

CTWF WASH TRAINING IN UGANDA

School Teachers, Healthcare Facility
Workers and Community Health Workers

Tororo District, Merikit Sub-county

20-26th May 2019



A training report

by

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1. BACKGROUND

Clean the World Foundation a global health non-profit employing WASH strategies to address health and hygiene disparities partnered with the Rotary Club of Kampala and the Tororo District local government in a campaign to implement and oversee a 12-month Water, Sanitation and hygiene (WASH) education project in Merikit Tororo District.

Merikit sub-county is a water scarce area whose many residents fetch water from local swamps during the wet season. These usually dry up shortly after the rains have stopped. This swamp water is shared with animals rendering it unsafe for human consumption. There are a handful of shallow wells and boreholes which frequently break down and produce water only intermittently during the dry season.

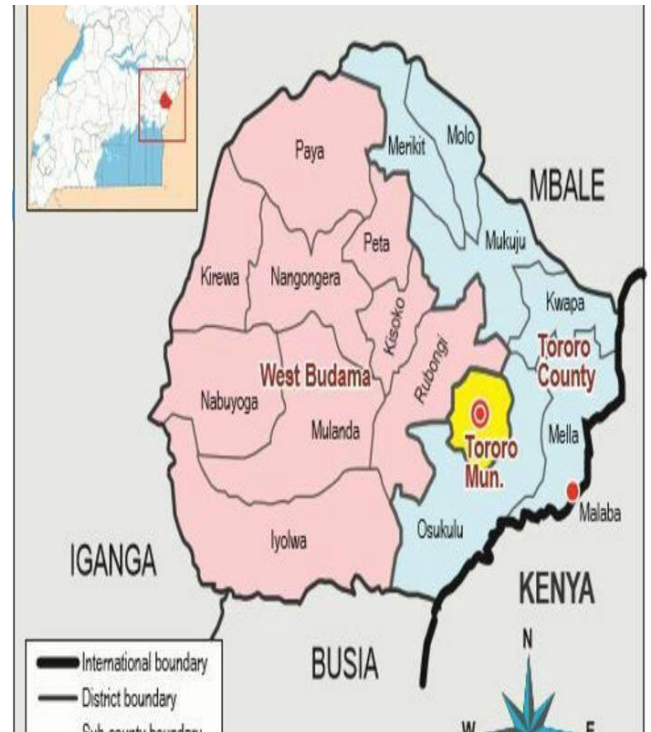


Figure 1 Map of Tororo District showing Merikit subcounty

2. INTRODUCTION

A needs assessment on water and hygiene was conducted by the Rotary Club in the communities of Tororo District Merikit Sub-county in 2017. The key findings were that the absence of clean water and poor basic sanitation practices were leading to the deterioration in community health and subsequent absenteeism from school.

To address these concerns, Clean the World Foundation designed a 6-day WASH education training program to bring access to proper hand washing resources at six schools and one health care facility.

OBJECTIVE

The training targeted Trainers of Trainers (TOTs). The training aimed at informing and equipping 30 school teachers 5 healthcare center workers and 5 community health workers who in turn, train and equip their respective communities, and school children.

The specific objectives of the training were;

- a) To train at least 30 local educators and clinicians, who would then be responsible for teaching the comprehensive WASH curriculums in the schools and Health facility at least once every two weeks
- b) To implement ongoing education and feminine hygiene in schools and the local clinic.
- c) To ensure the six schools and clinic each have at least two functioning hand washing stations located near the toilet facilities, as well as enough soap to supply those stations for the following 12 months.

3. SCOPE

The training scope was four primary schools, two secondary schools with a total population of 3,700 students. It also included one health care center. The overall targeted catchment area is 15,500 people.

4. TRAINING SESSIONS

A six day WASH and feminine hygiene training of teachers in schools, health centre facility workers and community health workers were conducted from 20th-26th May, 2019 in Merikit Sub County as in the schedule in the table below.

a) Training schedule;

#	Category	Location of training	Participants	Number	Duration of Training (Days)	Date Completed
1	School teachers of	St Richards primary school-Merikit Parish	i. Two secondary schools ii. Four primary schools	27	03	20th-22nd th May 2019
2	Health care practitioners and CHW	St Richards primary school Merikit parish	iii. Five health care practitioner iv. Five community health workers	10	03	23th- 25 th May 2019

b) Training Methodology;

Trainers used a variety of methods to determine the extent to which participants have assimilated new knowledge and mastered new skills. The methods favoured were;

- a. Self-assessment, often both before and after a training session
- b. Short skits
- c. Group discussion and presentation of group work
- d. Demonstrations and return demonstration
- e. Role plays
- f. Songs



Figure 2 Training session

Expected Outcomes

Trained school teachers and community health workers will be knowledgeable and confident, imparting the WASH education to their students and community as a whole.

