cooperation is key in achieving WASH service delivery
- I learned that interactive sessions is more useful than lecture sessions
- Good facilitation skills

## Action planning template

<p align="center"><b>WASH-FIT implementation roll-out Action Plan, National, Regional and Sub-national levels, Sierra Leone, 2024</b></p>
<p>Name of Country: _____</p> <p>Total number of Public Health Care Facilities in the country: _____</p> <p>Number of HCFs by type:</p> <p>National hospital: _____ Intermediate/District Hospitals: _____ Community Health Centers: _____</p> <p>Community Health Posts: _____ Maternal and Child Health Posts: _____</p>
<p>Total number of Public HCFs to target for introducing WASH FIT tool in the country: _____</p> <p>Target HCFs by type:</p> <p>National hospital _____ Intermediate/District Hospitals: _____ Community Health Centers: _____</p> <p>Community Health Posts: _____ Maternal and Child Health Posts: _____</p>

## National Action Plan

No	Activities	Timeline	Responsible	Required budget (SLL)
1	Communication from the National level to regions and targeted facilities to inform on WASH FIT approach and next steps (implementation), <i>noting that WASH FIT is a tool to enable progress and improvement in a systematic way</i>			
2	Establish joint IPC/WASH team (task force / technical working group), involving multi sector and stakeholders <ul style="list-style-type: none"> <li>- Identify list of members</li> <li>- Prepare Terms of Reference and action plan</li> <li>- Regular meeting of the group (monthly)</li> </ul>			
3	Adapting WASH and IPC implementation manual			
4	Consolidate WASH FIT data from the facilities			
5	Joint supportive supervision to HCFs implementing WASH FIT			
6	Review and consolidate WASH FIT implementation plans of regions and HCFs			
7	Conduct situation analysis and assessment of WASH in HCFs (JMP indicators), <i>depending on the information gap of the previous assessment</i>			
8	Develop national WASH in HCFs road map			
9	Updating guideline on WASH in HCFs			
10	Support WASH FIT cascade trainings in different HCFs			
11	Consolidation of WASH FIT data from HCFs			
12	Dissemination of WASH FIT findings or results to			

	policy or decision makers			
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## Regional / Sub-national Action Plan

WASH-FIT implementation roll-out Action Plan for Regional / Sub-national levels, Sierra Leone, 2024	
Name of Region: _____ Total number of Public Health Care Facilities in the Region: _____ Number of Public HCFs by type: National Hospital: _____ Intermediate/District Hospitals: _____ Community Health Centers: _____ Community Health Posts: _____ Maternal and Child Health Posts: _____	
Total number of Public HCFs to target for introducing WASH FIT tool in the Region: _____ Target Public HCFs by type: National Hospital: _____ Intermediate/District Hospitals: _____ Community Health Centers: _____ Community Health Posts: _____ Maternal and Child Health Posts: _____	

No	Activities	Timeline	Responsible	Required budget (SLL)
1	Provide briefing to regional health management team on WASH FIT approach and importance			
2	Support WASH/IPC team member establishment and training in the targeted HCFs			
3	Support the targeted facilities team to conduct WASH FIT assessment and improvement planning			
4	Consolidate the data from different facilities			
5	Conduct coaching and supervision to the facilities			
6	Support review of WASH FIT implementation in the facilities			

## Facility based action Plan

<b>WASH-FIT implementation Action Plan for Public health facilities, Sierra Leone, 2024</b>				
Regions: _____: District: _____ Facility: _____				
<b>Type of facility:</b>				
National Hospital: _____ Intermediate/District Hospitals: _____ Community Health Centers: _____				
Community Health Posts: _____ Maternal and Child Health Posts: _____				

No	Activities	Responsible person	Process	Required budget (SLL)
1	Briefing to the management on WASH FIT			
2	WASH/IPC team member establishment and training			
3	Conduct assessment in the facility			
4	Facility level assessment data shared using excel form and or kobo form			
5	Validation, disseminations of finding of the assessments			
6	Designed improvement plan including resource mobilization, monitoring and supervision			
7	Implementation of the improvement plan			
8	Progress monitoring of the implementation			
9	Review of the implementation, reassess and update the plan			

## List of participants

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