

# WASH for Health Facility Improvement (WASH-FIT) training for Rohingya.

# COVID-19 Key Project

#### Context

Nearly one million Rohingya live in camps in Cox's Bazar and require health services. A WHO assessment has revealed that required standards on hygiene and infection control and prevention are often not fully achieved within these facilities. With COVID-19 reaching the camps in May 2020, hygiene and infection control and prevention protocols have become even stricter in facilities and only perfect compliance to these protocols will reduce the big risks of making health facilities a hotspot virus transmission.

## Objective

The overall objective of this project is to improve hygiene practices, infection control and prevention, and the management of waste, water, and sanitation in the health facilities.

The project is a crucial element in the joint efforts to contain COVID-19 as well as allowing the health care system to stay operational and provide crucial services while protecting health care practitioners.

### **Target groups**

439 primary and secondary level healthcare facilities in whole Cox's Bazar District including in the Rohingya camps will be covered by this project, this includes 4'000 trained health care practitioners. All patients benefit from safer service provision.

## WASH FIT Approach

WASH FIT is a multi-stage iterative process designed to develop, monitor, and continuously improve WASH infrastructure and practices in healthcare facilities developed by UNICEF and WHO. It covers four broad areas: Water, Sanitation (including health care waste management), Hygiene (hand hygiene and environmental cleaning), and Management. (click for more information)

The WASH FIT process in a healthcare facility starts with the identification of deficiencies in WASH infrastructure, services, and supplies. Based on the assessment result, an action plan is developed. In a low-resource setting like Cox's Bazar, the process seeks to engage local experience and expertise to find context-appropriate solutions to implement the action plan. Key evidence is then summarized disseminated to Health and WASH Sectors and donors to increase investments for these facilities. Simultaneously, facility-based clinical and non-clinical staffs' skills and capacities are developed to establish a community of practices.

HEKS/EPER contributed to the formulation of the WASH Fit Strategy for Bangladesh.



Country: Bangladesh

Project Budget: USD 617,000 HEKS/EPER No.: 610.427

Responsibility:

Sebastian Zug, Desk Officer

Humanitarian Aid

Shahid Kamal, Regional Humanitarian Aid Coordinator Duration: July 2019 to May 2021



## **Project Activities**

#### 1. Capacity Building

- a. Training of facility managers doctors, and nurses that are working in health facilities in the Rohingya camps on WASH, infection prevention, and control as well as health care waste management.
- b. Training of Health and Wash Coordinators of INGOs and GOs on the WASH Fit Methodology.



- a. Rapid facility improvement assessments in each health facility to extract the key achievements, challenges, and identifying the bottlenecks. Routine supervision, on the job coaching and mentoring, to improve day-to-day management directly in the health facilities.
- A technical advisory group will counsel health facilities on context-specific engineering and managerial solutions for waste and medical waste management, latrines, water supply, as well as on water and greywater treatment.
- c. Government Facilities will be supported to construct relevant infrastructures like latrines, handwashing stations, and waste management systems. In quarantine centres HEKS will provide washing machines.





### Implementation Modality

HEKS/EPER in-house experts and technical consultants from IOM, UNHCR, and UNICEF will implement this project.

## This project is funded by





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