

WATER, SANITATION, AND HYGIENE IN HEALTHCARE FACILITIES



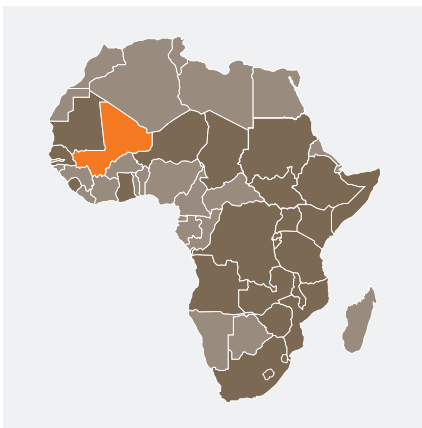
BY THE NUMBERS

BUDGET: \$6 million (\$3 million donor and \$3 million match)

HEALTH FACILITIES: 40

BASIC WATER ACCESS: 100%

CLEAN CLINIC STATUS: 82%



DONOR: Conrad N. Hilton Foundation

LOCATION: Kolokani and Koro districts in Mali

PROJECT TIME FRAME: September 2016 to August 2020

PARTNERS: Local government (communes and district assemblies), healthcare facility management teams, Centers for Disease Control and Prevention, World Health Organization, and WaterAid

Overview

The goal of the Water, Sanitation, and Hygiene (WASH) in Healthcare Facilities project was to provide 100% of 40 healthcare facilities in the Kolokani and Koro districts in Mali with sustainable WASH services. This project used an integrated approach in collaboration with community members, local government, and health/WASH partners that were operating in the program areas.

At the end of the project, 34 healthcare facilities, including 33 community-based health centers and one district hospital, received the WASH package that met national and World Health Organization (WHO) Water and Sanitation for Health Facility Improvement Tool (WASH FIT) standards. Due to insecurity in Koro district affecting six health facilities, World Vision was unable to implement the Clean Clinic Approach (an initiative to promote safe care practices and accountability in healthcare facilities) as well as improve long-term WASH facilities there. Instead, these six health centers received a short-term WASH package and stakeholder capacity building.

Key Accomplishments

Enabling environment

USAID's Clean Clinic Approach was implemented in all 22 health centers in Kolokani. Results showed 82% achieved Clean Clinic status, compared to 9% at first inspection a year earlier. During the awards ceremony, government technical health services at the national and regional levels shared that Kolokani Health District was the first in Mali to be fully covered with universal and quality WASH services.

Capacity Building

- » All 40 health facility management teams and personnel were trained on WHO WASH FIT, including how to plan for quality improvements to reach standards and continuously assess WASH services.
- » Health workers from 34 health facilities were trained on behavior change communication; 120 community health workers and 10 midwives were trained and equipped with toolkits to promote good hygiene practices among community members.
- » In total, 63 cleaners were trained on surface, yard, and latrine maintenance, as well as safe waste collection practices, incineration, and maintenance of incinerators.
- » Citizen Voice and Action community groups were trained in local advocacy and WASH in healthcare facility minimum standards to help hold authorities accountable.



Source: Mali Demographic and Health Survey, 2018

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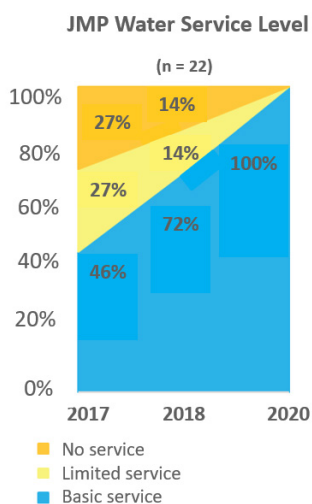
Infrastructure

- » Solar-powered mechanized water systems were installed at 34 health facilities, providing access to clean water in consulting, treatment, and delivery rooms, as well as hand-washing stations near latrines and drinking faucets.
- » 44 gender separated and inclusive latrines were built, and special attention was paid to delivery rooms, with eight showers built or rehabilitated for women to wash after giving birth.
- » 22 biomedical waste centers were installed (incinerators and digestion pits), and color-coded medical waste disposal containers were distributed to 40 health facilities.

Strengthening Governance

The project, in collaboration with partners, contributed broadly toward these governance improvements in Mali:

- » The national Ministry of Health adopted minimum WASH standards, including an improved incinerator design.
- » Common WASH in healthcare facility indicators identified for the project were adopted for monitoring at the national level.
- » WASH in health facility monitoring systems were strengthened by introducing WASH service monitoring at monthly, quarterly, and semi-annual intervals conducted respectively by district, regional, and national health authorities.
- » Two national WASH in healthcare facility guideline documents (infrastructure construction and software interventions) were developed based on WHO WASH FIT standards. World Vision is advocating for government adoption and roll-out of the guidelines.
- » An inclusive and gender separated sanitation model for healthcare facilities was developed in collaboration with other WASH in healthcare facility taskforce members.



Evaluation Results

A project evaluation was conducted by the Centers for Disease Control and Prevention, assessing WASH services at baseline (2017), midline (2018), and endline (2020). Endline data could not be collected in Koro due to security issues, thus results reflect conditions in the 22 health centers in Kolokani.

Overall, significant improvements were observed in water, sanitation, hygiene, waste management, and environmental cleaning, though not all WHO/UNICEF Joint Monitoring Programme basic service standards were met.

- **Water:** 100% of community health centers reached the basic service level at endline, compared to 46% at baseline.
- **Sanitation:** 100% of facilities had improved and usable latrines/toilets available at endline, though only 5% met the basic standard. Lack of menstrual hygiene management facilities or disability-inclusive facilities were the most common reasons basic was not achieved.
- **Hygiene:** 41% of facilities reached the basic service level at endline, compared to 27% at baseline. Handwashing facilities were more common at points of care than toilets, so proximity of handwashing facilities to toilets was the limiting factor.
- **Waste management:** Facilities with waste management guidelines present reached 91%, compared to 34% at baseline. In total, 55% of facilities reached the basic service level at endline, compared to 14% at baseline.
- **Environmental cleaning:** The endline found 74% of facilities reached the basic service level; 100% had cleaning protocols present and 74% had received training.
- At the district hospital targeted by the project, the number of cleaners increased from one to six between baseline and endline, and the average number of births per month increased from 20 to 70.

The evaluation showed that despite improvements in infrastructure, changes in knowledge, attitudes, and behaviors did not significantly improve for many of the targeted interventions. Further investments in behavior change are needed to close the remaining gaps in WASH in healthcare facility coverage.