WASHFIT Training Report_Uganda

August 2024

WASHFIT Training Report_Uganda

5 - 9 August 2024

Summary

A five-day training was held from 5 to 9 August 2024 at Source of Nile hotel in Jinja, Uganda. A total of 43 participants attended the training from the central level including Ministry of Health and Ministry of Water and Environment staff, Rural Water Sanitation Regional Centers staff, s and selected Assistant District Health Officers in charge of Environmental Health as well as partners(Amref Health Africa in Uganda, Infection Prevention Institute, Water for People), UNICEF national and regional staff and WHO national staff.

The purpose of the workshop was to capacitate participants, who will be responsible to rollout out the WASH FIT training as trainers and guide the implementation at facility level.

The objectives of the training include:

- To inform on the backgrounds of Water Sanitation and Hygiene (WASH) in Healthcare Facilities (HCFs) including global and national status and the linkages with health programs
- To create understanding 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)
- To facilitate cross learning among the participants and create well informed and skilled trainers that could train others at different level.

Program description

Days 1 – involved training startup which included participants' introduction and collection of expectations from the trainees and opening remarks by the Commissioner Health Services – Environmental Health Department . Presentations on WASH in health care facilities country context and background, introduction to WASH FIT approaches and methodology were also made on that inaugural day.

Day 2 – started with a recap of the day I sessions and then we continued with the WASH FIT methodology which included review of the tool, conducting assessment, risk analysis and improvement planning. Cross cutting modules on Climate resilient WASH and GEDSI related needs were also addressed.

Day 3 – was dedicated to a practical visit to two selected healthcare facilities in Jinja City and practical exercises on the application of the tool.

Day 4 – Presentation of the findings of the group on the practical exercises and sessions on participant led sessions on the technical domains.

Day 5: was a half day session focused on the finalization of the group work, on the way forward action planning, training evaluation and wrap up.

Training facilitation

The training was facilitated by Kebede Eticha (UNICEF consultant), and WHO AFRO WASH regional advisor, Mbayo Guy with the support of MoH Uganda Environmental health officer , Ms Eva Nalwanga. Presentations were also made to cover the background of WASH in HCFs in the country by Mr Okia Bosco, Principal Health Inspector, from MoH and by Ms Hajra Mukasa from AMREF health Africa in Uganda on their intervention experience.

Adult learning methods which enable interactive and engaging sessions and practical exercises were used for the training facilitation.

Day I – Training start up, introduction and WASH FIT methodology

The training started with registration and self-introduction of the participants.

Participants' expectations

The participants indicated their learning expectations from the training using the shared kobo form. The summary of the expectation include:

Knowledge and skill:

- To learn more about WASH in health care settings
- To acquire in-depth knowledge and skills in WASH FIT including data analysis
- Gain a comprehensive understanding of the WASH FIT tool, its components, and its importance in improving WASH in healthcare facilities
- Understand the concept and approaches of WASH FIT, methodology and its application and be able to train others about the same
- Understanding of where WASH-FIT is applicable and its right implementation steps
- Gain skills on how to administer the WASH FIT Assessment Tool
- To get hands on practical sessions on WASH FIT assessment in HCFs
- To have more clear knowledge and understanding of the WASHFIT tool and how it can be piloted into various health facilities settings
- Re-enforce knowledge on WASH-FIT and able to apply strategic interventions.
- Adapting WASHFIT to local context

Programming and implementation:

- Gain new skills and knowledge in sustainable WASH programming
- Learn about the Global framework for action 2024-2030, and its feasibility plan
- To know the state of WASH FIT in health facilities in the country

- Effective planning, implementation , M&E of WASHFIT tool for HCFs
- How to push the WASH in HCFs agenda positively forwards
- To be able to link WASH FIT to programme assessment
- Learn how to apply WASHFIT in Health Care programming
- Address the challenge of O&M in health facilities and discuss some of best practice(s) cases to bench mark
- To understand the various concerns related to the elderly pregnant mothers and people with different abilities

Tools and resources:

- Learning on how to use the kobo toolbox for WASH FIT
- To get the current WASHFIT training materials

Opening remark

Remark were s made by the Commissioner Health Services – Environmental Health Department, Dr Herbert Nabaasa, noting the importance of the training for creating WASH in HCFs implementation capacity, having the trainers who will cascade the training into lower health care facilities . Also, indicated that WASH FIT is a global tool for understanding the WASH domains status and to make improvements of WASH in HCFs and also helps incentivize facilities for their performance.

He also noted the need to support the enabling conditions which include finance, supportive supervision and monitoring. He shared the good news that partners like UNDP, WB, Global fund etc are engaging to support in areas like waste management. He then explained the plan to standardize private facilities WASH needs and monitor their performance.

