

Case study



Mali

Partnerships and coordination for effective WASH services in HCF

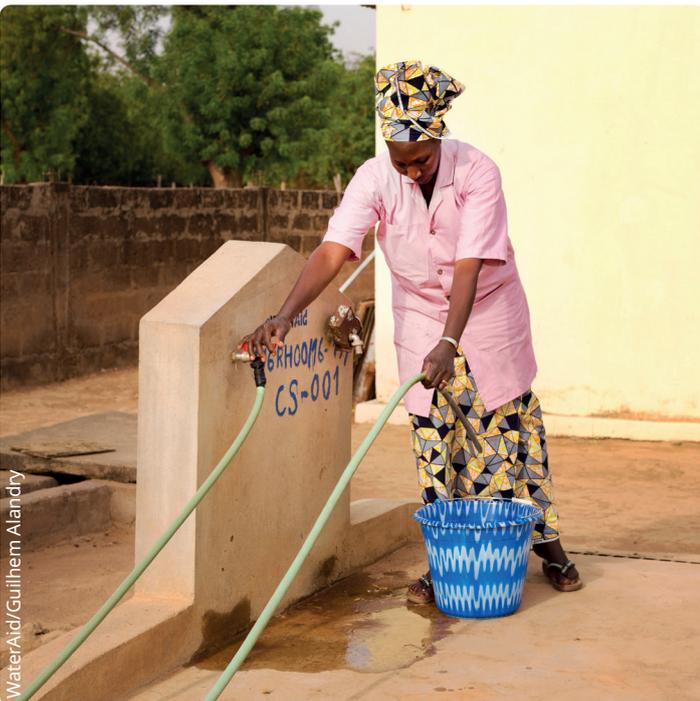


Context

The 2014 Ebola virus epidemic in Mali highlighted the deadly consequences of a lack of WASH in HCF. This was also the time for change, with UN member states announcing the shift to a new sustainable development agenda, with the transition from the Millennium Development Goals (MDGs) to the SDGs, and the start of the national 2016/21 country intervention strategy.

WaterAid Mali implemented a WASH project from January 2015 to December 2017 in 23 HCF in the districts of Bla (Segou region) and Koro (Mopti region) in collaboration with Centers for Disease Control and Prevention (CDC), WHO, Ministry of Health and Public Hygiene (MSHP), Territorial Collectivities (TCs), Community Health Associations (ASACOs), and local NGO partners (ALPHALOG, APROFEM and ARAFD).

▼ **Abibatou Diarra, Midwife, collects clean water from a tap installed by Wateraid at Diaramana Health Centre, Cercle de Bla, Segou Region, Mali. April 2018.**



Barriers

Through the WASH in HCF project, WaterAid Mali identified four factors that contributed to inadequate WASH services in the HCF:

- **Insufficient data on WASH coverage in the HCF.** Information at the national level is only very rarely collected through evaluations on a representative sample and hasn't used JMP global indicators.¹⁹ This means there is no comprehensive up to date national data on WASH coverage in HCF.
- **Funding prioritised for households over HCF.** Historically, bilateral agreements, private foundations and governments have prioritised WASH services in households (as per MDGs).
- **Inadequate capacity and governance.** Lack of technical and financial resources allocated to WASH and weak governance of the ASACOs – who are responsible for managing community-based HCF, including WASH. This weak governance is characterised by a poor understanding of their roles and responsibilities, as well as problems of management and financial capacity.
- **Unfavourable environment for inter-sectoral initiatives.** Coordination between the health and WASH sectors is weak in Mali, with a lack of clarity on the roles and responsibilities of the different ministries responsible for health and WASH. As such, responsibility and accountability is split between two sectors.

19. *Global progress report on water, sanitation and hygiene in health care facilities: fundamentals first.* Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.



◀ Setou Diallo, 45, a member of the Benkadi women's group, standing with her two daughters Korotimi and Foune at home in Kakounouso, Samabogo, Bla district, Segou, Mali. October 2019.

Approach

To address these obstacles, WaterAid Mali, CDC, National Directorate of Health/Direction Nationale de la Santé (DNS) and the WHO implemented a multi-stakeholder project with the following key focus areas:

1. Analysis of the baseline situation and accessibility (by WaterAid Mali, CDC and the DNS).
2. Provision of WASH services and promotion of behaviour change (by WaterAid Mali).
3. Capacity building at local and national levels (by WaterAid Mali, WHO and the DNS).
4. Improving planning and coordination between actors to create an enabling environment (by WHO and the DNS).

