



WASH in HCF

Global Learning Event

Kathmandu, Nepal

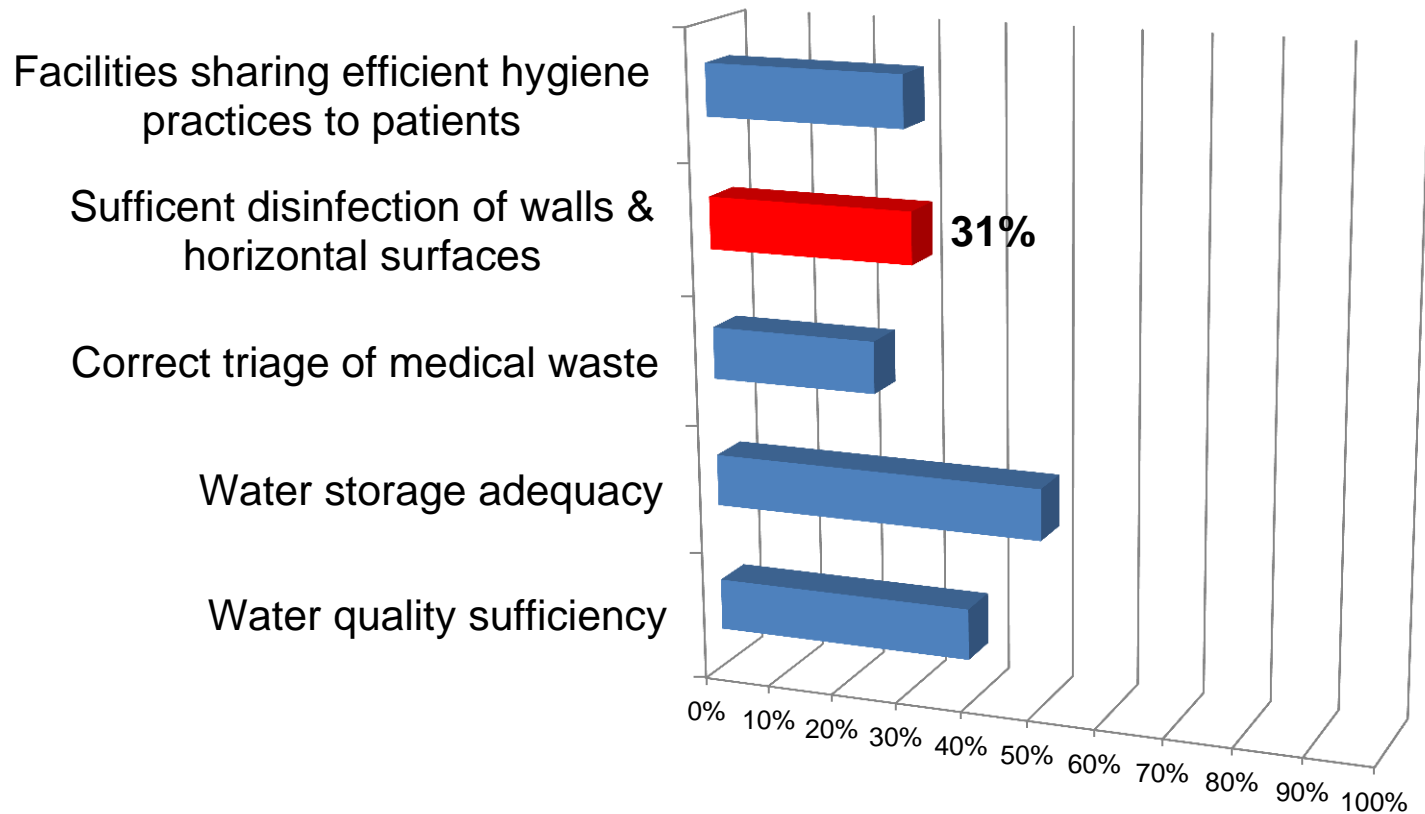
28-30 March 2017

Capitalisation of experience “WaSH in
Health Care Facilities” in Mali

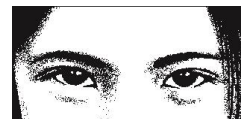
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Mali - Situational analysis (WHO 2015)

