

Lessons Learned Initiating WASH FIT in Malawi

INTRODUCTION

Adequate water, sanitation, and hygiene practices (WASH) in healthcare facilities (HCF) are fundamental to the provision of quality health services. Yet a recent review of data on WASH in HCF drawn from 78 low- to middle-income countries (LMIC) reported that 50% of HCF lacked piped water, 33% lacked improved sanitation, and 39% lacked soap for handwashing (Cronk, 2018). WHO and UNICEF developed the Water and Sanitation for Health Facility Improvement Tool (WASH FIT) to address this need. WASH FIT is a risk-based planning approach for improving and sustaining WASH infrastructure and services in HCF in LMIC. The tool helps HCF staff prioritize, inform and improve services. The tool has been used in more than 10 countries, including Malawi.

Malawi has one of the highest maternal and newborn mortality rates in the world, with an estimated 18.6% of these deaths attributed to sepsis (UNICEF, 2015). Furthermore, a study published in 2018 found that of 977 HCF in Malawi, 63% lack adequate sanitation, 17% do not have improved water, and 56% have no hygiene facilities (Cronk, 2018). The Central Church of Africa Presbyterian (CCAP) in Northern Malawi initiated the WASH FIT process in five of its facilities in June 2017, with support from the Center for Global Safe WASH at Emory University (CGSW). Lessons from the initiation of this process offer important insights for WASH and health practitioners planning to take action on improving quality healthcare through improved WASH by implementing WASH FIT.

THE WASH FIT PROCESS

WASH FIT is a five-step process, beginning with team formation, then assessment, prioritization, plan development and continued monitoring and evaluation (Figure 1). The tool is adaptable to any context and customizable by the WASH FIT team. WASH FIT is designed to incorporate feedback from a wide range of stakeholders, including HCF staff, patients, and community members, into the improvement plans in order to strengthen ownership and accountability.

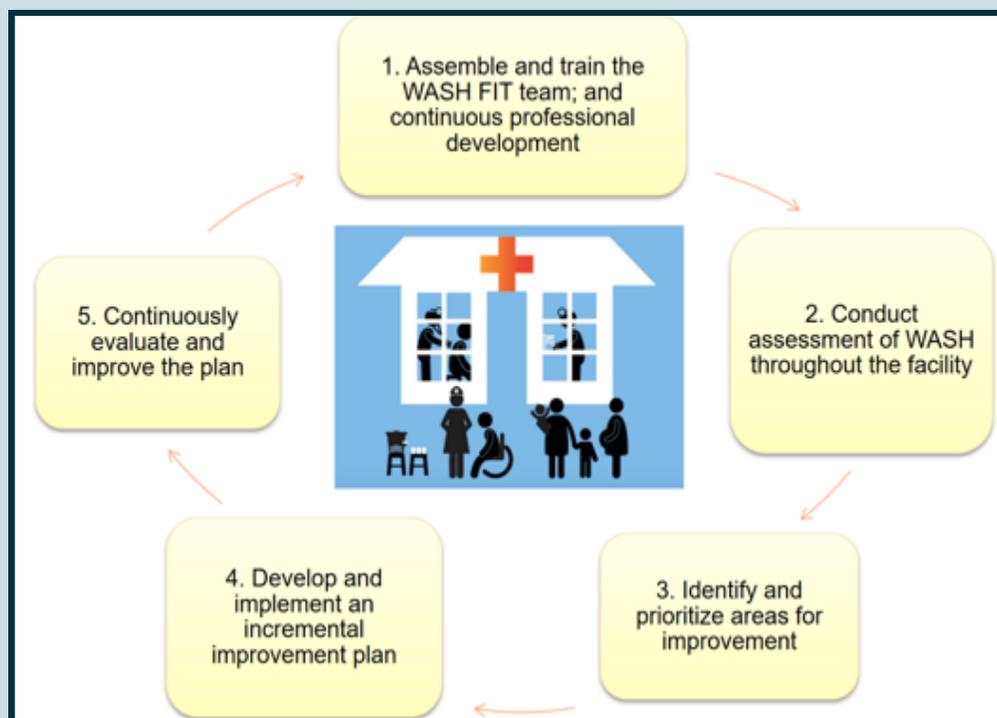


Figure 1: The 5-step WASH FIT Process (WHO, 2016).

Assessment:

In September 2016, a comprehensive WASH assessment of 15 HCF was completed using WASHCon, an assessment tool developed by the CGSW. The assessment took place prior to the release of WASH FIT. WASHCon asks most of the same questions as WASH FIT, though questions on management were not included (the next iteration of WASHCon incorporated a management component based on WASH FIT). While the WASH FIT cycle outlines team formation as the first step, use of the existing WASHCon assessment data may have raised awareness and facilitated team formation as it highlighted early on the need for a WASH in HCF improvement strategy.

Assembling the Team:

The WASH FIT tool was initially launched in March 2017. In April, two CCAP staff, one from the health department and one from WASH, attended a WHO-supported training in Ethiopia for WASH FIT. Back in Malawi, CCAP held its first WASH FIT meeting at Embangweni Hospital to select the team and develop the structure. Within the CCAP hospitals and the surrounding villages, a number of health committees and teams already existed. An important consideration was whether WASH FIT should be a function of an existing team (or combination of teams) or if a new team should be created. After two weeks of discussion, CCAP organized a new 16-member WASH FIT team comprised of individuals from several of Embangweni Hospital's operating committees, members of community-based organizations, and village chiefs.