The above areas were implemented in an adaptive, multi-stakeholder approach and a specialised partnership. As seen above, the partnership utilised the various organisations' respective strengths by leading on different areas of implementation. A working group has been set up to facilitate coordination between the project implementation areas, in addition to coordinating the development of national norms and standards.

Evidence of change

Once the project was complete, all 23 targeted HCF had access to water and sanitation (including solid waste management) and cleaning staff. In addition, an Environmental Health Management Plan (using WASH FIT) that supports the sustainable management of WASH was developed and put in place in all 23 HCF.

Throughout the project, the collaboration of the three partners – DNS, WHO, WaterAid Mali – helped facilitate the points of view and the ability to adapt plans as challenges arose.

A national WASH-Health Task Force was re-launched in 2016 to coordinate sector efforts, share lessons from the field and promote work to improve WASH in HCF nationwide. This taskforce serves as a platform for discussion, chaired by the Public Hygiene and Sanitation Division of the National Health Directorate. As a result of this taskforce, several key documents have been approved including the [Minimum WASH in Health Care Facilities Package](#) (*Paquet minimum pour l'accès à l'eau potable, l'hygiène et l'assainissement dans les établissements de santé au Mali*), the [National WASH Strategic Plan](#) (*Plan stratégique national pour l'amélioration des conditions d'accès à l'eau potable, l'hygiène et l'assainissement dans les établissements de santé au Mali 2017-2021*) and guidelines (*Le guide technique des infrastructures dans les centres de santé*), and protocols (*Directives nationales de prévention et de contrôle des infections – a catalogue of technologies to guide high quality service delivery in HCF*).

The project outcomes have been utilised as evidence for advocacy and awareness raising by WaterAid in Mali for additional action on WASH in HCF. In addition, the results of the CDC study on perinatal infections and the practise of handwashing by health personnel was key in achieving our evidence-based advocacy aims. WaterAid Mali has recently worked with the National Directorate of Health to contextualise JMP WASH indicators, into the health information system on DHIS-2 at the national level, for monitoring progress on WASH in HCF.

Key lessons

These partnerships re-emphasised that universal access to sustainable WASH requires opportunities to innovate, learn, disseminate and scale up models. In particular, the following lessons emerged:

- The Ministry of Health is ultimately responsible for ensuring WASH in HCF is planned, implemented, monitored and reported. So, the leadership of the health staff and their accountability throughout the entire process, from planning to reporting, were key factors for the success of the project and its sustainability.
- Collaboration with specialised partners contributed to a more effective way of working and clear roles and responsibilities leveraged each organisations' strengths.
- Learning and experience sharing within the Task Force was a key contributing factor to the improvement of framework documents and policies – which meant the project was able to adapt as it continued.
- Evidence obtained in the implementation of the project facilitated the commitment of parliamentarians to WaterAid's advocacy campaign for the reduction of malnutrition, neonatal and child mortality.
- The availability of WASH services combined with evidence-based behaviour change interventions facilitated the adoption of good hygiene practises among both health staff, patients and carers.
- WASH in HCF can be used as an entry point within communities for district-wide approaches to WASH and system strengthening more generally.

► Oumar Malle, centre, chief of Dankoumani, holding a meeting with community members in his village, Bla district, Segou region, Mali. October 2019.



WaterAid/Basile Ouedraogo



Conclusions and recommendations

Leveraging partners' respective strengths and establishing robust coordination mechanisms is critical for achieving quality WASH in HCF.

Based on the evidence and lessons learned, a model WASH in HCF intervention should:

- Adopt an adaptive, evidence-based approach that maximises the return on investment in the health sector and demonstrates the importance of WASH to development.
- Fit into the existing multi-stakeholder framework or, where appropriate, create an enabling environment for good sector coordination and the definition of harmonised normative and regulatory documents.
- Combine sustainable WASH service delivery and evidence-based advocacy for health system strengthening and universal access to sustainable WASH.
- In addition, at the national level, Ministries should establish coordination mechanisms between WASH and health.