Finally, he thanked UNICEF and WHO for coming onboard to support the program.

Overview of WASH in HCFs background in Uganda

The presentation was made by Mr Okia; it included description of the mandate of the department i.e to oversee and ensure quality environmental health service delivery, as part of the national minimum health care package.

He presented the status of WASH in HCFs including regional and districts variations of the basic service coverage and with regard to the advanced service level indicators. The data is based on the assessment conducted in 2022 in 4272 HCFs using the WASHFIT tool. He also presented the country progress on the elements of the practical steps:

Task completed	In progress	No progress
▪ Situation analysis and assessment ▪ WASH standards	▪ Roadmap and target ▪ Infrastructure improvement ▪ Monitoring and review	▪ Developing health workforce ▪ Engaging communities

JMP 2022 updated report indicates national basic service coverage of: 52% on water supply; 24% on hand hygiene and 47% health care waste management (which is 74% for hospitals and 34% for non-hospitals). Also 32% limited sanitation service coverage nationally. There is a constraint data availability to understand full state of the service.

Achievements

- National WASH assessments conducted in 4,272 HCFs
- WASH in HCFs guideline and O&M guideline development
- WASH in HCFs micro-planning hand book
- Dissemination of the guidelines and micro-planning handbook to 103/136 districts
- Supported all districts to develop own costed action plans

Gaps and challenges

- Lack of willingness to prioritize WASH in HCFs
- Inaccurate and poor management and utilization of data
- Poor operation and maintenance of WASH facilities
- Lack of dissemination of WASH FIT guideline to HCFs
- Lack of capacity among health workers on climate resilient WASH services delivery
- High cost of water or electricity utility tariff

Introduction to WASH in HCFs

The introductory session on WASH in HCFs included presentations and reflections on:

- Importance of WASH in HCFs
- JMP service levels and recent global data on WASH in HCFs
- WASH linkages with health programs including participants reflections
- Elements of the Eight practical steps and countries progress tracker
- UN Resolution 2023 and global framework for action (2024 – 2030)

Session on WASH FIT methodology

The contents of the session included:

- Session objectives
- Introduction to WASH FIT, the approaches and domains
- WASH FIT framework and implementation steps

- Countries testimonial and experiences
- WASH FIT framework and domains

Step 1 – Establish and train team

Participants were asked to discuss and present in a group on the proposed WASH FIT members in different types of HCFs (hospitals, health centers and health posts), role of the team and responsibilities to be assigned to the members and challenges which the team may encounter.

Day II – WASH FIT methodology continuation and cross cutting modules

Step 2 – WASH FIT assessment

Participants were asked to review the excel assessment tool including the variables, types and related requirements and scoring method. Also, on data description and presentation using the experiences in different countries.

Step 3 – Risk analysis and prioritization of the gaps

Presentation and discussions were made on the categories of hazards and associated risks to the gaps identified during the assessment, looking at step 3-5 sheet on the excel, risk scoring based on severity and likelihood of occurrences and risk score categorization as low, medium and high risk.

Step 4 – Improvement planning and implementation

This session involved addressing the elements of planning which include detail listing of tasks, cost estimation, timeline and responsibilities. It was also noted it involves implementation plan endorsement, resource mobilization, engaging staff and stakeholders.

Step 5 – Monitoring and review

This involves monitoring progress with improvement plan and monitoring / spot check of operation and maintenance including supplies, behavior and practices. Review the overall performance, domains and each indicator to assess what has improved, remained the same or got worse over time.

Also review of WASHFIT implementation at the facilities, district, sub-national and national levels.

Questions from the participants

- How the assessment in big facilities should be conducted?
- Possibility to use the tool for emergency preparedness?
- How to fund the improvement plan and what experiences from countries?

The responses to these questions were:

- Possibility to conduct the assessment in wards or departments in large facilities and consolidate the scoring for a facility, while each ward also has their score
- Need to have WASH/IPC sub-team for each of the wards
- Facilities need to identify fund sources including that can be covered internally and to be sought externally including mobilizing resource from the users and stakeholders.

Sessions on climate resilient WASH and GEDSI

Presentations and discussions were made on concepts and contents of these topics as related to WASHFIT and relevant variables for assessing and addressing the needs in these topics.

Session on Kobo tool box

The participants were briefed and subjected to practical exercises on use of Kobo toolbox through user account creation, form creation i.e uploading WASHFIT kobo form, form sharing and data collection.

