

## Case study



# Myanmar

## Supporting Safer Births in Myanmar project



### Context

In Myanmar, the WASH and IPC situation in HCF is unclear due to the lack of nationally representative data. When WASH facilities are present, these often do not meet the minimum WHO standards. Since WaterAid Myanmar's establishment in 2016, two research pieces on WASH in HCF have been conducted in collaboration with the Ministry of Health and Sports (MoHS). The findings from these studies were used to improve the conditions of WASH and IPC in HCF in Myanmar under WaterAid Myanmar's flagship WASH in HCF project, Supporting Safer Births in Myanmar (SSBP).

The SSBP project was due to be completed by December 2022. However, following the military coup in Myanmar on 1 February 2021, WaterAid has ceased to engage with government institutions. Health workers around the country have been involved in the civil disobedience movement in protest of the coup. In this context, continuing the SSBP was no longer feasible and WaterAid – through consultation with GHD and DFAT – agreed to conclude the project in June 2021.

▼ A nurse and Ma Tin Tin Aye with her baby in Lemyethna hospital, Ayeyarwady Region, Myanmar. March 2020.



### Barriers

Throughout the SSBP project, the following barriers to progress on gender and socially inclusive WASH in HCF were identified:

- **WASH and IPC financing.** There was no dedicated financing for WASH and IPC facilities within HCF budget allocations in Myanmar.
- **Lack of awareness on gender and social exclusion.** Key stakeholders such as the MoHS and HCF staff at different levels have limited awareness of gender and social inclusive WASH and IPC.
- **Lack of coordination with organisations.** There was a lack of regular coordination mechanisms around inclusive WASH in HCF and no formal consultation with DPOs or women's rights groups.
- **Underrepresentation for all WASH and HCF users.** User voices and feedback, including those of women and groups who are marginalised, were rarely integrated into design and improvement of WASH in HCF.
- **Lack of waste management solutions.** Limited facilities are provided for healthcare waste management by township municipalities.
- **COVID-19 restrictions.** During the COVID-19 pandemic, travel restrictions, quarantine requirements and limited access to HCF meant that improvements to HCF were reduced.



## Approach

To address these critical barriers to progress on gender and socially inclusive WASH in HCF, WaterAid Myanmar – in partnership with Jhpiego and in collaboration with the MoHS – implemented the SSPB project with funding from the Australian Government (DFAT) Water for Women Fund.

The project's goal was for 'Myanmar women to have safer births through improved quality of maternal and newborn care', through healthcare system strengthening by integrating Gender and Socially Inclusive (GSI) Water, Sanitation and Hygiene and IPC; and demonstrating quality improvements (QI) at five township hospitals in the Ayeyarwady Region.

Several coordination mechanisms were implemented through the SSPB project with representation from various relevant ministries and a wide range of stakeholders, including DPOs and women's rights groups. A capacity building package called **'TEACH CLEAN'** and a QI approach – which aimed at good hygiene practises among hospital cleaning staff and nurses – was also delivered through the project.

## Evidence of change

After SSBP the project activities, government staff demonstrated increased openness to gender and social inclusion concepts. Central and Regional MoHS officials were fully involved throughout the project, including in the development and delivery of the TEACH CLEAN training. The TEACH CLEAN training package has been designed with a gender and social inclusion lens, so participating in the process helped MoHS staff gain understanding of the concepts involved.

HCF staff, including managers, nurses and cleaners, demonstrated improved practises around hygiene and waste management and sense of ownership for WASH and IPC following the TEACH CLEAN training. For example, Kyangin Township Medical Officer independently funded and installed inclusive infrastructure such as: user-friendly toilets within menstrual health and hygiene facilities, separate sex bathing facilities, and proper pathways.

Cleaning staff and junior nurses were invited to join the QI committees after the TEACH CLEAN training. The inclusion of cleaners and nurses, who are often women, in the QI committee, has provided them the opportunity to participate in decision-making processes, which are often dominated by doctors (primarily men).

Healthcare waste management in township hospitals was significantly improved when a Township Health Working Group (including members from General Administration Department and township municipal department) and a QI committee was well established and functioning.

◀ Mg Min refills water in a water bottle from water tank supplied drinking water in Lemyethna hospital, Ayeyarwady Region, Myanmar. March 2020.





▲ Nurses take care of their patients in one of the baby rooms of Hinthada hospital, at Hinthada township, Myanmar. March 2020.

## Conclusions and recommendations

The SSBP project has been a catalyst for change. Through this, WaterAid Myanmar has worked to strengthen coordination mechanisms and capacity of health workers to deliver gender and socially inclusive WASH in HCF.

When implementing projects aimed at achieving gender and socially inclusive WASH in HCF, we recommend to:

- Build in ongoing capacity development and supervision for project staff and stakeholders (such as MoHS officials and HCF staff) and target groups to ensure ongoing implementation of GSI.
- Strengthen partnerships with women's rights group and DPOs, with allocated budget, and bring them on board early. Incorporate them in formal coordination mechanisms to strengthen their influence with the MoHS on GSI.
- Identify and establish critical coordination mechanisms across all levels early in the project (for example, regional advocacy meetings were critical for influencing change at HCF level). This requires understanding the local context and MoHS structure at the intervention design phase.

## Key lessons

- Creating a shared understanding of gender and social inclusion concepts and approaches amongst project stakeholders from the beginning will improve intervention designs. The project team also needs to understand how to translate these concepts into measurable change within the design and monitoring processes.
- Robust set up of project governance structures and coordination mechanisms accelerates project activities, promotes engagement across national, regional, township and facility levels and different stakeholders, and facilitates effective coordination.
- Involving rights groups as more active partners from the start allows them to take on a more significant role in designing and implementing project activities – which leads to more effective influencing.
- A 'softer advocacy approach' using informal and formal communication can prove a successful strategy when facing government resistance on gender and social inclusion issues.
- Recruiting a project manager who has an in depth understanding of the local health systems leads to more effective interaction with various officials across multiple complex systems.
- Harmonising of quality (IPC) and WASH improvement processes is important to ensure timely infrastructure development and renovations, buy in from health workers and sustainability.