

41st WEDC International Conference, Egerton University, Nakuru, Kenya, 2018

TRANSFORMATION TOWARDS SUSTAINABLE
AND RESILIENT WASH SERVICES

**Integrating Health and WASH sectors to help bring
sustainable access to WASH in health facilities:
a case study from Mali**

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PAPER 3006

WaterAid Mali, piloted a project in two districts to solve the crisis of drinking water, hygiene and sanitation in healthcare facilities, which was so successful in “doing some and influencing others,” and has resulted in influencing the national policy for integration of WASH in Health by the Ministry of Health, whilst also serving as a reference to other stakeholders in WASH in Health. Furthermore through the project the WASH Health Task Force has been revived serving as a framework for sharing experiences. This paper looks the key factors contributing to the success of the project 1) the strong engagement of leadership, 2) the strong partnership with the government of Mali, experts from the ministry of Health, DNS and WHO, 3) strengthening the sector as a whole through strengthening the Task force. At the same time the main challenges such as the financial sustainability of the ASACOs are discussed.

Background

Access to drinking water, hygiene and sanitation in Health facilities contributes significantly to reducing the incidence of care-associated infections. (WHO, 2008). There is significant momentum within the development sector regarding WASH in Health CaFacilities (HCFsⁱ). Achieving and maintaining adequate WASH in HCFs is a necessary step in achieving several of the Sustainable Development Goals (SDGs). In addition, such services are fundamental to meeting several health SDG goals including those on reducing maternal and new-born deaths and universal health coverageⁱⁱ.

In Mali, despite the existence of an institutional framework, strategies and plans for the prevention of infections associated with care along with hygiene promotion, the situation of WASH in health is not improving and the coverage of WASH services varies between regions. According to the *Direction Nationale de la Santé* (National Health Directorate (DNS))ⁱⁱⁱ, over 30% of health facilities have no water points in both target districts^{iv} for the project. At the national level more than 29% of health facilities do not have handwashing facilities in the treatment rooms. This number is 68% in the health districts of Bla and Koro where the project was implemented (WaterAid Mali baseline study 2015). For the treatment of biomedical waste, the national data shows that 56% of health facilities have no incinerator and this rate is 75% in the health districts of Bla and Koro (WaterAid baseline study, 2015).

From January 2015 to January 2018 WaterAid Mali piloted a WASH in health project in the district of Bla in the region of Ségou and Koro in the region of Mopti. The objectives of the project were to 1) improve water and sanitation as well as good hygiene practices in 23 health centres out of the 52 in the two districts; 2) to build capacity to operate and maintain safe and sustainable water services; 3) to improve data availability on WASH coverage in HCF; 4) to increase planning and coordination between local government and implementing partners to strengthen the sector. The methodology used the successive steps: identification of the intervention area, baseline study and Implementation of activities in partnership with the key stakeholders.

The project was successful in improving access to water and sanitation in 23 health care facilities out of the 52 in the two districts, raising awareness about WASH among patients, which resulted in better hygiene behaviour. This was highlighted in the analysis of the quantitative data (numbers planned vs numbers achieved) in the final evaluation of the project, which indicated there was a 100% implementation rate with full coverage of the identified health facilities. In addition, the healthcare system was strengthened through empowering and building capacity of the Associations de Santé Communautaires (Community Health Associations (ASACO)) and building partnerships with the Ministry of Health and Public Hygiene, the National Directorate of Health (DNS), along with external actors like the World Health Organisation (WHO). The project was implemented in partnership with these key stakeholders every step of the way. Through the involvement of the DNS (Direction National de Santé), this pilot project was recognised as a model and has been incorporated into the development of the national strategic plan to improve access to WASH in HCFs in Mali.

Further to WaterAid Mali's WASH in health pilot project, WASH has been successfully integrated into health in Mali through WaterAid advocacy actions and influence, such as sharing of data with the WASH Taskforce and visits from government officials to HCFs as well as linking with the national network of journalists. This has brought the two sectors together, which resulted in a combined effort to develop a national strategic plan to improve access to WASH in HCFs in Mali. Furthermore the Ministry of Health and Public Hygiene endorsed the DNS' proposed and adopted minimum package for WASH interventions^v in HCFs. In addition, the multi-actor collaboration with the DNS and WHO contributed to influence actors across the WASH sector. This paper will look at three important factors which helped to make this project a success and can be replicated for other projects on WASH and Health to demonstrate that projects should include these three key points to ensure the success of the project. WaterAid aim to scale up the project in partnership with the Ministry through the DNS to cover all the district and contribute to disseminate the minimum package and the national WASH plan in the Health facilities.