Day III – Visit to health care facilities; presentations of the visits findings

During the morning session, briefing was made on the practical guided visit to health facilities in Jinja City. This involved:

- Assigning three groups for each of the facilities to conduct assessment
- Use printed assessment paper and excel tool on mobile
- Making briefing to facility leadership on arrival to the facilities and conduct the assessment using different methods (observation, interviews, document review and taking photo) and taking note of the gap
- Debriefing of key findings to the facilities

Six groups assigned on different domains were divided into two for visiting two Level IV health centers, namely Bugembe and Wakuluba and each group was tasked to conduct assessment in two domains.

Coming back from the visits, during the afternoon session, the groups conducted exercise on step assessment scoring, gaps identification, risk analysis and improvement planning.

Day IV – Presentations on the facilities visit findings, adult education and participant led sessions

The fourth day training session started with the groups presentations of the groups' findings on the facilities visit. These involved the WASH FIT performance score for each of the domains (water, sanitation, hygiene…) and the JMP status.

Summary of the gaps identified at Bugembe HC IV

- Vandalized water sources like the borehole and the water harvesting tank
- Inadequate holding capacity of the water harvesting tanks
- No water quality analysis for water supplied from the tanks
- Limited workforce for cleaning and lack of training
- insufficient light in the latrines and bath rooms for night use
- Lack of toilets at specific service centres like Out Patients Department
- Inadequacy of those present.
- Poor Operation & Maintenance of existing toilets
- Poor budgeting and resource allocation for cleaning activities
- Poor planning and supervision of cleaning activities

Summary of the gaps identified at Wakuluba HC IV

- Limited provision of drinking water for patients, clients and staff
- Lack of hand washing station at the causality
- Inadequate waste storage area and treatment Non-adherence to proper use of PPE by health workers
- Lack of occupational health and safety Policy/Protocols for workers including cleaners
- Lack of the solar system maintenance to boost energy provision
- Lack of insecticide treated net in the inpatient units
- Lack of mackintosh covers for damaged mattresses in the wards
- Lack of training of the cleaning staff on how to clean on sensitive areas
- Lack of monitoring and document cleaning schedules

Lessons from the facility visit and exercise

- Facility staff were receptive of the WASH FIT assessment and sharing information
- Appropriate risk analysis of WASH gaps based on severity and likelihood
- Team need thorough preparation before a visit to a facility for assessment
- Use of Kobo tool for data collection to save time
- The mere existence of infrastructures (toilets) does not translate into their usage if they are not maintained well or kept clean.
- Lack of cleaning protocols or Standard Operating Procedures affects quality of service delivery especially when everyone does what they think is right.
- Some problems require mindset change on the side of leaders or service in charges to be put right at minimal or no cost (financial) like strict monitoring to ensure cleaners do their work right,
- Negligence of management of the health facility trickles down to other lower level staff leading to deviation from the set standards

Briefing on participant led session (PLS)

The purpose is to enhance the capacity of participants to prepare and facilitate a session covering different technical modules to ensure an optimum transfer of knowledge.

Guidance on the PLS session preparation

- Identify the audience for the session
- Review available resources on the WASHFIT portal
- Identify learning objectives and points
- Methods to use for the training facilitation
- Preparing and delivering their presentations

Accordingly, the participants prepared and demonstrated facilitation skills on selected topics of the technical domains.

Day V – Action planning and wrap-up

The final half-day session covered action planning on the rollout of the implementation, the evaluation of the training (participants acquired knowledge and sessions delivery) and closing remarks.

Implementation plan

Discussion was made on the question:

- What should be the process from preparation to rollout, sustain and scale up implementation?

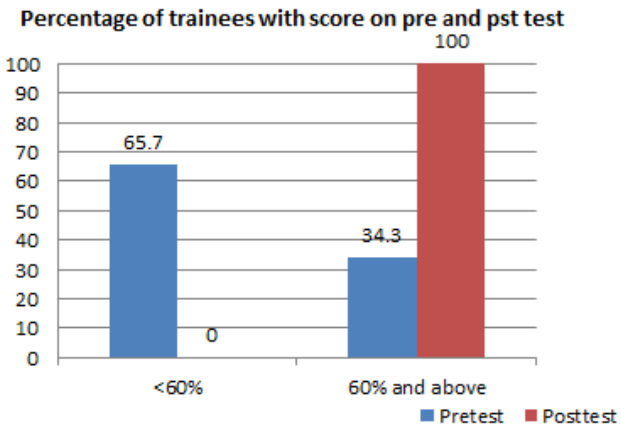
Some of the reflections include:

- Engaging the leadership and financing
- Implementation guideline or manual to be in place
- Training cascade
- Introduce in targeted facilities, monitor, supervise and review

Five teams were established, national and subnational teams, to discuss and indicate activities to be conducted using the shared template for action planning. The national plan is annexed this report.