Analysis: Series of HCF surveys 2013-14 (n=431)



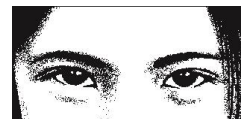
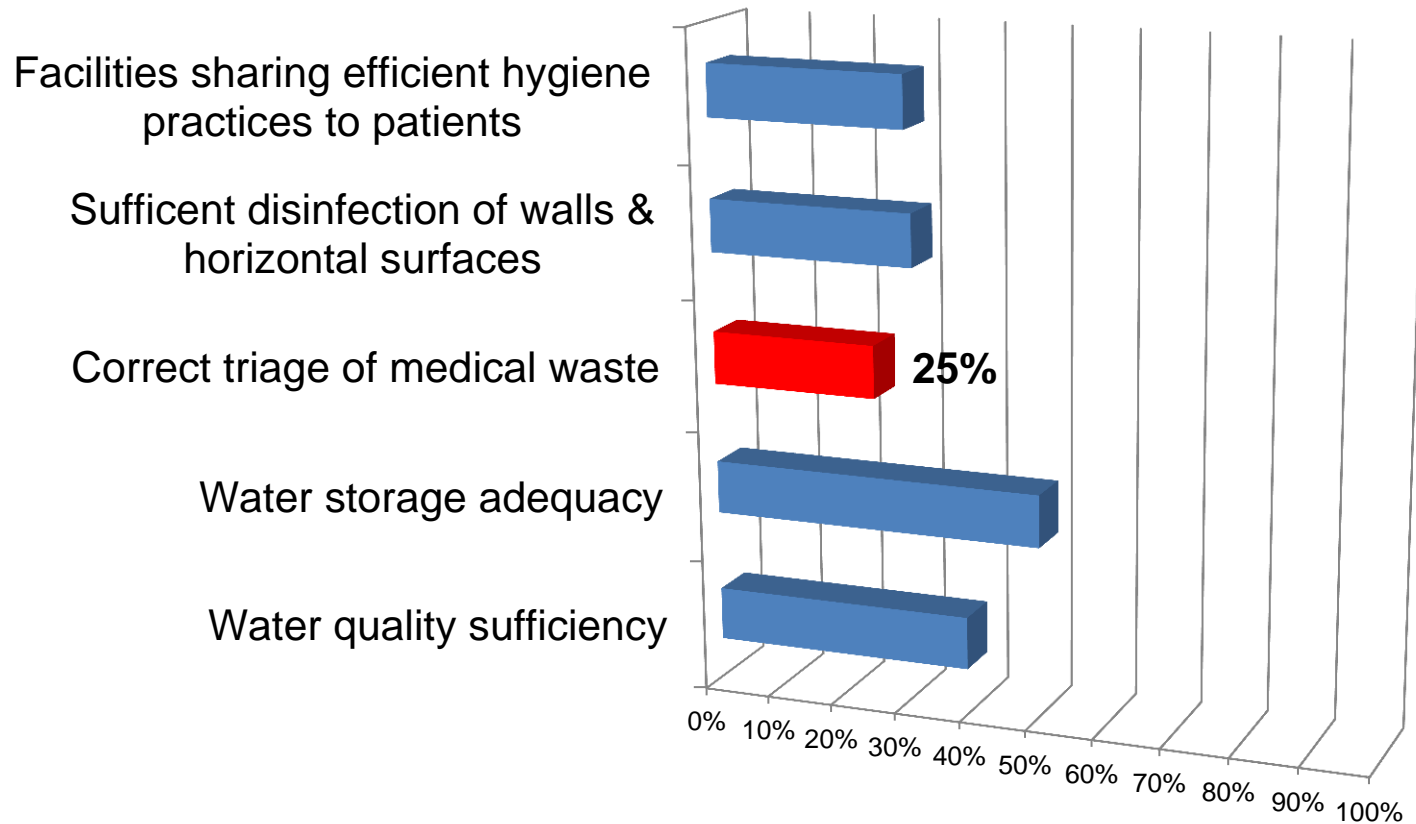
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Mali - Situational analysis (WHO 2015)

