



# WASHplus Mali

## What We Did

Focusing on poor, rural households in Mali's three northern districts (Mopti, Bandiagara, and Bankass), WASHplus worked to improve the nutritional status of children under 2 years old in 180 villages. The project emphasized improving nutrition and hygiene practices through a range of behavior change approaches, including community-led total sanitation (CLTS), and identified and referred undernourished children to community health/nutrition centers for treatment. One hundred forty-six (81% of intervention) villages triggered by WASHplus were certified open defecation free (ODF). Within these communities, over 10,000 latrines were constructed, rehabilitated, or upgraded, and more than 15,000 new handwashing stations have been added. WASHplus trained 400 community volunteers and extension workers to negotiate small doable actions to improve WASH and nutrition practices at the household level. As an incentive, communities reaching ODF status were eligible to receive a new water point or have an existing one rehabilitated. Villages competed to develop improved tippy tap designs, and many water user groups developed strategies to maintain and repair water points. Activities included CLTS triggering; cooking, breastfeeding, and water treatment demonstrations in the community and at health centers; and household visits promoting exclusive breastfeeding, handwashing with soap, and nutrition counseling and referrals.

## Why It Matters



This integrated activity demonstrated that a planned/implemented WASH and nutrition program can yield results in both sectors.



In target areas, the number of children referred for moderate malnutrition decreased from 2,050 children over a three month period in 2014 to 334 over the same period in 2015, and from 269 severely malnourished children with complications to 38.



Over 40,000 people have improved access to water from newly constructed or rehabilitated water points. Households now understand that many water sources are not safe to drink and have purchased water treatment tablets (over 170,000 tablets during the project).



Mali's national CLTS policy now incorporates the WASHplus-developed latrine options for different soil and hydrological conditions. The government has advocated the WASHplus practice of training masons prior to CLTS triggering to ensure that demand for latrine construction is met.

## Preliminary Key Results

- Minimum acceptable diet in children 6-23 months increased from 6% to 33% in intervention areas.
- Uptake of latrines was more than twice as rapid in intervention compared with control areas. In intervention areas 2.5 times as many households had improved latrines compared with control areas. Prevalence of open defecation declined from 58% to 6% in intervention areas. Access to a latrine resulted in increased disposal of child feces in intervention areas compared with control areas.
- The uptake of chlorination in drinking water was 13 times higher in intervention than in control areas in the same time period.
- Households with functional handwashing devices were more than double in intervention areas.



**USAID**  
FROM THE AMERICAN PEOPLE