Pre and post training test result

The trainees' score on the pre and post training for the twenty questions shared using online kobo form increased from 53.7% on the pretest to 72.8% on the post test.

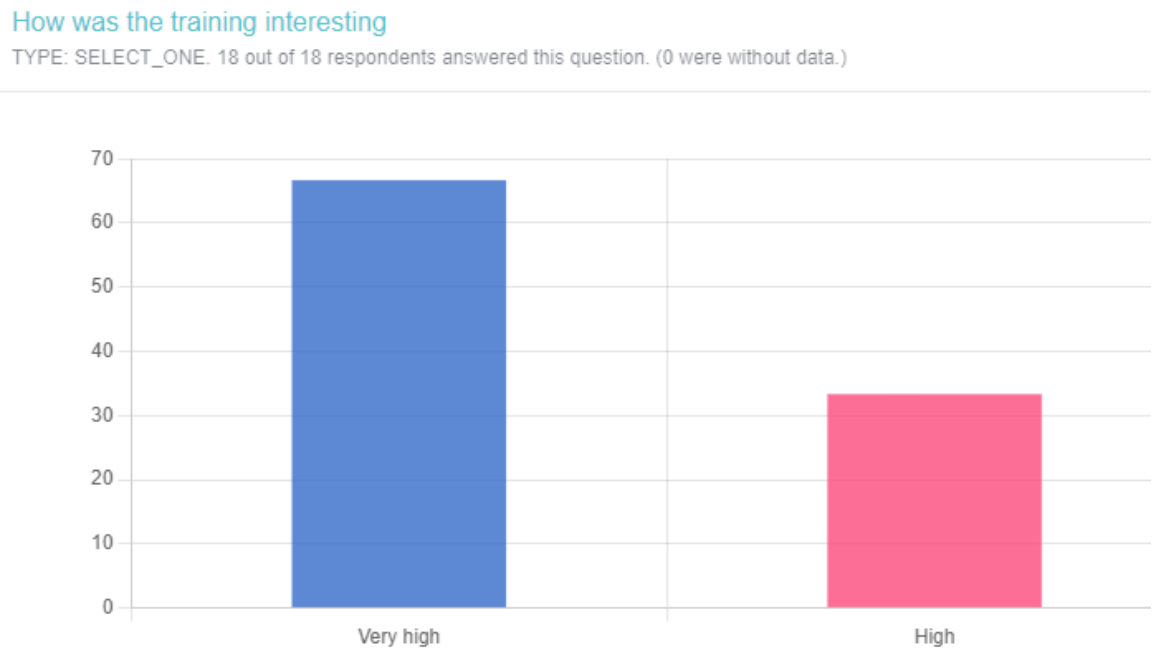


All the participants scored 60% and above on the post test against the 34.3% of them who scored the same result on the pretest.

Most of the participants made a progress in their understanding of the benefits related to WASH services in health care, what WASH FIT is and its implementation process and WASH standards in health care facilities.

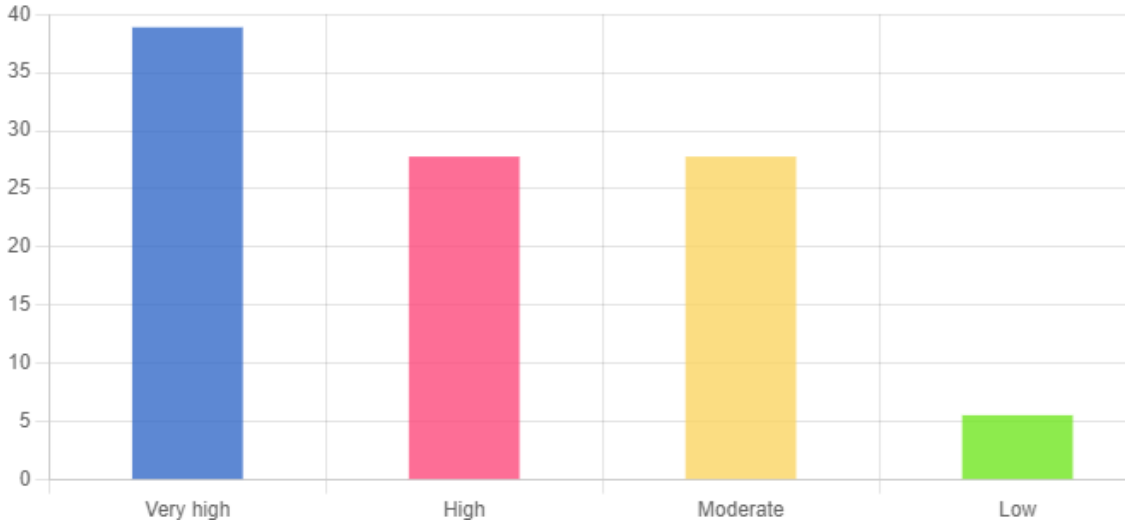
Training evaluation

The participants provided their responses to the online training evaluation and feedback form on the different aspects of the training. The summary of the responses are presented below:



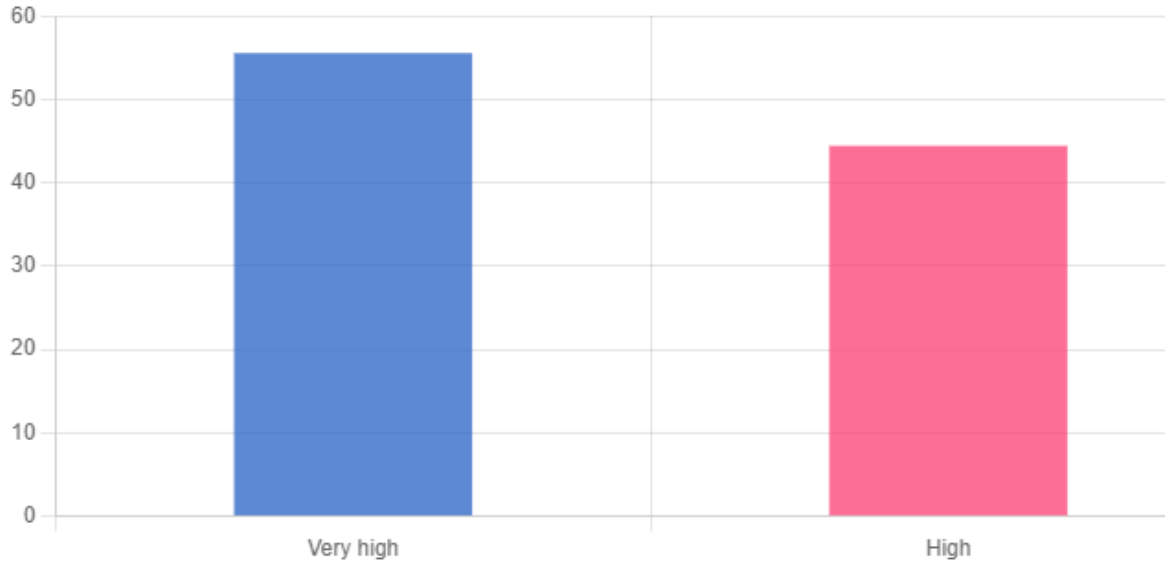
How was the length of the training

TYPE: SELECT_ONE. 18 out of 18 respondents answered this question. (0 were without data.)



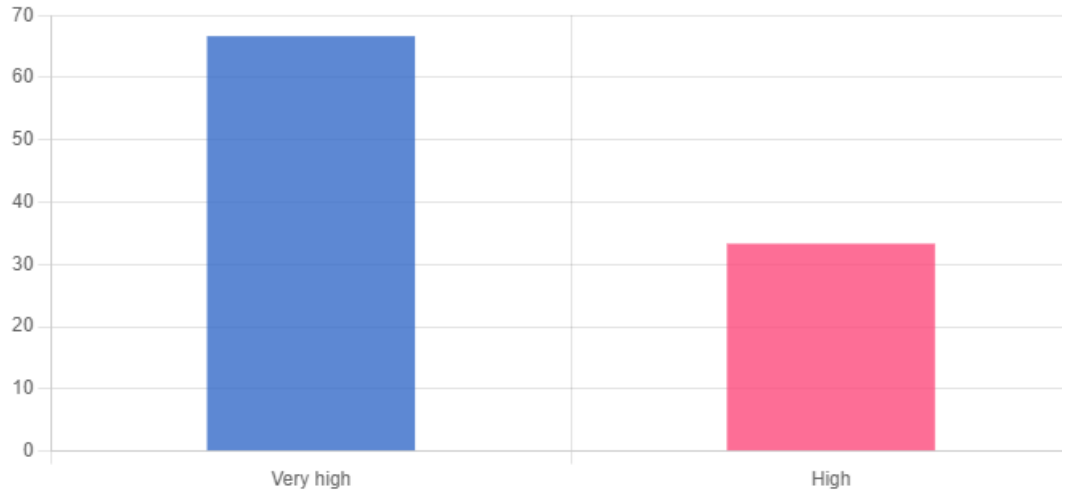
Meeting the objectives of the trainings

TYPE: SELECT_ONE. 18 out of 18 respondents answered this question. (0 were without data.)