Factors for success in WASH and health integration

The results of the final evaluation of the project (carried out in February 2018) by a consultant commissioned by WaterAid and the joint field visit report with WaterAid and DNS demonstrate three key factors which were most critical to the success of the project. These critical factors are: 1) the strong commitment and leadership of project stakeholders; 2) the strong partnership with the government of Mali and with experts from within Mali such as the Ministry of Health and Public Hygiene and the DNS as well as global experts from WHO (World Health Organisation), contributing to make the work more effective; 3) Strengthening the sector as a whole through a project which serves as an example and influences others to do the same, and to scale up the project through, "doing some and influencing others" and results in influencing national policies for the integration of the WASH in Health. As a result of the influence of WaterAid, the national WASH plan in the health facilities in Mali was adopted by the Ministry of Health. This plan is a reference to other stakeholders in WASH and Health to integrate WASH into health care facilities. The minimum package for WASH interventions in Healthcare facilities has been adopted by the National Directorate of Health based on the result of the project. WaterAid will scale up the project in partnership with the Ministry through the DNS to cover all the district and contribute to disseminate the minimum package and the national WASH plan in the Health facilities.

Strong leadership

One of the most important elements to the success of a project is getting high-level engagement. The strong leadership by the government and the DNS motivated health workers and community organisations. The fact that the government was involved in all stages encouraged health workers to be committed to implement the project. Engagement is needed at all levels at the ministry level, the district level and the local level. In the case with Mali, one of the first things was to revitalise the WASH in Health national taskforce, and then empowering health facilities, and community health associations through building their capacity to manage their health facilities in an appropriate way with sustainable finance to maintain the healthcare facilities, making the environment cleaner and healthier with access to water, sanitation and better hygiene behaviour. Another important element was to work with the DNS to develop a technical assistance package to ensure viability of models and supporting and developing frameworks for the government institutions thus ensuring WASH in HCFs remains high on the political agenda.

The empowerment and leadership of stakeholders are critical factors for the ownership of the project – in this case it was the health facilities. To this end, the taskforce was revitalised to promote and champion WASH in health care facilities. WaterAid Mali suggested to the DNS and WHO to relaunch the national taskforce on WASH in HCFs, which already existed but was no longer meeting regularly. Our project gave the national taskforce the opportunity to relive and hold regular meetings, to share lessons learned from the field and further promote WASH in HCFs nationwide. This national taskforce serves as a discussion platform, chaired by the WASH focal point person at the DNS and aims to advocate for WASH in HCFs among key stakeholders. Today the taskforce continues to meet once a quarter bringing together many international NGOs and other partners involved in WASH in Health such as UNICEF, ACF, USAID High Impact Project, World Vision, Terre des hommes, Beseya (CANDIAN subvention for WASH in Health facilities), HELVETAS, the Red Cross and the government of Mali.

To ensure long-term viability of the models and frameworks supported and developed; WaterAid Mali created a demand by providing a technical assistance package to government institutions and to ensure that WASH in HCFs remains high on the political agenda. We also amplified citizen's voices through WaterAid's Rights-Based Approach, mobilizing community based organisations, mass-media and civil society to amplify the demand for WASH services in healthcare facilities.

However there were challenges in empowering stakeholders for example as with the adoption of the planning tool (Environmental Health Management Plan – (*Programme de Gestion de la Santé Environnementale* PGSE) or WASH FIT^{vi}), by the health facilities and health associations. Yet empowering the health facilities is a very important aspect of ensuring sustainability. The extent to which WASH-FIT plans and improvements have been implemented range across the two districts, from fully implemented to not implemented at all. The lesson from this is that efforts should be made to bring about a full ownership of actions by locally elected officials. WaterAid's response to this challenge was to train the members of the community associations, the health staff to first develop the management plans but also to be able to implement these plans. A workshop was held on march 2018 to discuss the successes, challenges and lessons learned. It was acknowledged that further training on developing the environmental health management plan WASH-FIT for the community health associations should continue with more follow-up and exchanges between the actors in order to strengthen the capacities and ensure the adoption of the plans by the community health associations.

Another challenge with empowering the health facilities was the financial viability of the Community Health Associations "*Associations de santé communautaires* (ASACO)" who manage the health facilities. The ASACOs must have the economic capacity to support the continuous and sustainable management of the health facilities. A lesson learnt from this, was that the ASACO's financial viability needed to be addressed to ensure sustainable access to WASH services in HCFs. During the project, WaterAid and partners conducted an assessment of ASACO's capacity (Association de Santé communautaire, Community health association^{vii}) and developed a capacity building work-plan to address existing gaps. However, there is more work to do to support ASACO's financial viability in ensuring Sustainability of WASH hardware and regular maintenance and renewal of hygiene kits. To ensure the financial autonomy of the ASACOs, WaterAid has strengthened the ASACO's capacity to take ownership of the WASH FIT tool through mobilizing funds autonomously. communities. This was done through advocating both locally and nationally for community funding for the ASACOs to be made available.

