



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

## Myanmar

# Piloting WASH FIT in Health Care Facilities in Hlaing Thayar Township, Yangon Region

### How to start WASH in HCF projects on the right foot?

Use approaches that enable the community to assess their own facilities and formulate improvement plans *before* investing in infrastructure and equipment.

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## 1. Introduction

The Water and Sanitation for Health Facility Improvement Tool (WASH FIT - WHO, UNICEF 2018) is new to Myanmar. In cooperation with national and local authorities, Tdh has introduced WASH FIT as a methodology for elevating WASH services to a “basic” level as part of its WASH in Health Care Facilities (HCF) project in Hlaing Thayar, Yangon Region’s largest and fastest growing township.

A participative process for continuous quality improvement of WASH services is essential in order to accompany HCF stakeholders in achieving “Basic” service levels<sup>1</sup> for water, sanitation, hygiene, medical waste management and environmental cleaning. WASH FIT is a risk-based approach for improving and sustaining WASH services in HCF. WASH FIT guides multisectoral teams through a continuous cycle of assessing and prioritizing risks, defining and implementing improvements, and continually monitoring progress.

## 2. Progress

In the summer of 2019, at the debut of a 30-month project supported by Gebauer Foundation and the Swiss Water & Sanitation Consortium, Tdh shared WASH FIT documentation with the Director of WASH Department, Ministry of Health and Sport (MOHS) in Naypyidaw. Tdh proposed collaboration on WASH FIT in seven HCF in Hlaing Thayar, starting with a workshop to orient stakeholders on the process and indicators and to contextualise WASH FIT for Myanmar.

The Director sent the Yangon Regional Health Department Assistant Director to the workshop on 27<sup>th</sup> August 2019 in Yangon. He was joined by senior personnel from the Yangon City Development Council (YCDC), the township health department and the seven HCF. Prior to the workshop, Tdh held preliminary meetings with township health department and YCDC introducing a translated version of WASH FIT (including sanitary risk assessment forms).

During the workshop, government health officials, the township medical officer and HCF personnel agreed on indicators relevant for the country’s Primary Health Centers. Participants chose 12 indicators in the Water domain, 18 in the Sanitation domain, 14 in the Hygiene domain and 10 indicators for Management. They expressed appreciation for the orientation on WASH FIT and their interest to implement this new tool at the Township level, and eventually at the national level.

The draft document was presented to and approved by the Hlaing Thayar Township Health Department and subsequently by the Director of the WASH Department, MOHS. HCFs where more deliveries happened (around 65 – 100 deliveries per month), will prioritise action concerning the indicator for biomedical waste disposal in a placenta pit. In HCF with fewer deliveries (around 5–7 deliveries per month), the in-charge and other personnel will weigh biomedical waste management risks against other identified risks in formulating their WASH FIT Improvement Plans.

As of November 2019, Tdh facilitated the formation of WASH FIT teams, self-assessments, and preparation of the improvement plans in three HCF and began the process in four others. Although WASH Committees have different levels of self-organisation and proactivity, all WASH FIT teams began some level of activity shortly after producing their Improvement Plans. Although the major infrastructure works are supported directly by the project, the process saw WASH Committees taking their own measures to:

- Define and document their roles and responsibilities;

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<sup>1</sup> As articulated in recommended indicators published in 2018 by the UN Joint Monitoring Programme for Water Supply and Sanitation (JMP) led by WHO and UNICEF.

- Start modest improvement works (renovating a drainage system and hand hygiene stations, and cleaning around the HCF);
- Negotiate modest donations from Ward Commissions for use as an annual WASH budget (example of Kalargyisu).

### 3. Learning

The Tdh team shared the following impressions based on the first six months of implementation:

- WASH FIT requires skills in community mobilization. Otherwise, plan additional time and resources to train partners on facilitation techniques. An expert in community mobilization should coach the process—though s/he need not have a WASH background.
- WASH in HCF is a new topic for most local WASH Committees. Plan for orientation on infection prevention and control (PCI), and on the WASH FIT process and indicators.
- Initially the Tdh team planned for half-day WASH FIT sessions. However, 1-2-hour slots were arranged to suit the limited availability of committee members and township health officials. Consult with stakeholders to find a consensus on frequency and duration of meetings.
- The results of the WASH FIT risk analysis and prioritization were, for the most part, consistent with gaps noted from the 2018 FACET<sup>2</sup> survey. However new concerns also emerged; such as drainage systems and dedicated HCF budgets for WASH.
- After the first WASH FIT exercise, community members and HCF personnel demonstrated risk awareness (e.g. citing inadequate space between toilets and tube wells to the team). Monitor signs that WASH FIT team and community members are becoming risk aware and taking their own steps to make or influence improvements.

### 4. Next Steps

With the support of the Swiss Water and Sanitation Consortium, the project will continue through the end of 2021. Having successfully introduced WASH FIT, the next step is to seek commitments from township officials to conduct follow-up/monitoring visits in all HCF. The team will also seek to influence the remaining WASH Committees to identify and use an annual WASH budget for maintenance of WASH infrastructure and equipment.

Tdh is also organizing a training on infection prevention and control (IPC) inspired by the Teach Clean (Soapbox Collaborative) modules for staff from each HCF in Hlaing Thayar township in collaboration with the Ministry of Health and Sports.

There is currently no platform or task force for WASH in HCF in Myanmar. Tdh will approach WHO and UNICEF and concerned actors to share its experience with the Ministry of Health and Sports using WASH FIT for input and to gauge the potential for national level collaboration on WASH in HCF.

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<sup>2</sup> FACET is a monitoring and evaluation tool based on the JMP recommended Core Indicators for Schools and Health Care Facilities and offers online/offline mobile data collection and visualisation on an open source platform.