How suitable are the teaching methods (in person)

TYPE: SELECT_ONE. 18 out of 18 respondents answered this question. (0 were without data.)



Topics the participants need to have more information and learning on?

- WASHFIT risk assessment
- Climate resilience and WASH
- Data analysis and presentation
- Kobo toolbox
- Energy and environment together with human resources

Lessons taken from the trainings

- WASHFIT is extremely essential to improve WASH in HC facilities and needs to be institutionalized.
- The tool enables identification of the need, advocacy and resources mobilization
- Having all the 7 domains in WASHFIT reduces the hospital acquired infections and improves the uptake of health services by the community.
- WASHFIT is a tool that can help reduce the health burden and cost.
- Field work makes knowledge diffusion more feasible
- Roles of WASHFIT teams
- With well-structured processes for stakeholder engagement and roles, sustainable WASH improvements in HCFs possible
- It's a good facility improvement tool, but for its success, the following are key; effective communication, the mode of delivery matters a lot, knowledge of facilitator contributes a lot and participants participation
- Effective pre-planning for implementation of activities is paramount essential
- Effective training, engaging and active involvement which helped to create understanding of the concepts very well
- WASHFIT is a practical and should be revisited always after 6months
- Need for continuous learning

Additional comments provided by the participants

- More days should be added to the training period and group work given more time
- Having more of the hands on sessions, more demos to be embraced
- Case studies to be more contextualized
- Allow all the participants to interface with all the seven domains
- A dedicated budget, commitment by national government, legal frame work, committed leadership, monitoring and evaluation of implementation is required
- Liked and enjoyed the overall training, it was very informative and helpful
- Need to revisit the resources shared and internalize the information.
- Participants have to read through and familiarize themselves with the resources
- The tool needs to be implemented immediately and follow up done
- Effective implementing of the drawn action plans and review of performance following this training will be beneficial

Annex 1: Action plans

NATIONAL LEVEL WASH-FIT IMPLEMENTATION ROLL OUT ACTION PLAN

9TH AUGUST 2024, Source of the Nile Hotel in Jinja

Name of Country: **Uganda**
Total number of Public and PNFP HCFs in the county: **7,889** (Gov't - **3123** PNFP – **3773**, Private - **1039**
Number of HCFs by type: National Referral Hospitals: **5** Regional Referral Hospitals:**17** District Hospitals:**189** Health Centers: HCIV – **238** HCIII – **1577** HCII - **2134**

Total number of Public HCFs to target for introducing WASHFIT tool in the country: _____
Target HCFs by type: National Referral Hospital (s): _____ Regional Ref. Hospitals: _____
General Hospitals: _____ Health Centers: _____

SN	Activities	Time Frame					Responsible person	Process (actions required to conduct activity)	Required budget (UGX)
		Jul-Sep 24	Oct-Dec 24	Jan - Mar 25	Apr-Jun 25	Jul – Sep 25			
1.	Establish a WASH/IPC in HCF Sub-Committee under the NSWG						Bosco Okia and Eva Nalwanga (MOH)	Develop ToRs for the subcommittee for presentation to the NSWG, Request partners and individuals to volunteer to be part of the committee	0
2.	Quarterly meeting of the WASH/IPC in HCF Sub-Committee (should include updates on implementation of WASHFIT in the country)						Bosco Okia and Eva Nalwanga (MOH)	Register of all members Mobilization of members	100,000UGX per Quarter
3.	Presentation of progress on WASH/IPC in HCFs to the NSWG						Bosco Okia and Eva Nalwanga (MOH)	Record of progress during the quarter	0
4.	WASH/IPC in HCFs stakeholder mapping						Bosco Okia and Eva Nalwanga (MOH)	List of all partners in the sector	0
5.	Adaptation of the tool to suit the different levels of health facilities (II, III, IV, Hospital) and the Uganda context						Bosco Okia and Eva Nalwanga (MOH)	Ensure the members of the Technical WG are in attendance	50,000,000