We will continue to strengthen post-construction and post-rehabilitation support to community management structures by conducting local, regional and national level advocacy (e.g. budget tracking) to address these more systemic barriers to community management. This remains a challenge even with the training, and more reinforcement is needed as well as the involvement of leadership at this level. To achieve sustainability good institutions are needed to manage, finance and support permanent services. WaterAid Mali supported the development of economic social development plans as part of the decentralization process, which in turn empowers the local health facility.

A further important aspect in empowering health facilities was the Clean Health Centre Competition which can be a catalyst for the taking on of PGSE by the *Centre de Santé Communautaire* (CSCOMs). The competition was launched between the health facilities as part of the project, to create a desire to be the best and excel, through provoking competition this enticed health staff to make the facilities cleaner and cleaner in order to be the winners. WaterAid plans to continue doing this competition in future healthcare facilities interventions.

Collaboration

The second key element is collaboration. There was a strong multi-partnership with the government of Mali, internal technical experts such as National Health Directorate, Ministry of Health, community health associations, local authorities, parliamentarians, civil society as well as external technical partners such as WHO. WaterAid established the partnership with these main actors at the design stage and the partnership continued during the implementation stage of the project with each organisation having a role to play in the project, which encouraged ownership by all stakeholders. As a result of our advocacy work^{viii}, we also secured support, from the High Council of Communes, one of the most influential institutions in Mali. This partnership collaborated through the service delivery and advocacy and has been a key factor in engaging parliamentarians in the Healthy Start campaign^{ix}, and through advocacy on WASH health days. In addition, as part of WaterAid Mali's advocacy programme, visits to the HCF by the network of WASH journalists were organised, as well as media campaign activities. These all contributed to raise awareness to communities and patients as well as to encourage the commitment to the prioritization of WASH in HCF by elected representatives. WaterAid Mali also collaborated with World Vision on campaigns such as the "Everyone" campaign and at a regional level in West Africa, WaterAid and World Vision have signed an MoU to organise and support joint advocacy campaigns and share experiences. In addition, WaterAid Mali shared the lessons learned and key documents with World Vision to help design their project.

In order to get the WASH minimum package adopted by the Ministry of Health and Hygiene; the DNS along with several different actors, UNICEF, Terre des Hommes, BESEYA Project (a Canadian project), WHO to name but a few, advocated to endorse the package of WASH interventions in HCFs to regional hospitals. We took advantage of the taskforce, which we boosted to bring the national director of health to adopt this package. The package was discussed in a national workshop with all included parties under the impetus of WaterAid, organized to develop and validate the technical content of the National Strategic plan for improving access to water, hygiene and sanitation in HCFs.

This plan will serve as a reference now for all the old and new stakeholders in WASH in health facilities. The strategic resource plan for operationalizing the WASHFIT tool was developed. This tool was first developed by WHO and UNICEF in 2015^x, WASH FIT (Facility Improvement Tool) is a comprehensive risk-based approach to identify, prioritize, continually improve, manage and maintain WASH and healthcare waste services in HCFs. The tool is designed to be adaptable to the local context, depending on facility size, location and specific WASH-related issues. The tool helps facilities take incremental steps in improving WASH services over time using available resources. Our experience during the current project underscores the need for improved ways of working with the various levels of governments (district, regional and national level) to ensure local ownership at the HCF level and adequate follow up on WASH - FIT by the *Centre de Santé de référence (CSREF)* at the regional level and the government. The tool also includes elements on facility management to ensure sustainability of services. An initial follow up assessment could not take place due to security concerns and travel restrictions, instead a training of trainers was organised in Senegal in January 2017 to look at follow-up assessment tools such as open data tools. Thereby demonstrating further collaboration to ensure monitoring can still take place despite security concerns.

Sector strengthening

The third and final key element to be discussed here is sector strengthening which in essence is as a result of empowering and building up the capacity and working in partnership with different organisations to build up the sector transform the sector to a strong and cohesive sector. This WASH in health care facilities project can serve as a platform for strengthening the sector. The experience of WaterAid Mali in collaboration with WHO in Bla and Koro health districts in Mali has been recognized as a model by the national Directorate of Health and contributed to the development of the National WASH Strategy in healthcare facilities. This has led to the organization of a national workshop to develop and validate the plan's technical content for improving access to water, hygiene and sanitation in HCFs. This workshop was attended by many different actors involved in the WASH and health sectors (UNICEF, ACF, WORLD VISION, RED CROSS INTERNATIONAL etc...). During the project implementation, sector coordination has been improved through the national taskforce and joint monitoring activities with the government. Health districts serve as a platform for multi-sector coordination and performance monitoring platforms by providing data on the health information system and a review of the health monitoring and information system would be key to creating stronger accountability among sector players. The national workshop that WaterAid Organised in February 2018 with key actors to capitalise and share lessons from the project was a great platform where we could share lessons learnt and advocate more across the wider sector. As per the project's final

evaluation report. The harmonization of interventions by the different NGOs in healthcare facilities remains a challenge that can only be solved in strict compliance with the minimum WASH package. The assertive leadership of the DNS will help to resolve this harmonization through better coordination.