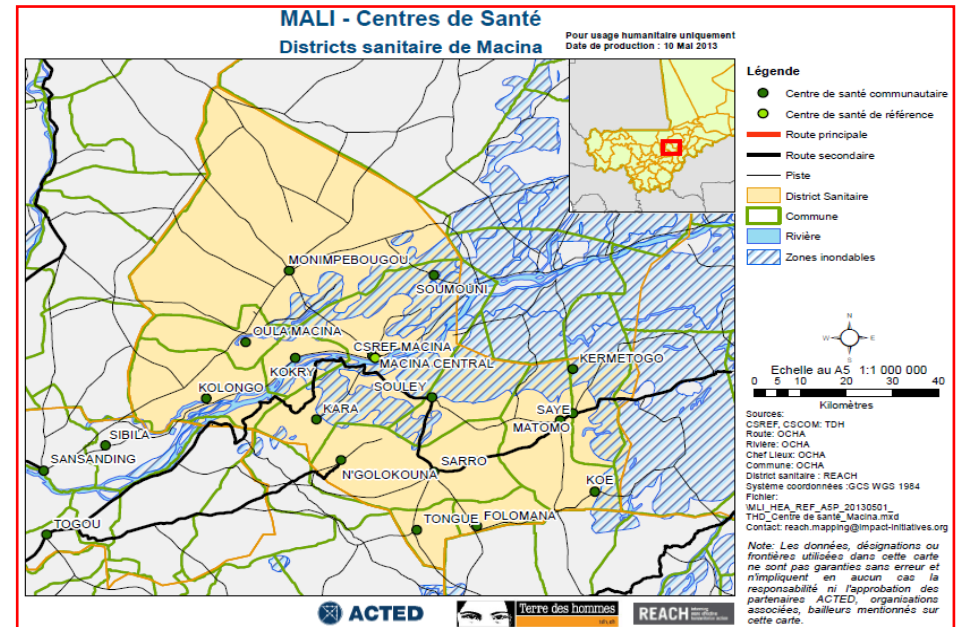
Analysis: Series of HCF surveys 2013-14 (n=431)



Program Approach



**35 Rural health centers
WASH Hardware**

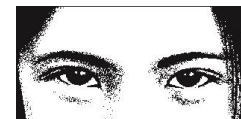


MDC

Capacity building



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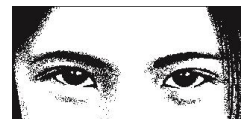


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Outputs

- ❑ 2014: «Minimum Package WASH» - 35 HCF
 - Onsite Water supply / treated (*Antenna- WATA)
 - Hand Hygiene stations at points of care
 - Patient/Staff toilets; showers
 - Medical Waste management
- ❑ 2015-2016 Trainings: Hygiene & Waste Management: 187 staff (collaboration with District authorities)
- ❑ Piloted participative monitoring tools with authorities, staff & Community Health Associations (ASACO)



Adapted Training Model



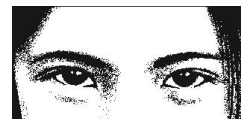
Centralised
Trainings only for facility
directors



De-centralised
Trainings to all staff



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Adapted the Training Model



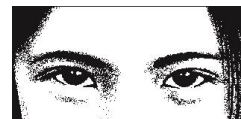
Collective & Theoretical
Trainings



IN SITU & Practical



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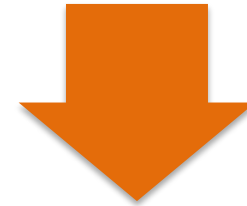


