



Mali

INITIATIVES AU NIVEAU DU WASH AU MALI

STANDARDS ET HARMONISATION DES INTERVENTIONS

**Direction Générale de la Santé et de Hygiène Publique
Livingstone 9-11 septembre 2019**

Documents de référence

- Élaboration d'un Paquet minimum WASH dans les établissements de santé;
- Élaboration d'un Guide technique pour la réalisation d'infrastructures d'Eau Potable, d'Hygiène et d'Assainissement dans les établissements de santé au Mali;
- Manuel de procédures de gestion des déchets biomédicaux et des directives techniques de prévention et de contrôle des infections associées aux soins;
- Le plan stratégique pour l'amélioration de l'accès l'Eau, l'Hygiène et l'Assainissement dans les établissements de santé au Mali;
- Wash FIT comme outil de suivi et d'amélioration continue du WASH dans les établissements de santé.
- Processus en cours pour l'élaboration d'un guide des interventions soft en milieu de soins

Autres initiatives

Mise en place d'une Task-force WASH en milieu de soins au niveau national,

Mise en œuvre de l'approche centre de santé propre (compétition entre les centres de santé sur la base du paquet minimum)

Merci!
Des questions??

1. Establish baseline



What: Conduct comprehensive assessments according to the national context and, where appropriate, to quantify: the availability and quality of, and needs for safe water, sanitation and hygiene (WASH) in health care facilities; and infection prevention and control (IPC) using existing regional and global protocols or tools and in collaboration with the global effort to improve WASH in health care.

Trigger questions on WASH baseline data

Q1. Does your country have a baseline for WASH in HCF? If yes, share information below on the status of water, sanitation, health care waste, hygiene and cleaning. If not, share information on your plans for establishing such a baseline.

Q2. Have underserved areas been identified? If yes, share information below on what/where these are and how they are being targeted for improvement.

Baseline data: Yes : from 2012 to 2014 rapid assessments have been done by the MoH support by partners. Findings

Water quality not comply in 61% of facilities, 50% lack appropriate storage of water, waste segregation not well done in 75% , containers not appropriate in 53% of HCF, cleaning not well done including materials treatment in 69% of case, lack of awareness 70% of structures; hand hygiene problem in 68%

Information on underserved areas: 3/8 region of the country was not assess during the 2012 2014 assessment (Kayes, Mopti and Kidal

2. Develop and implement roadmap



What: Develop and implement a road map according to national context so that every health care facility in every setting has, commensurate with its needs: safely managed and reliable water supplies; sufficient, safely managed and accessible toilets or latrines for patients, caregivers and staff of all sexes, ages and abilities; appropriate core components of infection prevention and control (IPC) programmes, including good hand hygiene infrastructure and practices; routine, effective cleaning; safe waste management systems, including for excreta and medical waste disposal; and, whenever possible, sustainable and clean energy.

Trigger questions on national roadmaps

Q1. Has your country started the process of developing a national roadmap? If yes, what are the key elements included and what is the plan to finalize and implement?

Q2. What specific targets are included and how do the activities map to sustainable development goals (SDG) efforts, especially those on WASH and health?

Process, key elements & finalization/implementation plans of national roadmap:

Country Have develop a National Strategic Plan that include the six framework of the national standards document (Paquet minimum WASH)

Targets and linkages to SDGs:

SDGs6 : Coverage of water and Sanitation Facilities in health care setting, waste management improvement

3. Establish and implement standards



What: Establish and implement, according to national context, minimum standards for safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) in all health care settings and build WASH and IPC standards into accreditation and regulation systems; and establish accountability mechanisms to reinforce standards and practice.

Trigger questions on standards

- Q1.** Does your country have standards for WASH in health care facilities?
- Q2.** What are the key elements in the standards and when were they last updated?
- Q3.** Are there any gaps in these standards and if so, what are these gaps and how will they be addressed?
- Q4.** How are these standards regulated, if at all?

The status of national standards including gaps and plans to address:

Yes, Paquet Minimum WASH, since 2016 ; WASH/PCI guide line in health care setting, 2016; Medical Waste management manual, 2016; Standard WASH/PCI training module, 2016; National Guide on hardware in HCF, 2019. National Guide on software in HCF (elaboration on going).

Regulation of standards process or plan:

Since 2016, Almost implementation comply with the standard. However no act/regulatory text for this standard

4. Set targets and monitor progress



What: Set targets within health policies and integrate indicators for safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) into national monitoring mechanisms to establish baselines, track progress and track health system performance on a regular basis.

