

Several health care facilities of different types (e.g. health post, primary health care centre, secondary hospital, specialized hospitals) and numbers (± 250) are providing health care services to more than 860,356 (as of June 2020) Rohingyas population, dwelling in Forcibly Displaced Myanmar National (FDMN) / Rohingya refugee settlements in Ukhiya and Teknaf Upazila of Cox's Bazar District. WHO introduced and implemented WASH FIT in these health care facilities to improve the quality of health care services in early 2018.

Water and sanitation for health facility improvement tool (WASH FIT) is a risk-based, continuous improvement framework. It incorporates a set of tools for undertaking improvement of water, sanitation and hygiene (WASH), infection prevention control, healthcare waste management and surrounding environment of the health care facilities. Eventually, lead to improved health care facility management and staff empowerment and ultimately improve health care services and universal health coverage.

The objective of WASH FIT implementation is to address and strengthen the stewardship & inter-sectoral coordination between health and WASH sector through advocacy and capacity building initiatives to scale up the WASH FIT standards. WHO implemented the WASH FIT through its partner organizations to 198 health care facilities by three trenches since 2018. A total of 414 professionals comprised of health care facility managers, doctors, nurses, WASH and IPC focal point received training on WASH FIT implementation. 60 healthcare facilities inside the FDMN settlements remained where no WASH FIT training provided. WHO will work closely with WASH sector and partners to provide the training or remained health care facilities.

An assessment conducted in 186 health care facilities in late 2020. The assessment indicated that a significant improvement has been made in different domains of WASH FIT, presented in the following table.

No	Domain and Indicators (186)	Standard Met
1	Water Supply: Adequate and accessible water supply from an improved source	40%
2	Sanitation: Adequate number of functional and improved toilets for patients, visitors and staff that are gender segregated and disability inclusive	33%
3	Health Care Waste Management: Standard Health Care Waste Management from collection to disposal with colour coded or well labeled waste bins at all waste generation points	35%
4	Hygiene and Environmental Cleaning: Availability of functional hand washing station, visible hand hygiene promotion materials, clean and protected exterior, clean environment, availability of cleaning materials, dedicated cleaning persons, hygiene policy	39%

No	Domain and Indicators (186)	Standard Met
5	Management & Workforce: Planned quality improvement and management workforce in 38% the healthcare facilities	
6	Energy and Environment: Adequate source of any form of electricity for various uses, space and natural ventilation in the healthcare facilities	52%

The water quality surveillance conducted in 170 health care facilities in mid-November 2020 indicated that the water of 73% of health care facilities matched Bangladesh standard of E. Coli in drinking water and 92% and 81% of the water matched Bangladesh standard of Turbidity and pH. Much has been done and more need to be done to achieve the desired standard for service delivery.

Implementation of WASH FIT in an emergency setting in Cox's Bazar unfolds some of the challenges for WASH FIT implementation namely limited supportive infrastructure, M & E mechanisms in place and significant lead time to integrate the WASH FIT with other services. It needs to be noted that some agencies were not too keen to collaborate by sending their staff for the training on WASH FIT. Similarly, supportive supervision in some of the health care facilities was not possible as approval from the senior management for the access even after series of communication was not obtained timely. These critical elements were observed to be impediments for the WASH FIT implementation in Cox's Bazar.

Some of the major recommendations for greater improvement of the health care services in an emergency are provided below:

- **Capacity Building:** Conduct refresher training for the healthcare professionals and workers those received WASH FIT training previously. Conduct comprehensive training on WASH FIT to those professionals who did not receive WASH FIT training yet.
- **Supportive Supervision:** Continue supportive supervision in healthcare facilities and SARI ITCs and document the observations and prepare the database. Give feedback to the health care facility management for necessary actions.
- **Monitoring and Assessments:** Undertake WASH FIT indicator-based monitoring and assessments in all the functional healthcare facilities including SARI ITCs to understand the level of adherence with the WASH FIT indicators and compliance.
- **Advocacy:** Advocate and lobby with the sector stakeholders and partners to strengthen the implementation of WASH FIT through necessary guidance for optimum compliance to WASH FIT standards.
- **Coordination Meetings:** Conduct necessary coordination meeting with WASH and Health Sector partners for sound implementation of the WASH FIT and share the learnings and best practices.
- **Water Safety Plan:** Introduce and implement water safety plan in health care facilities in close collaboration with the Department of Public Health Engineering and support them for the implementation of the water safety plan.