Using the workshops learning approaches and techniques, trained teachers will teach their classes and other teachers on the methods and lessons learned during the workshop. They will also become advocates for healthy children and communities by sharing their knowledge of WASH education.

6 Training Activities

The training included several WASH interventions within the project sites working hand in hand with various stakeholders. These included health practitioners, local leaders, community health workers (CHWs), and teachers, among others. The training activities were categorised into community interventions, school interventions, and capacity building initiatives as elaborated below.

a) Promotion of Hand Washing The training program promoted handwashing with soap at critical times, particularly before and after eating food and after visiting the latrine. Practical training sessions on hand washing, specifically with an emphasis on the proper hand washing method, were conducted using the hand washing stations provided. Participants were trained to use the **tippy tap** technology as a simple and affordable way to encourage hand washing in the community. A tippy tap is a simple device for hand washing with running water made of locally available materials, i.e. Jerry can. It consists of a container that holds water, which is tipped by a foot-operated stick and rope tied through a small hole in the container cap for water to flow during hand washing. Following the training sessions, each school received hand washing stations.



Figure 3 Hand washing demonstration with songs

c) Community Visits-

Home Improvement Campaign

Trainers worked with Community Health Workers (CHWs) to implement home improvement campaigns in the community. Home improvement campaigns involved carrying out house to house visits to determine the WASH status of households. Based on these findings, CHWs would sensitise household members on the ideal hygiene and sanitation requirements in a home. This practical activity was beneficial to participants and households alike. CHWs got to practice effective community sensitization skills and responding to residents questions. Community members were educated on the WASH gaps in their homesteads and advised of the appropriate measures to improve their hygiene and sanitation. The pressing concerns established during the inspections were lack of or poor maintenance of latrines, poor personal hygiene, improper solid waste management, and poor water quality and drainage.



Figure 5 Trainee CHW on house to house visits



Figure 4 CHWs inspect a household's hygiene and sanitation



Figure 6 CHWs speak to community members on hygiene

Discussions

The training also provided an opportunity for participants and community leaders to share lessons and strategies for improving WASH in Schools and the community as a whole.

Discussions highlighted the following;

- i. The need for better sanitation and hygiene
- ii. Protection of water sources
- iii. The need for community solutions to proper waste management
- iv. The need to collect and utilise data to inform decisions, policies, and budget allocation at scale
- v. Effective coordination and planning to assess the needs for Health care facilities.



Figure 7 Groups presentations

d) Training conclusion;

After the training, the following activities were conducted;

- All trainees received Certificates.
- All the six schools were supplied with hand wash stations and a year's supply of soap



Figure 9 School Head teachers receiving hand wash stations



Figure 8 Trainees receiving certificates

Participant Feedback

At the end of the training session, participants were asked to evaluate the training and provide some constructive comments to the trainers.

All participants acknowledged being well equipped with WASH education knowledge and ready to train other teachers.

Trainees all agreed that for change to occur, it would have to start with them. One participant mentioned that each one of them has got to first practice proper sanitation and hygiene habits on themselves and their households so that they teach by example.

All participants reported that the fun learning activities like the hand WASH song and glitter game would be the best way to entice their students to learn about WASH and later behaviour change

Participants reported that both the trainers guide booklet and WASH posters are set in a way that encourages active yet effective and productive learning.

1. REVIEW OF THE TRAINING

i. The timing

The training was scheduled for the school break period, enabling teachers to attend 100%.

ii. The Merikit Experience

The training received 100% attendance and active engagement from participants throughout the entire course. Trainees worked diligently through lessons and group discussions, providing relevant examples and experiences from their community. As a result, trainers were able to get a better understanding of Merikit parish as pertains to WASH.

iii. Local support

Training received ample support from local leaders right from district heads, council leaders and the health facility management. Also, the positive reinforcement from school and health facility heads in identifying influential participants for the training allowed for interactive and fruitful sessions. District leaders joined in on some classes or had representatives attend.

iv. Sensitisation on WASH

There was a great yearning for WASH knowledge. Participants were receptive of the training material. It was evident that there was a need for more information and a better understanding of the WASH subject. This was evidenced by the active engagement throughout the training and the sharing of ideas on how to effectively practice and spread the word on sanitation outside the training.

v. Games as part of the curriculum

Group games incorporated into the curriculum were educative, easy to follow and well received by participants. Teachers feedback from group games indicated that games were an effective way to teach WASH to students. All participants desired

to incorporate WASH games and songs in lessons taught in their respective schools

vi. Changing the Norm

Inclusion of all school teachers male and female in feminine hygiene and menstrual cycle lessons was notably commended. Feedback from participants showed this was the first training of its kind to take this approach. Despite their knowledge of the menstrual cycle, many were not aware of the extent to which it impacted a girl's life and education apart from absenteeism.

