

## Lasting improvements to water access and hygiene and sanitation conditions in the most vulnerable communities and health centres in two health districts in Mali



**Area of intervention**  
Mali

**Main topics**  
Water, hygiene, sanitation

**Beneficiaries**  
Communities:

- 5,600 people have access to water of good quality and in quantities
- 5,280 people have access to improved sanitation
- 20,320 people reached by hygiene promotion interventions

**Health centres:**

- 35 health centres
- 37,000 people have access to water, sanitation and better hygiene conditions

**Budget**  
Total: **622,775** CHF  
SDC: **465,492** CHF

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### Strategies, methodologies or approaches

- “Wash-in-nut” strategy in community health centres
- Community-Led Total Sanitation (CLTS) and promotion of SanPlats
- Participatory approaches/accountability
- Further training of beneficiaries on good hygiene practice and sustainable management of Water, Hygiene and Sanitation (WASH) infrastructure
- Development of appropriate WASH tools and technologies
- Water advocacy
- Facilitation of multi-stakeholder dialogue on WASH issues
- Inter-project partnerships



### Lessons learnt

- Inter-project visits provide a good opportunity for mutual learning and replication of successful experiments.
- Two exchange and learning visits between Tdh and Helvetas Benin. Two Wata kits have been installed, inspired by Helvetas' experience on fixing the Wata via a booster (regulator).

### Advocacy & political dialogue

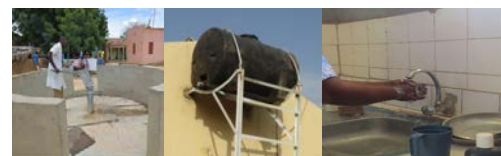
- Tdh has contributed significantly to the revision of the Malian Water Code.
- Local Workshops at Macina and Markala with community organisations and the local community.
- Support organizing regional and national workshops on the revision of the Malian Water Code in collaboration with the Regional Hydrology Office and Caritas Accord.
- Supporting the National Ministry of Health for the elaboration of WASH guidelines for Biomedical Waste Management, Minimal WASH package and WASH in health centres.
- Two joint supervisions on hygiene risks together with the Regional Health Office
- Tdh is part of the Task Force ‘WASH in health centres’

### Good practice

❖7 health centres are now autonomous in drinking water thanks to a solar pump system. This system is connected to a borehole or well equipped with a manually operated pump and the two systems work separately.

The solar pump system comprises:

- One immersed pump in addition to the manually operated pump
- 2 coupled photovoltaic panels
- One 1m3 water cistern
- One water fountain in the courtyard and sinks in the treatment, delivery and surgery rooms.



❖Development of a **participative follow-up tool** to assess the risks linked to conditions and supply of water, hygiene and sanitation in health centres.

The participative follow-up of risks related to WASH allowed to improve the hygiene in health centres considerably with implications for all stakeholders (technical service, public health associations, Health Agents).

Two innovations: solar pump and risk assessment have been shared (<https://youtu.be/g5ZLzZ8GHM4>) and 4,320 people have access to improved sanitation.

### Results

- The SanPlat and chlorine promotion activities (social marketing) in 10 communities have improved the access to sanitation (116 SanPlat latrines constructed without financial support) and household water treatment (1,275 liters of chlorine produced and sold).
- 5,200 people in 10 villages have access to drinking water
- ‘WASH in Nut’ strategy: 94% of ASACO guarantee maintenance of WASH infrastructure, 96 Health Agents have been trained in Biomedical Waste Management
- 33 Health Centres continue implementing the minimal WASH package
- After the Tdh and Accord visit, four CLTS villages have been declared open defecation free (ODF)