The Embangweni Hospital WASH FIT team was the first of three WASH FIT intended teams. The Embangweni team was tasked with piloting WASH FIT in a smaller area before determining if WASH FIT should be extended across the region. This pilot program decision was based on limited available funding to initiate WASH FIT and the structure of the health system in the Northern Region. The 15 total HCF in the region include three “mother” hospitals and 12 health centers. Each of the 12 health centers are linked to one of the three mother hospitals. Given this configuration, CCAP decided that three WASH FIT teams centered around the mother hospitals that include members from the mother hospital, the satellite health centers, and surrounding communities would be most effective. These three teams would then report to a fourth “central” WASH FIT team with representatives from the CCAP Development Department and Health Department for the implementation of the organization's new policies and programs as well as development of funding proposals (Figure 2).

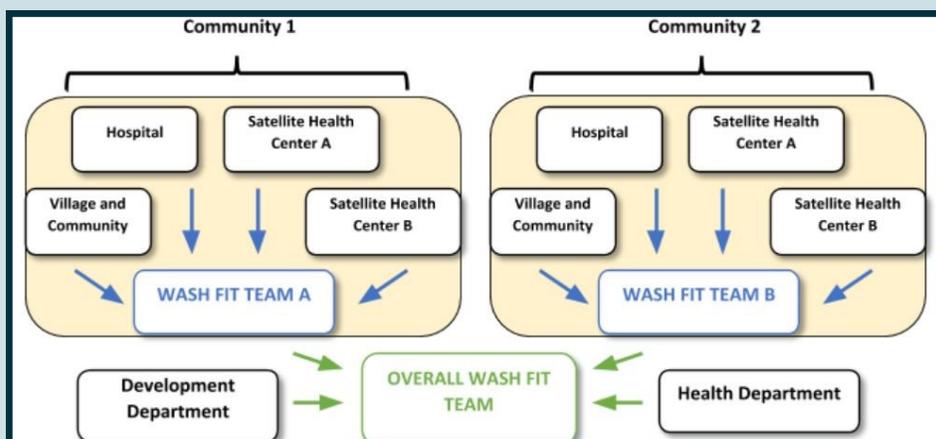


Figure 2: The structure of the Malawi hospital/HCF/ community WASH FIT teams

Embangweni Hospital was chosen as the pilot program because of its engaged leadership and a significant need to improve the WASH infrastructure. It was determined that the pilot area's WASH in HCF progress using WASH FIT would be evaluated by the Health Department every two to three months over a one-year period. Based on the evaluation results, the WASH FIT program could be expanded to the remaining two clusters of HCF, with incorporation of lessons learned.

The WASH FIT Team Training:

The Embangweni WASH FIT team convened to review the concepts of WASH in HCF and the objectives of WASH FIT. Then in July, a three-day WASH FIT training facilitated by a WASH expert from the CCAP Development Department was held for the Embangweni WASH FIT team. The first two days of training included a tour of Embangweni hospital and discussion of identified WASH problems, WASH FIT methodology, and considerations for water supply, sanitation, health care waste management, hand hygiene, cleaning and disinfection, and environmental management. The training ensured that the team members could interpret the results of the assessment and prioritize the WASH in HCF issues in greatest need of improvement. Day three focused on Facility Management, WASH FIT Team Assessment, and Action Planning.



First meeting of the Embangweni WASH FIT team

WHAT'S NEXT?

WASH FIT implementation in Malawi is still ongoing. Securing new funding to implement programs which address all of the high need areas is a major challenge. However, the central WASH FIT team has submitted proposals and is working on addressing small incremental improvements in the meantime. The CCAP Health and Development Departments intend to have the pilot WASH FIT implemented in the Embangweni area for one year before expanding to the other two “mother” hospital areas. WASH in HCF stakeholder meetings which will include members from all three WASH FIT areas along with local NGOs are planned to occur bi-annually to maintain interest and accountability for WASH in HCF.

LESSONS LEARNED

IMPORTANT TAKEAWAYS

- Team formation and training is fundamental to implementing WASH FIT; ample time should be planned for this phase.
- Use of existing WASH in HCF assessment data can be influential to the decision to take action, but may add challenges to interpreting results.
- WASH FIT can facilitate impactful organizational improvements without funds for large infrastructure changes

WASH FIT has the potential to be a powerful driver of consistent and sustained improvements to WASH in HCF. While the WASH FIT program in Malawi is still ongoing, much can be gleaned from the team assembly and training of the Embangweni WASH FIT team. The process of determining the structure of WASH FIT plus assembling and training the team in Malawi took three months. This will vary for every WASH FIT implementation, but implementers should understand that the right team and adequate training is fundamental to the success of launching WASH FIT and be prepared to put forth the necessary time for this phase of the WASH FIT cycle. The WASHCon assessments completed prior to implementing WASH FIT eliminated the need for the assessment step of the cycle. Use of this pre-existing data may have influenced the decision to take action and implement WASH FIT as it may be difficult to entice action without strong evidence of a problem. However, using an assessment not completed by the WASH FIT team also presented a challenge in terms of interpreting results and prioritizing needs based on an assessment tool for which

they were largely unfamiliar. The biggest challenge to seeing WASH FIT through in Malawi has been procurement of funding to implement improvements identified by the Embangweni WASH FIT team. However, this case also illustrates the small, phased improvements that can occur with little to no funding, especially with existing assessment data. Even without funding for large-scale training and infrastructure, WASH FIT was able to bring together a team of WASH and health professionals to begin a collaborative plan to improve WASH in HCF in their regions.

REFERENCES

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ABOUT THE CENTER

The Center for Global Safe Water, Sanitation, and Hygiene (CGSW) focuses on increasing access to safe drinking water, adequate sanitation, and appropriate hygiene as part of a global strategy to break the cycle of poverty and disease in developing countries. For more information, please visit www.washconhcf.org or email WinHCFaction@emory.edu

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