6.	Adaptation of the existing WASHFIT trainer's manual to suit Uganda context						Bosco Okia and Eva Nalwanga (MOH)	Trainers Manual Resources Human resources Mobilize for the workshop	
7.	Identify and document best practice cases from the field on the use of WASHFIT to inform the advocacy efforts at National Level						Bosco Okia and Eva Nalwanga (MOH)	Collect data on best practices	0
8.	Present for adoption the use of WASHFIT to the Technical WG						Bosco Okia and Eva N. MOH	Best practices Revised tools and trainers manual	0
9.	Update and alignment of the National WASH MIS to incorporate WASH-FIT indicators						Stephen Kayanja (MOH)	List of indicators Resources	37,000,000
10.	Mobilization of resources to implement this national plan and support improv't plan implementation in targeted HCFs						Bosco Okia and Eva Nalwanga (MOH)	Costed workplan of activities	0
11.	Train Regional WASHFIT ToTs to facilitate cascade of the tool to the Lower Local Governments						Bosco Okia and Eva Nalwanga (MOH)	Trainers Manual Resources Human resources Mobilize for the workshops	58,800,000 per regional meeting with 14 districts. 10 regional meetings. Total 588M UGX
12.	Integration of WASHFIT as one of the KPI for ADHOs						Rachelle Faith Mirembe (MOH)	List of indicators	0
13.	Monitoring WASHFIT process steps progress in the targeted HCFs								
14.	Consolidate WASHFIT assessment data and reports from the targeted HCFs.								
15.	Supervision of WASHFIT implementation in the targeted HCFs								
16,	Review workshop of WASHFIT implementation outputs, outcome, best practices and lessons								

Annex 2: List of participants

No.	Name	Institution	Email
1	Vallance Uragiwenimana	MOH	vuragiwe@gmail.com
2	Bosco Okia	MOH	b.okia2011@gmail.com
3	Stephen Kayanja	MOH	Kayanjastephen2012@yahoo.com
4	Rogers Batesaki	MOH	rogersbatesaki@gmail.com
5	Mirembe Rachel Faith	MOH	rachellefaith@ymail.com
6	Dickson Wandera	MOH	dickkwoba@gmail.com
7	Shafik Senkubuge	MOH	Senkubugeshafik24@gmail.com
8	Mbaha Emmery	MOH	emmerym@gmail.com
9	Eva Nalwanga	MOH	senalwanga@gmail.com
10	Grace Kangoma	MOH	grackangoma@gmail.com
11	Namanya Didacus	MOH	didamanya@yahoo.com
12	Kyobutungi Sandra	MOH	kyobutungis@yahoo.com
13	Mitchelle Aine	MOH	Michelleroyal30@gmail.com
14	Martha Naigaga	MWE- Head Office	nmalizah@yahoo.com
15	Martin Akonya	MWE- Head Office	akonyamarto@gmail.com
16	Cate Namyalo	MWE- Head Office	cnamyalo@ymail.com
17	Nsungwa Christine	MWE Reg.al Wat and San Centres- Mbale	chrissynsungwa@gmail.com
20	Wakwabubi Godfrey	MWE Reg.al Wat and San Centres – Isingiro	wakwabulayi@gmail.com
21	Bongo Nobert	MWE Reg.al Wat and San Centres - Lira	nbtbongo@gmail.com
22	Bakole Matthew	Terego	bakolem@gmail.com
23	Beatrice Tiako	Madi Okollo	tiakobeatrice@gmail.com
24	Lobe Wilson	Adjumani	lobewilson@gmail.com
25	Barongo Godfrey	Kikuube	godbaron80@gmail.com
26	Kaiza Winfred	Kamuli	wkaiza22@gmail.com
27	Maureen Kesande	IDI	mkesande@idi.co.ug
28	Hajra Mukasa	Amref Health Africa	hajra.mukasa@amref.org
29	Kalisa Patriaa Kelly	IDl-mulango	pkkelly105@gmail.com
30	Emmanuel Okurut	MWE-	Okurutemma030@gmail.com
31	Oscar Paddy Ochero		oscarpaddy21@gmail.com
32	Ogwal Denis		denisogwal92@gmail.com
33	Twasiima John		twasiimajohn@gmail.com
34	Owiny Theory		Owinytheory87@gmail.com
35	Caroline Oundo		carolyneoundo@gmail.com
36	Okidi Christopher		chrisokidi@gmail.com
37	Keesiga Diana	Water for people (WFP)	aydianak@gmail.com
38	Richard Mutabazi	KCCA	r.mutabazi@gmail.com
39	JB Kimuli Sempala	UNICEF	jkimulisempala@unicef.org
40	Paul Semakula	UNICEF	psemakula@unicef.org
41	Stephen Wandera	UNICEF	swandera@unicef.org
42	Peter Opwanya	UNICEF	
43	Nazziwa Suzan	MOH	Nazziwasuzan78@gmail.com