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Adapt the Training Model



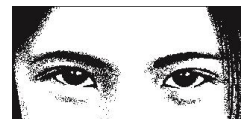
One size
fits all



Individualised
via participative
supervision

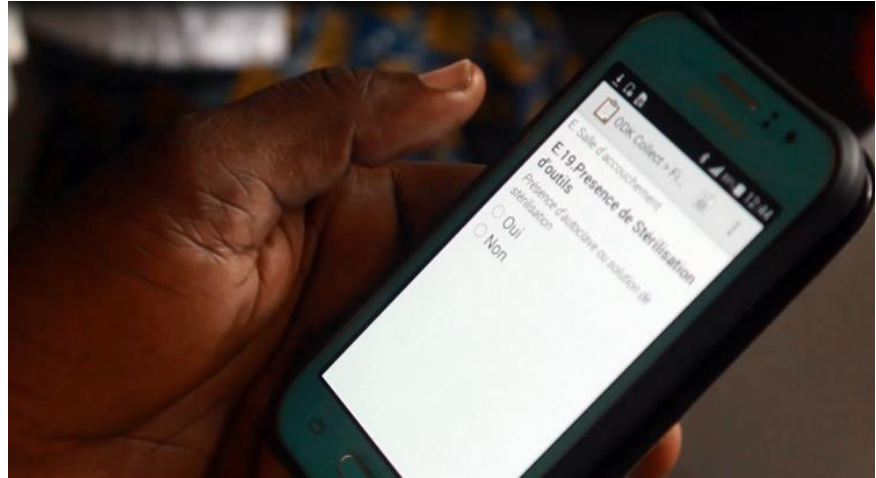
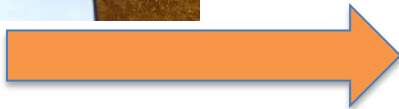


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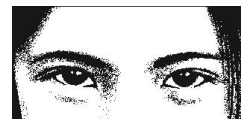


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Risk Monitoring tool




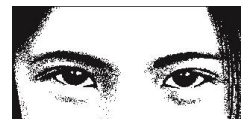
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Outcomes

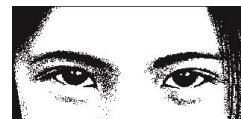
-  128'000 people access HCF with Minimum WASH Package*
- Training Manuals on Hygiene/Sanitation and Medical Waste Management developed with Districts and approved by Segou Regional Health Authority
- Structured supervision (monitoring & planning) exercises between Regional Health Authority & HCF staff
- Contribution to National Task Force (Bamako) revision of national standards and training manuals



Learning exercise objectives

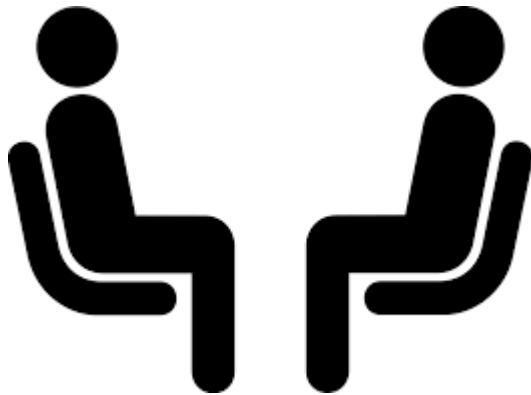
Learn from the project components for future programming

- Curriculum development and validation process
- Capacity building activities
- Monitoring activities
- Local authorities involvement
 - Local district and regional authorities
 - Health care facility committees (ASACO)



Learning exercise design

Individual interviews



Group interviews



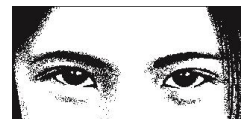
Respondent category*	No. respondents
DTC - Health Center Director	8
Health care providers (HCPs) (Facility staff)	14**
Cleaners/surface technicians	6
ASACO - Health Center Committee	12
Tdh staff	8**
District officials	5
Regional officials	2
Total	55



