

Improving maternal and neonatal health through better access to water, sanitation and hygiene (WASH) services in health care facilities

Current situation

The World Health Organization (WHO) data show a concerning situation around access to WASH services in maternal and neonatal health care facilities (HCF). According to WHO one neonatal death on five can be prevented simply by washing newborns in clean water or by offering maternal and neonatal care in a clean environment where people can wash their hands. Mali ranks in the unfortunate top 12 of the countries with the highest neonatal death rate¹. The unhealthy environment in clinics and birth centres does not only affect newborns, but also mothers and workers who take care of patients.

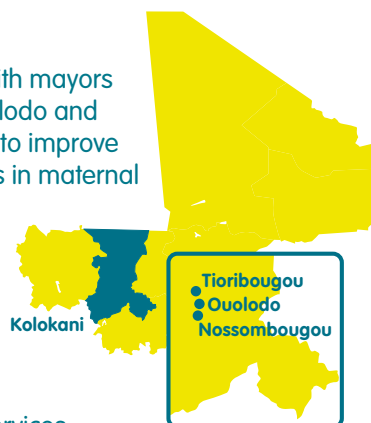
- **61%** of health care facilities in Mali have a poor water quality
- **24%** have an insufficient quantity of water
- **68%** have inadequate handwashing facilities

Progress achieved

Since 2019, IRC works with mayors of Nossombougou, Ouolodo and Tioribougou communes to improve access to WASH services in maternal and neonatal HCFs.

Since the beginning of IRC's intervention, six HCFs (rural maternal centres) in the three communes have gained access to basic water services. This represents 60% of all HCFs.

IRC and its partners have also generated a political commitment at the local level to improve access to WASH services in HCFs. The communes have established a local and central water and sanitation service allowing them to report any WASH-related problems and for the regular monitoring of failures and/or progresses.



IRC Mali's Programme

IRC Mali will continue to improve access to WASH services in HCFs on two different levels:

At national level, IRC will work closely with the ministries of water and sanitation, of education and of health as well as with their national leadership. Together we will make norms and national standards available. This will ensure regular monitoring to advocate for sufficient financing, notably an adequate transfer of financial resources to the communes and enough capacity building. An advocacy strategy will be in place with all stakeholders to boost the health WASH taskforce.

At commune level, IRC will work with local government, with WASH FIT² teams in HCFs and with health care service providers to ensure the safety and health of beneficiaries and sustainability of current WASH services in HCFs. IRC will also work with civil society organisations (women and youth groups) to strengthen good governance in community HCFs. Furthermore, health care staff's capacity will be built in the application of hygiene measures in order to improve the environment and reduce infections and diseases related to poor hygiene.

IRC's intervention will provide sustainable WASH services to 22 HCFs. Every year 15.840 women will have access to safer sexual and reproductive health services.

IRC Mali works with World Vision, UNICEF, the National Coalition of the International Campaign for Water and Sanitation (CN-CIEPA/WASH), WaterAid, the Dutch Ministry of Foreign Affairs (DGIS), the Conrad N. Hilton Foundation and the Swedish Postcode Foundation. Interested in the programme? Contact us at mali@ircwash.org.

¹ Mortality rate, neonatal (per 1,000 live births) | Data (worldbank.org)

² www.washfit.org