



Democratic Republic of Congo Ministry of Health



YALOKOMBE Health Center

Health district YAKUSU, Region :TSHOPO

November 2018

Introduction

- ▶ Catchment population: 7734 inhabitants
- ▶ Nb of villages: 5
- ▶ Rehabilitated and re-equipped by
Gouvernement with financial support from
ADB in 2008
- ▶ Integrated CCA: 2017

WASH initial assessment results: 31 %

1. WATER	25%
1.1. Availability	25%
1.2. Quantity	25%
1.3. Quality	25%
2. HYGIENE-IPC	32%
2.1. Hand hygiene	25%
2.2. PPE, cleaning and disinfection and food hygiene	32%
2.3. Sterilization of medical instruments	38%
3. SANITATION	35%
3.1. Toilets, showers et wastewater management	25%
3.2. Medical waste management	46%
4. MANAGEMENT	25%
4.1. Functional WASH-IPC committee, leadership, accountability and community Feedback	25%
Total score	31%

WASH service level	Advanced	Minimum	Low or limited	Very low or no service
Water	90 à 100%	75 à 89%	50 à 74%	0 à 49%
Hygiene	BLUE	GREEN	YELLOW	RED
Sanitation				
Management				

Results Following CCA integration

- ▶ Following initial assessment:
 - ▶ 3 Health workers and 2 community members were trained using the assessment results as guidance to demonstrate the gap between the initial WASH services level and the desired level.
 - ▶ The WASH-IPC committee was installed with 7 members
 - ▶ The WASH-IPC committee developed its action plan with technical support from health district officers
 - ▶ The project provided a starter kit, including some cleaning material (soap, detergent, disinfectant, gloves, boots, etc.), water tank, bins, etc.

Post action assessment results: 91 %

1. WATER	79%
1.1. water availability	67%
1.2. Quantity	75%
1.3. Quality	100%
2. HYGIENE	97%
2.1. Hand hygiene	100%
2.2. PPE, cleaning and disinfection and food hygiene	96%
2.3. Sterilization of medical instruments	100%
3. SANITATION	85%
3.1. Toilets, showers et wastewater management,	71%
3.2. Medical waste management	100%
4. MANAGEMENT	97%
4.1. Functional WASH-IPC committee, leadership, accountability and community Feedback.	97%
Total score	91%

WASH services level	Advanced	Minimum	Low or limited	Very low or no service
Water	90 à 100%	75 à 89%	50 à 74%	0 à 49%
Hygiene	BLUE	GREEN	YELLOW	RED
Sanitation				
Management				

Before



After



Delivery room very clean, table repaired with HC own funds



Before



June 2017



The outdore space is very clean regularly maintained, a deposit is built on own funds to keep utensils, food and other patients' assets

After



Dec 2017



Nove 2018

Before



The outdoor space is very clean, regularly maintained, washing areas are available for cleaning and drying clothes.



After



Before



The same
toilets and
shower before
and after:
cleaned and
rehabilitated
with local
resources

After



Before



The block of toilets rehabilitated, fenced, become operational, separated by sex and has a hand-washing station with clean water and soap



After



Before



June 2017



After



Nov 2017



Incinerator
rehabilitated and
maintained,
incinerator
broken door
replaced in
October 2017
and November
2018

Nov 2018



Community wide

This health center is located in a clean village with a clean school. This is the practical example of community wide.

« Children are living in a cleaned village, studying in a clean school and get treatment in a clean clinic »

To overcome financial barrier



The HC has procured 2 farms with an area of 2 Hectares (1 Hectare for corn and 1 Hectare for peanuts) for its auto-financing

Corn farm (1 Ha) for sustaining the post-certification achievements, implemented and funded by the HC



CCA Benefits

- ▶ Increase in Service Usage
- ▶ Maternity: HC is currently receiving several outsiders cases from neighboring 7 catchment areas
 - ▶ Increase in prenatal care
 - ▶ Increase in post natal care
 - ▶ Increase in childbirth
- ▶ Increase in revenue:
 - ▶ 2017: 300,000 fc
 - ▶ 2018: 800,000 fc
- ▶ Specific budget dedicated to WASH (10% of total revenue)

Lessons

- ▶ The health center had received intense assistance in terms of infrastructure,
- ▶ After a few years, all infrastructure built were out of use including (toilets, water scheme, incinerator, ...),
- ▶ Infrastructure can not only improve WASH services,
- ▶ Innovative approach based on the health workers awareness and the community engagement is able to progressively improve the WASH service in HCF, even when the high standard infrastructures do not exist

Best practices

The keys of success are:

- ▶ Well-developed Training strategy
- ▶ Thorough risk-based planning
- ▶ A dynamic WASH-IPC committee
- ▶ Starter kit provision before implementation (if applicable)

Best practices (continued)

- ▶ Follow-up, supportive supervision and coaching supported by a scoring system by:
 - ▶ District health officers: monthly
 - ▶ Regional level: quarterly
 - ▶ National level: twice a year

Note: What to avoid is to plan and work in place of Health workers team and community

Thank you for your attention