

WATER, SANITATION, AND HYGIENE IN HEALTHCARE FACILITIES



DONOR: Conrad N. Hilton Foundation

LOCATION: Tillabéri region (Torodi and Makalondi communes)

PROJECT TIME FRAME: December 2019 to November 2023

PARTNERS: Torodi and Makalondi communes, Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), United Nations Children's Fund (UNICEF), IRC WASH, National and District WASH and Health ministries, healthcare facility (HCF) management committees, community health workers

BY THE NUMBERS

» \$4 million in total funding (\$2 million Hilton, \$2 million match)

Four Year Goals

- » Equip 15 HCFs with full access to safe and sustainable WASH services
- » Provide 46 water points to HCFs and surrounding communities
- » Provide 10 mechanized water systems to HCFs without water access
- » 81,328 total individuals targeted for programming

Overview

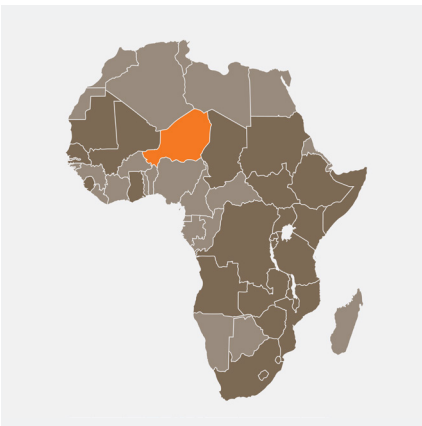
World Vision has been implementing water, sanitation, and hygiene (WASH) projects in Niger since 2003, benefitting more than 1 million people and making significant contributions to WASH access throughout the country. In 2017, World Vision worked with partners to develop master plans on universal WASH coverage for two municipalities, to define work needed and inform resource mobilization efforts for full commune WASH coverage. A gap assessment conducted as part of the master planning process revealed critical challenges with WASH conditions in healthcare facilities (HCFs), especially in the Torodi district of Tillabéri region.

Access to and availability of WASH services are required to protect people from healthcare-associated infections and to help improve maternal and infant survival. This project builds upon the 2017 master planning process to provide 15 HCFs across the Torodi and Makalondi communes with access to improved, safe, and reliable basic WASH services.

Innovative Approaches

This project uses the following innovative models and approaches:

- *WHO Water and Sanitation for Health Facility Improvement Tool (WASH FIT)* is being used to diagnose WASH service levels in HCFs, to prioritize needs based on resources available, and to better plan and standardize designs of WASH facilities in healthcare settings with the district government.
- *USAID Clean Clinic* approach is a competition being implemented to motivate HCF staff, build ownership, and encourage good hygiene practices.
- *Designing for Behavior Change* supports the process of behavior change and adoption of safe hygiene practices, which includes a barrier analysis and identification of influencer groups.
- *Community-Led Total Sanitation (CLTS)* enhances proper latrine use in HCFs. At present, it is the only nationally recognized approach for promoting sanitation in communities.
- *Continuous Quality Improvement* is used to build evidence for and improve the WASH FIT model and for testing technical solutions for improving water quality.
- *Citizen Voice and Action*, World Vision's local advocacy model, is used to empower communities to advocate for improved WASH services with public officials. Committees advocate at the commune and district levels to ensure community needs are met and that WASH services meet national standards.
- *Private Operators* are contracted to manage mechanized water systems.
- *Circuit Riders* are used for the maintenance and repair of hand pumps. World Vision provides support to the commune to contract with repair technician networks for preventive maintenance and pump repair services.



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Key Accomplishments

Government Engagement

Improving clarity on national roles and coordination at the commune level are key priorities for the project team. In the first year of this project, World Vision and WHO helped establish the WASH in HCFs Task Force chaired by the Ministry of Health. This task force serves to reinforce advocacy and coordinate initiatives related to WASH in HCFs at the national level.