Annex 3: Training Agenda and Schedule

DAY 1		
Time	**Activity/ Topic**	**Responsible person**
8:30 AM – 9:00 AM	Arrival and registration of participants	MOH
9:00 AM – 9:30 AM	Welcome and introduction of participants	MOH
9:30 AM – 10:00 AM	Pre-training test	Facilitator
10:00 AM – 10:20 AM	Participants expectations, purpose and objectives of the workshop Program description; methodology and material	Eva Nalwanga MOH Stephen Wandera Unicef
10:20 AM – 10:30 AM	Opening remarks and Group photo	CHS-EHD
10:30 AM – 11:00 AM	**Tea Break**	
Session 1: Introductory presentations: Global and national overview of WASH/IPC in HCFs		
11:00 AM – 11:30 AM	Overview of WASH in Health Care Facilities and update on the Eight practical steps in Uganda	Okia Bosco MOH
11:30 AM – 12:30 PM	WASH in health care facilities linkages with health programs	Amref Health Africa
12:30 PM – 1:00 PM	Discussions	Facilitator
1:00 PM – 2:00 PM	**Lunch Break**	
Session 2: WASH FIT Methodology		
2:00 PM – 3:00 PM	Introduction to WASH FIT Step 1 – Establish team (group work)	Kebede / Guy
3:00 PM – 3:30 PM	Step 2 – Assessment – outcomes & resources *Participant groups established by domain*	Kebede / Guy
3:30 PM – 3:50 PM	**Tea Break**	
3:50 PM – 5:00 PM	Groups review and familiarize with the assessment tool	Participants

DAY 2		
Time	**Activity/ Topic**	**Responsible person**
8:30 AM – 9:00 AM	Recap of Day I sessions	Participants
Session 2: WASH FIT Methodology Cont…		
9:00 AM – 10:00 AM	Step 3 - Risk analysis and prioritization	Facilitator
10:00 AM – 10:30 AM	Step 4 – Improvement planning and implementation	Facilitator
10:30 AM – 10:50 AM	**Tea Break**	
Session 3: Cross cutting modules		
10:50 AM – 11:20 AM	Step 5: Monitoring and review	Facilitator
11:20 AM – 12:00 PM	Module on Climate Resilient WASH in HCFs	Facilitator
12:00 PM – 12:30 PM	Module on GEDSI And SEA	Facilitator

12:30 PM – 1:30 PM	**Lunch Break**	
1:30 PM – 3:30 PM	Digital data, form creation/upload, data collection and sharing *Exercise on use of Kobo toolbox*	Facilitators
3:30 PM – 4:30 PM	Briefing on the facilities visit Discussion	Facilitator

DAY 3		
Time	**Activity/ Topic**	**Responsible person**
Session 4: Practical visit and exercise		
8:30 AM – 12:00 PM	Practical visit to the facilities	Participants
12:30 PM – 1:30 PM	**Lunch Break**	
1:30 PM – 3:00 PM	Group Presentations of assessment findings (scoring, step 3-4)	Participants
3:00 PM – 5:00 PM	Group Presentations of findings	Participants

DAY 4		
Time	**Activity/ Topic**	**Responsible person**
8:30 AM – 9:00 AM	Recap of Day III sessions	Participants
Session 5: Participant led session		
9:00 AM – 9:30 AM	Briefing on PLS	Facilitators
9:30 AM – 10:30 AM	Groups preparing their PLS on the technical modules	Participants
10:30AM – 10:50 AM	**Tea Break**	
10:50 AM – 12:30 AM	Groups preparing their PLS cont…	Participants
12:30 PM – 1:30 PM	**Lunch Break**	
1:30 – 2:30 PM	Groups presenting on their PLS (Water and Sanitation)	Participants
2:30 – 3:30 PM	Groups presenting on their PLS (Hygiene and Environmental cleaning)	Participants
3:30 PM – 4:30 PM	Groups presenting on their PLS (Health care waste management	Facilitators

DAY 5		
Time	**Activity/ Topic**	**Responsible person**
8:30 AM – 9:00 AM	Recap of Day IV sessions	Participants
Session 7: Next steps and WASH FIT implementation		
9:00 AM – 10:30 AM	Developing an action plan to implement and scale up WASH FIT	MOH/Participants
10:30AM -10:50 AM	**Tea Break**	
10:50 AM – 12:30 AM	Group presentations and discussion: presentation of plans by each group	Participants
12:30PM - 1:30 PM	**Lunch Break**	
1:30 PM – 2:00 PM	Post training test Training evaluation	Participants
2:00 PM – 2::15 PM	Closing remarks	Commissioner-EH
2:15 PM – 3:30 PM	Administrative process	
3:30 PM – 4:00 PM	**Evening Tea and departure**	**All participants**