Capacity building activities



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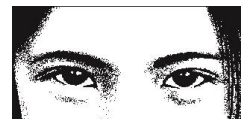
Capacity building activities: benefits

Facility staff perspective

- Improved environmental conditions**
- Applicability of the training design*
- Availability of technology**
- Personal benefits

District and Regional authorities' perspectives

- Improved knowledge sharing
- Improved capacity of district level authorities



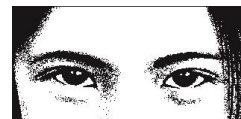
Capacity building activities: challenges

HCF's perspective

- Training design-related
- Technology related
- Personal challenges with respect to training

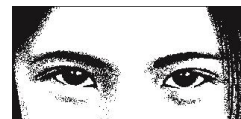
Local district and regional authorities' perspectives

- Behavior change



Capacity building activities: recommendations

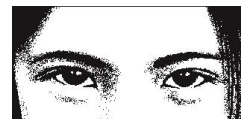
- Account for trainees education
- Train trainees to train
- Provide troubleshooting guidance to deal with breakdowns
- TDH can consider providing the following:
 - Infrastructure upgrades after training to avoid misuse and breakage.
 - Guidance to ASACO and DTC on the job requirements for cleaner
 - Training for ASACO on financial mgmt.
- Ensure presence of supply chain



Monitoring activities



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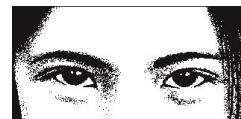
Monitoring activities: benefits

HCFs' perspective

- Increased compliance with environmental sanitation practices
- Increase opportunities for refresher trainings

Tdh staff and local authorities' perspectives

- Increased coordination
- Improved decision making
- Improved data reporting
- Improved method of data collection



Monitoring activities: challenges

HCFs' perspective (top 3)

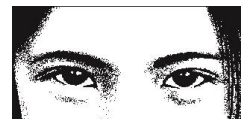
- Technology breakdowns and availability
- Insufficient funds
- Behavior change is difficult to achieve sustain

Tdh staff and local authorities' perspectives

- Insufficient engagement with partners
- Limited funds
- Delay in data sharing with authorities
- Data collection tool needs improvements



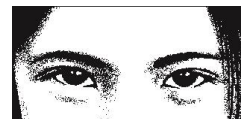
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Monitoring activities: recommendations

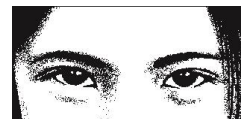
- Involve district hygienist (authority)
- Provide guidance on participatory approach
- Increase involvement of district and regional authorities
- Invest in regional and district authorities capacity



Collaboration with Tdh



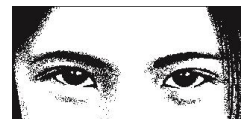
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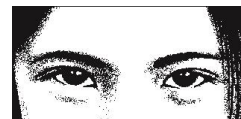
ASACO Collaboration: recommendations

- Increase engagement with ASACO during monitoring activities
- Train ASACO on community awareness promotion
- Facilitate the transfer of technical and financial skills to ASACO.
- Encourage knowledge sharing in ASACO Federation meetings



Local authority partnership: recommendations

- Provide recommendations on staffing hours for cleaners
- Assist districts in financial management plans
- Equipping the authorities to improve monitoring activities
- Lobby to encourage alternative fund raising mechanisms for ASACO



Next steps – Enhance Monitoring

- **Regional Authority** MDC monitoring systems & link to supervision and training plans
- Align facility-based risk monitoring/safety planning via **WASHFIT with ASACO** (WaterAid, Unicef, etc.)
- Monitor JMP Core/Expanded indicators via the **WASH in HEALTH - Facility Evaluation Tool** ([FACET](#))
Platform: [KOBO Toolbox](#)
(UNOCHA, ODK, Excel)

eawag
aquatic research ooo

Sandec
Sanitation, Water and
Solid Waste for Development

KOBO Toolbox: FACET

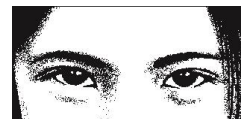
The screenshot displays the KoBoToolbox web interface. The browser address bar shows the URL: <https://kobo.humanitarianresponse.info/forms/#/forms/aEubc6M5fzAsbQX7LDF6RV>. The page header includes the KoBoToolbox logo, the project name 'Tdh_FACET_Mali_20170309', and the user 'tdh_mali2016'. The main navigation tabs are 'FORM', 'DATA', and 'SETTINGS'. The 'FORM' tab is active, showing the 'Form Overview' for the current version 'v1 (deployed)'. The overview table lists the form's status, modified date, languages, and number of questions.