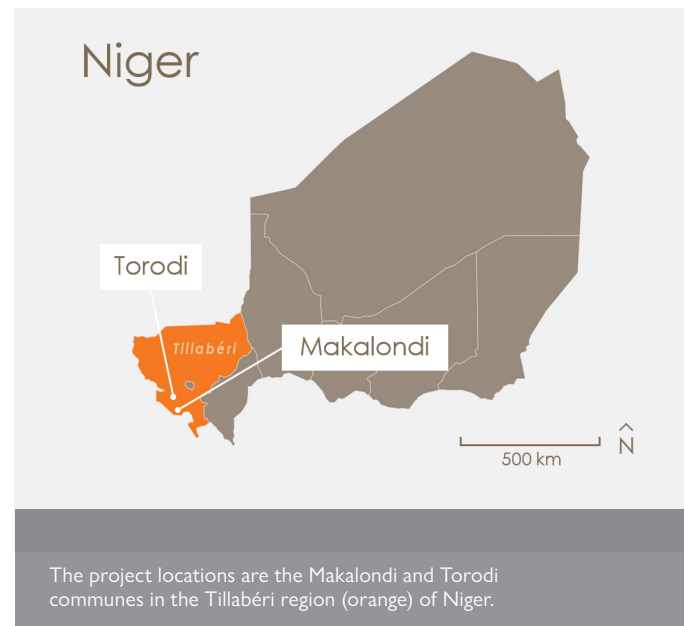
At the same time, each commune is responsible for ensuring adequate access to WASH services for its population under Niger's decentralized system. This project, therefore, facilitates a partnership led by the communes to collectively address WASH conditions in HCFs and to ensure that target HCFs have quality WASH services that are owned and managed by the HCF staff themselves, governments, and communities.

Hardware Improvements

World Vision is applying a context-driven approach for hardware interventions in the area. Depending on the needs of individual facilities, the project team is implementing some combination of the following technologies:

- Install piped connections to existing water systems or, where no water networks exist (or if extensions are not technically feasible), construct new mechanized water systems.
- Rehabilitate nonfunctioning water sources in HCFs.
- Install on-site chlorine generators at HCFs. Chlorine generators may alleviate chlorine shortages at remote HCFs by producing readily available chlorine solution in the form of liquid sodium hypochlorite from salt, water, and electricity.
- Construct or rehabilitate sanitation and hygiene facilities, including incinerators for the safe disposal of biomedical waste and latrines that are gender-segregated and inclusive of people with limited mobility.
- Provide handwashing facilities, soap, disinfectants, cleaning materials, and garbage bins for waste collection.

At the end of year one, the project team had drilled 12 boreholes and equipped them with hand pumps in communities surrounding HCFs, providing clean water to 3,600 people.



A trained data-collection enumerator interviews HCF staff during the baseline survey.

BASELINE EVALUATION

In August 2020, the Niger WASH team and CDC jointly conducted a baseline assessment of 21 HCFs to assess WASH conditions. The results revealed a stark reality and reaffirmed the need to prioritize WASH in HCFs in Torodi and Makalondi communes.

- **Water:** Only 19% of HCFs had access to a basic water service.
- **Sanitation:** Only 5% of HCFs had access to basic sanitation.
- **Hygiene:** Only 3% of healthcare workers washed their hands after attending to a patient due to lack of water, soap, or chlorine.
- **Environmental cleaning:** Only 10% of HCFs had a basic cleaning protocol available.

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Capacity Building

- *Financial Capacity:* This project is building financial capacity at the commune level in three ways: 1) Advocacy across all government levels to mobilize taxes for WASH services, 2) Monthly updates to communes on available funds, and 3) Resource leveraging of existing financing streams.
- *Technical Capacity:* To ensure the sustainability of WASH service provision at HCFs, the following training is being provided:
 - » A 2017 WASH evaluation by the University of North Carolina revealed that only 9% of HCFs have workers trained on infection prevention and control (IPC) protocols. To strengthen national standards for WASH and IPC, the project team provided WASH FIT webinars in both English and French this past year, reaching about 250 people per session. In total, 72 HCFs also were provided with education materials on the importance of hand hygiene, cleaning, and waste management.
 - » Communes are being trained on the implications of WASH facility ownership, roles and responsibilities, and WASH service delivery. Training is government-led with project team support to build ownership and local capacity.
 - » All HCF management committees are receiving training on water system management, preventive maintenance, and fee collection to pay for repairs when needed.



Female members of savings groups in Makalondi are taught how to make face masks that can be used to curb the spread of COVID-19.



A group of faith leaders discuss disinfection protocols during a training on COVID-19 IPC measures. Faith leaders are a uniquely trusted and important influencer group when it comes to changing behaviors and attitudes that significantly impact community health.

COVID-19 RESPONSE

To address the COVID-19 pandemic, the project team:

- Trained 64 HCF workers on enforcement of COVID-19 protocols
- Raised awareness and trained 64 community health workers on COVID-19 IPC guidance
- Trained 48 faith leaders on COVID-19 IPC measures and disinfection
- Conducted a mass broadcast of COVID-19 prevention messages through four local radio stations
- Trained four district healthcare workers and four municipal agents to monitor and enforce IPC measures
- Trained community members and women's groups to make face masks and soap to curb the spread of COVID-19
- Distributed personal protective equipment to workers and midwives