In conclusion;

1. The training activities guided and required participants to develop action plans to implement when they return to their respective schools, health centres and community as a whole.
2. Presenting these action plans at the end of each day's lesson allowed both participants and trainers the opportunity to assess what learning has taken place and also to improve the action plans.
3. At the end of the training, participants were awarded certificates and given the tools to implement WASH in their respective areas.

The training was a success.

2. CHALLENGES

The main challenges faced in this training include;

- a. The understaffing of the health facilities. As a result of the short staffed health centre on the days when patient traffic was high, some of the trainee health workers had to step out to help with the flow.

3. RECOMMENDATIONS

- a. District heads and sub-county parish leaders should be included in WASH education programs to influence impact to ensure sustainability beyond the training..
- b. The catchment area that this training covered was small. There was an overwhelming plea for the WASH education and training to be extended to include an extensive catchment area to benefit the entire Merikit sub-county.
- c. Feminine Hygiene and menstrual cycle were too broad of a topic to be carried out in a single lesson. For the subject to be effectively taught more time and more in-depth training should be carried out

ANNEXURE

1. Appendix A - Training Program

DURATION	AGENDA ITEM	PERSON RESPONSIBLE
8:30 - 9:15 am	Participants arrive, Registration	
9:15 - 9:30 am	Training Overview & introductions	
9:30 - 10:00 am	Ice breaker by CTW Trainers	
10:00 - 10:30 am	Tea Break	
10:30 - 12:30 pm	Training Sessions	
12:30 - 13:15 pm	Lunch Break	
13:15 - 14:00 pm	Participants break into groups	
14:00 - 15:10 pm	Peer Teaching Presentations	
15:15 - 15:30 pm	Sustainability Discussion	
15:30 - 16:00 pm	Questions & Evaluations	
	END of DAY'S TRAINING	

Figure 10 Training Program

2. Appendix B – Attendance Sheet

NAME	CONTACT	ROLE	SIGNATURE
ONYANGO NYONGA	0782503232	AMS IN-CHARGE	[Signature]
EKISSA JAMES	0783317457	VHT LEAD	[Signature]
JANE ODOI	0773012065	VHT LEAD	[Signature]
DOBI MICHAEL	0778767408	VHT LEAD	[Signature]
OROMO BRUNY	0782285881	VHT LEAD	[Signature]
ATKAIT CATHERINE	0784026232	E/HOUSE	[Signature]
EGOLO PATRICK	0780237890	N/A	[Signature]
AMINO SIBIRI PETER	0782819466	CLINICAL OFFICER	[Signature]
PAMBA JASPER	0779830361	LEAD VHT	[Signature]
OGONGO PIUS	0777053335	LEAD VHT	[Signature]

NAME	SCHOOL	CONTACT	SIGNATURE
AGOSO JULIET	MERIKIT SS	0782823699	[Signature]
AKOJOI JULIET	MERIKIT PLS	0182454109	[Signature]
OKUMU CENTURIO	MERIKIT SS	0754491750	[Signature]
AKETCH VERONICA	ST. RICHARD		[Signature]
OKIRA PAUL	HOPE PLS	0788333860	[Signature]
ONERE SAMUEL	ST. RICHARD	0785520099	[Signature]
WALISALAWO SWITH	HOPE PLS	0751918495	[Signature]
WABUMBA JOSHUA	ST. RICHARD	0783244730	[Signature]
OKIRU GERALD MARY	MERIKIT UNIT	077495250	[Signature]
AKHANI ELIZABETH	MERIKIT UNIT	077441527	[Signature]
AKHARE JANE	MERIKIT UNIT	078308052	[Signature]
NYABOMBO BIRUKI	ST. MARTIN	0766023316	[Signature]
AKWII MEDRY	ST. RICHARD PK	0784700505	[Signature]
OKHEING JAMES	ST. RICHARD	0787175067	[Signature]
OBEI SADIK	MERIKIT UNIT	0750733104	[Signature]
MR. EBU	" " "	" " "	[Signature]
OKINDO MOSES	MERIKIT UNIT PLS	0782610440	[Signature]
DIKO OKELLO	MERIKIT PLS	0788998795	[Signature]
DEWA OKELLO	DC TORORO	092498118	[Signature]
STABEL MICAH	MERIKIT UNIT	0786643005	[Signature]
OKUNGO CHARLES	MERIKIT C.S.S	077953259	[Signature]
ACHUNG GERAPHINE	MERIKIT PLS	0789732744	[Signature]
LOGOSE ALDAN	MERIKIT SS	0751888444	[Signature]

Figure 11 Registration and Attendance sheet