Current Version	Modified Date	Languages	Questions
v1 (deployed)	March 9, 2017	English Français	253

Below the table, there are two promotional banners: 'Collecting Data with Web Forms' and 'Collecting Data with Android App'. The bottom of the interface shows a Windows taskbar with various application icons and the system clock indicating 14:36 on 27.03.2017.



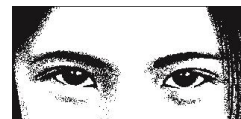
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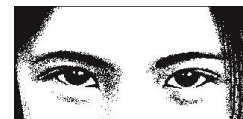
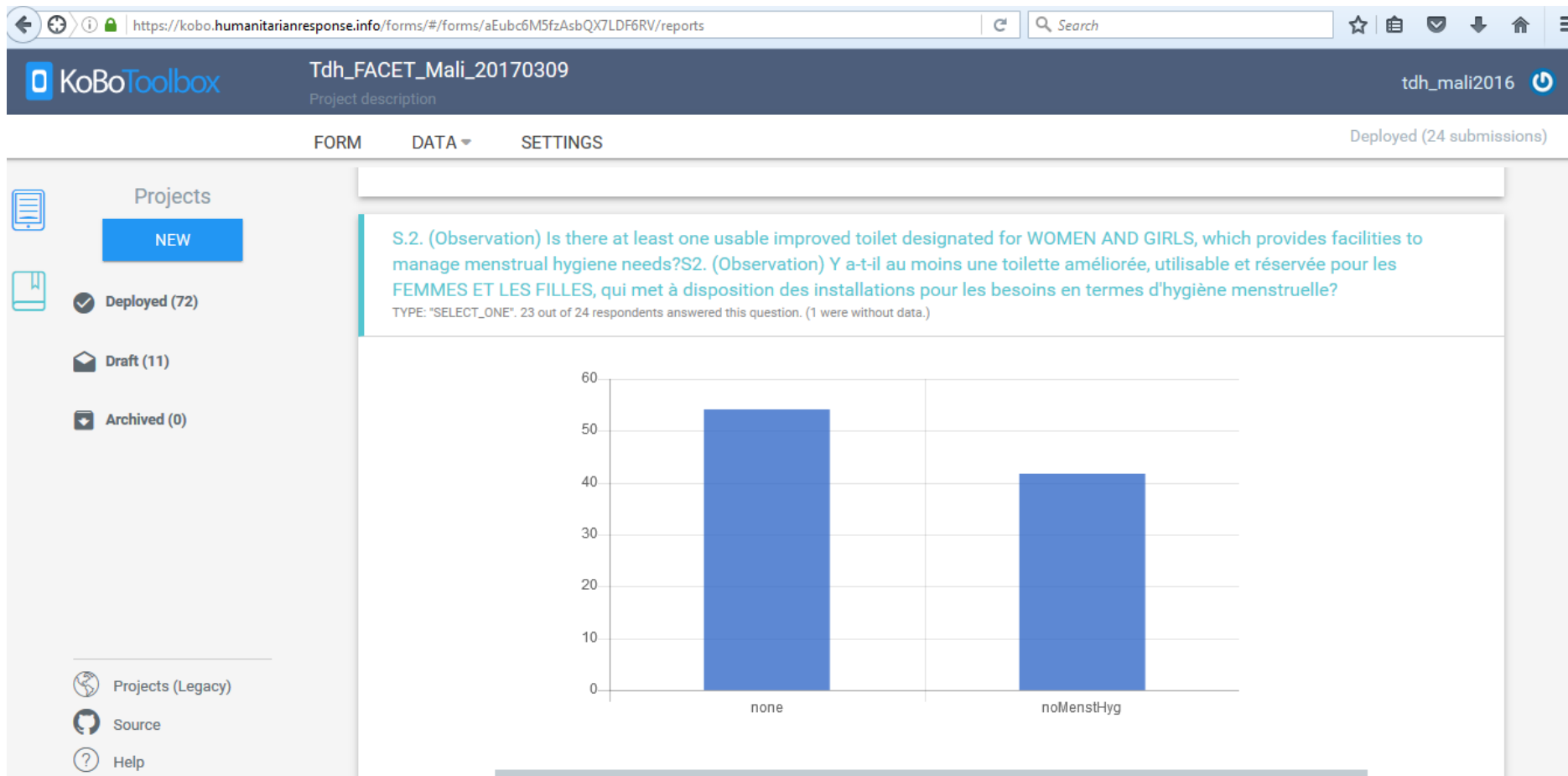
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KOBO Toolbox: FACET Questions

