

# WASH in Health Care Facilities SWSC Phase 3



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# WASH FIT

## Experience of Terre des hommes in Myanmar

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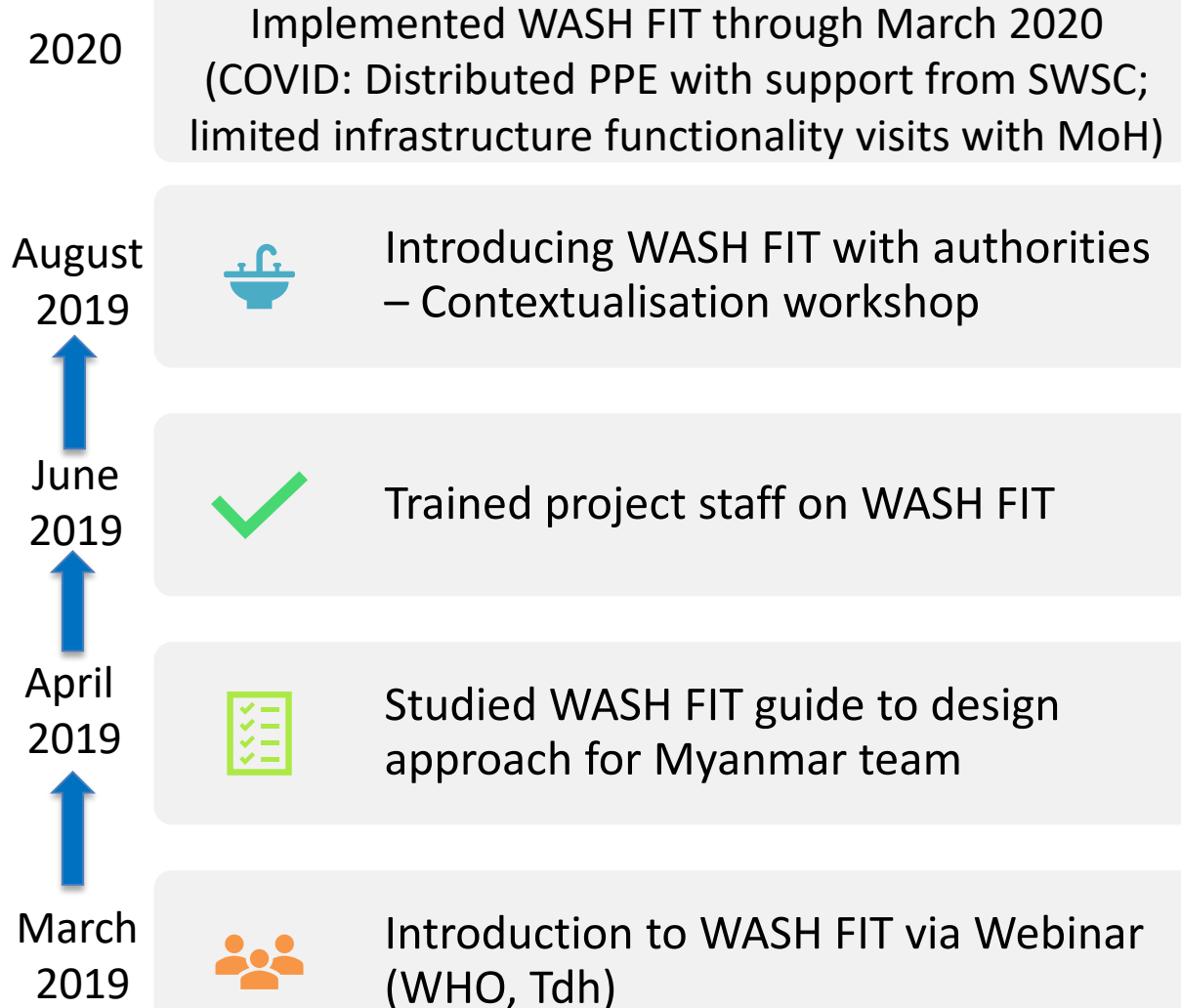


WASH FIT Workshop, Yangon, August 2019 | © Terre des hommes

## Project Overview

- Hlaing Thayar Township (Peri-urban)
- ~ 1 Million population
- 2019 -2020
- 7 primary HCFs (2 urban health centers, 1 rural health center & 4 sub rural health centers)
- Close collaboration with Township Health Department & technical guidance from YCDC\*)
- Soft components – WASH FIT, TEACH CLEAN
- Hard components – WASH infra development

## WASH FIT Journey



\*YCDC: Yangon City Development Council



Introducing WASH FIT with authorities  
– Contextualisation workshop

## WASH FIT Introduction and advocacy meetings

1. National level WASH division under Ministry of Health & Sport
2. Yangon Region WASH focal point authority
3. Township Health Department (Medical Officer & HCF In charges)
4. Township level (YCDC) WASH focal point authority

These four steps led to the approval for organization of a workshop with representatives of the stakeholders mentioned above to review WASH FIT and contextualize the indicators

# Following Contextualization of WASH FIT

- Established WASH committees at HCF level  
(Not new! From existing HCF committees—some members formed sub groups for WASH)
- Organized WASH FIT training for WASH committee members
- WASH Committee members reviewed the indicators, did assessments and analyzed the risks/hazards
- Recorded and documented the works & findings of WASH assessment & analysis of risks in HCFs
- Prioritized Tasks and developed WASH Improvement Plans for HCFs (**Collective exercise**)
- Responsibilities for Improvement Plan shared between WASH committees, Township Health Department & Terre des hommes
- Implemented the activities as per Improvement Plans
- Quarterly monitoring and supervision by Township Health Department & Reviewed by WASH committees

## Results attributed to Tdh using WASH FIT to improve conditions in HCF



**HCFs have developed WASH improvement plan**

- 7 HCFs
- Developed Improvement Plan per findings & priorities of each HCF
- Shared tasks & responsibilities (Township health Dept., HCF committees & Tdh)



**Most of HCFs improved WASH services**

- 2 urban health centers (Primary & Secondary Health Centers)
- 1 rural health center (Yay Oak Kan)
- 2 sub rural health centers (Shwe Lin Pan & 18 SRHC)



**WASH fund established in 3 HCFs**

- Secondary urban health center (200,000 MMK/150USD)
- Kalargyisu SRHC (100,000 MMK/75USD)
- Shwe Lin Pan SRHC – (170,000 MMK / 125USD)



**Improved community engagement in WASH**

- WASH committee members lead/help in cleaning of latrines & HCF environment, repair basin & pipelines
- Sites selection
- Help involved & monitoring on construction



**Committee improved knowledge on WASH practices**

- Minimum standards on WASH in HCFs
- Core functions of WASH domains
- O & M measures for WASH infrastructure
- Hand hygiene

# Change in service levels (FACET surveys)



**Most of HCFs improved WASH services from Baseline to Midline  
(From No Service to Limited Service, or up to Basic Service)**

BASELINE SURVEY (HTY)								
	WATER		SANITATION		HAND HYGIENE		WASTE MANAGEMENT	
Basic	7	100%	0	0%	3	43%	0	0%
Limited	0	0%	6	86%	2	29%	4	57%
No service	0	0%	1	14%	2	29%	3	43%

MIDLINE SURVEY (HTY)								
	WATER		SANITATION		HAND HYGIENE		WASTE MANAGEMENT	
Basic	7	100%	1	14%	6	86%	3	43%
Limited	0	0%	6	86%	1	14%	4	57%
No service	0	0%	0	0%	0	0%	0	0%