Trigger questions on targets and monitoring

Q1. What are your targets for WASH in HCF?

Q2. Are high risk settings prioritized (e.g. maternity wards)?

Q3. What is the process for assessing progress towards achieving these targets?

Q4. How is progress incentivized?

Overview of targets and prioritization:

Target: 100% of HCF comply with Paquet Minimum WASH, 2023 (specially, maternity and rooms for injection, “salle de soins”)

Assessing progress and use of incentives process/plan:

Some indicators have been integrated to national health monitoring System (DHIS2): coverage (safe Water, incinerator)

5. Integrate WASH into health programming



What: Integrate safe water, sanitation and hygiene (WASH) into health programming, including into nutrition and maternal, child and newborn health within the context of safe, quality and integrated people-centred health services, effective universal health coverage, infection prevention and control (IPC) and antimicrobial resistance.

Trigger questions on integrating WASH into health programming

- Q1.** What are the key opportunities in specific national health programmes for WASH in health care facilities?
- Q2.** In what ways has WASH in health care facilities been included (e.g. in training, in monitoring, etc)?
- Q3.** What further integration needs to happen and what is the plan for doing so?

Key opportunities for integration & examples:

Inter sectorial Nutrition plan has already integrated the “Paquet Minimum WASH”

RAM Plan include WASH in HCF (medical waste management, IPC)

Opportunities and plans for further integration:

On going Health System reform (started in 2018) that take in account WASH in HCF in HSC; PRODESS 4 ; MCH program

6. Allocate regular funding



What: Have procedures and funding in place to operate and maintain safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) services in health facilities, and to make continuous upgrades and improvements based on needs so that infrastructure continues to operate and resources are made available to help facilities access other sources of safe water in the event of failures in the normal water supply, so that environmental and other impacts are minimized and in order to maintain hygiene practices.

Trigger questions on regular funding

- Q1.** Have capital and operation and maintenance expenditures for WASH in health care facilities been costed?
- Q2.** Is there a budget line within Ministry of Health? Is so, what is it, and what is the gap?
- Q3.** What plans are in place to fill in, any gaps around costs and financing?

Country funding/current budget lines:

No specific line for WHCF, however availability of an integrated budget line including nutrition, WASH and diseases control.

Specific NGO Projects on WASH in HCF :WV, WaterAid, Canadian Cooperation, Save the Children, UNICEF, OMS, World Bank, Tdh, RC

Plans to address gaps: no specific plan (partners and government advocacy on going)

7. Establish a multisectoral coordination mechanism



What: Establish strong multisectoral coordination mechanisms with the active involvement of all relevant ministries, particularly those responsible for health, finance, water, and energy; to align and strengthen collaborative efforts and ensure adequate financing to support the delivery of all aspects of safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) across the health system.

Trigger questions on multisectoral coordination mechanisms

Q1. Is there a national multisectoral committee that coordinates, advocates and plans for efforts on WASH in health care facilities? If so, what are the key responsibilities and what has been accomplished to date?

Q2. How can such a committee be strengthened?

Country multisectoral coordination mechanism, responsibilities & accomplishments:

Yes. Task Force WASH: orientation, review of activities, share experience,

Process/plan for strengthening the committee:

Strengthening of MoH leadership by involving National Directorate of Health in every implementing partners

8. Develop a health workforce

What: Invest in a sufficient and well-trained health workforce, including health care workers, cleaners and engineers to manage WASH services, provide ongoing maintenance and operations and perform appropriate WASH and IPC practices, including strong pre-service and ongoing in-service education and training programmes for all levels of staff; educate and raise awareness, in line with regional agreements, on water, sanitation and hygiene, with a particular focus on maternity, hospital facilities, and settings used by mothers and children

Trigger questions on developing a health workforce

Q1. What kind of training, mentoring and/or investments in health workforce have taken place to support the safe use and maintenance of WASH in health care facilities services?

Q2. Has the WASH FIT or other similar tools been used and adapted? If so, in how many facilities and what has been the key results?



Training, mentoring and/or investments in process or planned:

WASH/IPC, WASH FIT, WASH facilities management maintenance, Clean Clinic Approach (WASH competition in HCF), WASH and gender (how to involve women)

Use/adaptation of WASH FIT (or other tools) including numbers of facilities and key results:

WASH FIT in 64 (23 Kolokani, 21 koro, 11Bla, 6 Macina, 3 Markala)

Clean clinic approach (WASH-FIT adapted) in 93 Health centers (Bamako and Koulikoro)