The screenshot shows the KoBoToolbox web interface. The browser address bar displays the URL: <https://kobo.humanitarianresponse.info/forms/#/forms/aEubc6M5fzAsbQX7LDF6RV/preview>. The page header includes the KoBoToolbox logo, the project name 'Tdh_FACET_Mali_20170309', and the user 'tdh_mali2016'. The main content area shows a form titled 'INDICATEURS' with a section '» » Eau (Liste de base)'. The question 'W1. Quelle est la source d'eau principale pour l'établissement de soins de santé?' is displayed, followed by a detailed instruction in French: 'Veuillez spécifier le type de source d'eau principal. La question se réfère à la source d'eau pour l'utilisation générale, y compris l'eau de boisson, le lavage et le nettoyage. Dans le cas où l'eau est disponible à partir de nombreuses sources, enregistrer la source d'eau la plus fréquemment utilisée.' Below the question is a dropdown menu currently showing 'none selected' and a 'required' label. A list of radio button options is shown below the dropdown: 'Réseau de distribution d'eau à l'intérieur de la structure', 'Réseau de distribution d'eau de l'extérieur de la structure', 'Puit tubulaire', 'Forage', and 'Puits creusé protégé'. The form is part of a larger project titled 'Tdh_FACET_Mali_20170309' with 4 submissions.



KOBO Toolbox: FACET Analysis



Sponsors



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Confédération suisse
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Swiss Water & Sanitation Consortium

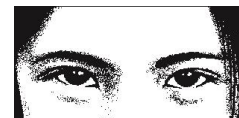


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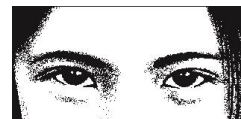
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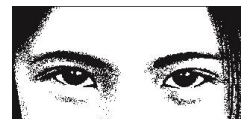


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Appendix



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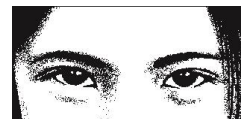


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ASACO



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Collaboration: benefits

ASACOs' perspective

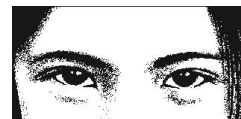
- Good communication*
- Applicability of technology
- Sense of ownership and pride in ownership
- Increased level of understanding of IPC

Tdh staff perspectives

- Good communication*



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Collaboration: challenges

ASACOs' perspective

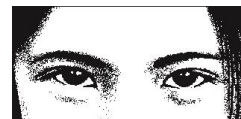
- Need for improvement of partners involvement*

Tdh staff perspectives

- Need for improvement of partners involvement
- Technology
- Limited funds



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Next steps: Enhance monitoring

Link training, supervision
& monitoring within the
Regional Authority

Link ASACO & HCF
Staff on WASHFIT
Mobile Data



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