WASH in HCF works as an entry point for WaterAid’s “districtwide approach” and health systems strengthening which re-emphasized that universal access to WASH requires opportunities to innovate, learn, disseminate and scale-up models. WaterAid Mali thus used the opportunity of the national task-force meetings to present project updates to WASH stakeholders to coordinate the sector efforts on WASH in HCFs in Mali.

The global movement on WASH in HCFs continues to grow with notable engagement with partners in maternal and child health, health systems/ quality universal health coverage etc. In each of these areas WASH in HCFs is now included in relevant standards, tools and monitoring mechanisms. The global efforts support the work of Mali where efforts are underway to engage more broadly with these areas, particularly maternal and child health. With leadership from the health sector, stakeholders developed a global action plan on WASH in HCF that provides a roadmap for improving services and monitoring progress toward achieving universal coverage.

Conclusion

In conclusion, the project has ensured all health facilities are now covered by the WASH Standards. The success of WaterAid Mali’s WASH pilot project in health facilities in Mali has motivated the both health workers and the communities to improve their hygiene behaviour – although behaviour change requires a longer-term effort. Following the achievements of the project and the results of the end of project evaluation, WaterAid is in the process of scaling up the intervention in the healthcare facilities. Furthermore, the project fully contributed to the development of the National Strategic plan for improving access to water, hygiene and sanitation in healthcare facilities in Mali. In addition, healthcare facilities can now act as role models for good hygiene practices and in-turn spread messages within the community that will improve the community’s health as a whole and with the minimum health standards, patients should demand good quality care and not settle for anything other than clean, safe facilities (WHO, 2015).

It should be noted that other stakeholders in the WASH sector are drawing on the experience of WaterAid Mali to intervene in WASH in a health care setting. The partnership between different sectors has re-emphasized to us that universal access to sustainable WASH (SDG6) requires opportunities to innovate, learn, disseminate and scale up models in our journey towards sustainable and resilient WASH services.



Photograph 1. Availability of water in one unit of the health facility



Photograph 2. Water tower at a health facility

Acknowledgements

The authors would like to extend thanks to the project coordinator Aly Sow and Mahamane Touré for day-to-day management and data collection for this study. Also thanks to all partners who involved in the project implementation in Bla and Koro, namely the local NGOs ALPHALOG and ARAFD.

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Notes

- ⁱ This momentum is reflected in WaterAid's global strategy and Mali's country strategy, which promotes the integration of WASH & Health and focusing on access to WASH in HCFs & Strengthening healthcare systems. <http://www.wateraid.org/~media/Publications/Everyone-Everywhere-2030-WaterAid-Global-Strategy-2015-2020.pdf>
- ⁱⁱ WHO, UNICEF and various sector partners committed to addressing the critical situation of WASH in HCFs at a global meeting in Geneva in March 2015. WHO/UNICEF, 2015. WASH in HCFs: urgent needs and actions. http://www.who.int/water_sanitation_health/en/
- ⁱⁱⁱ Direction Nationale de Santé (DNS) 2014, *Rapport d'évaluation*, (National Health Directorate)
- ^{vi} The targeted area were selected because they contain many of the poorest of the poor and the WASH need is there (WHO, 2015)
- ^v The minimum WASH package is an official document which contains the minimum WASH standards to follow in every health facilities.
- ^{vi} Facilites Improvement Tool.
- ^{vii} ASACOs run most CSCOM and provide basic preventative and curative maternal and child health services.
- ^{viii} Through visits from government officials and linking with the national network of journalists.
- ^{ix} Healthy Start Campaign is WaterAid's Global Advocacy campaign to mobilise communities and healthcare professionals to generate demand, participate in decision making and strengthen the health system to ensure that water, sanitation and hygiene in healthcare facilities become core components of quality health service delivery.
- ^x Following a second global review process (August-September 2016), the tool was revised and published in March 2017. It was launched at the Global Learning Event on WASH in healthcare facilities in Kathmandu (Nepal). The final version is available at www.washinhcf.org/tools.
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