

UNICEF COTE D'IVOIRE IMPROVING WATER AND SANITATION FACILITIES IN RURAL HEALTH CENTRES

Issue:

The armed conflict, which has affected Côte d'Ivoire since 2002, has had dramatic consequences on public services, especially in the northern and western regions of the country. Health services in particular have suffered from the destruction and/or deterioration of infrastructures and the departure of qualified personnel. However, for the provision of primary health services in rural areas, people depend on health centres, often poorly stocked and in disrepair.

In recognition of the problem, UNICEF has initiated the rehabilitation of 98 of these health centres, while simultaneously advocating for the return of qualified personnel. However, this operation does not include the overhaul of water and sanitation systems. In certain health centres, these systems used to rely on central services that are often dysfunctional. In other centres, basic requirements such as water and sanitation systems have never been constructed at all. As a result, many rural health centres in Côte d'Ivoire operate with little or no water, no toilets, and no medical waste disposal systems. Some of these centres even include maternity wards.

Global Objective:

Hygiene standards in approximately 120 rural health centres are improved.

Specific Objective:

In selected rural health centres, including those rehabilitated by UNICEF in 2006 and 2007:

- Clean water is continuously available;
- Patients and health staff have access to adequate toilets;
- Medical waste disposal systems are available.

Expected results:

- Health risks related to inadequate hygiene standards in health centres are limited;
- Working conditions for health staff are improved.

Approach:

Following a need assessment, the possible options for water and sanitation systems will be reviewed.

Water supply systems will be selected according to local conditions in each individual case. They may consist of a borehole, a hand-dug well or a connection to a functioning water network or a network to be rehabilitated by the project. Water storage facilities will be built, allowing 3 to 5 days worth of water to be stored.

Sanitation systems will be selected in the same way. Waterborne sanitation will be selected for toilets open to in-patients and health staff whereas dry sanitation systems should be made available to out-patients and visitors.

An incinerator and sharp-pits will be built in each of the health centres. Health staff will receive training on medical waste segregation and disposal.

Key activities:

- Need assessment
- Water system overhaul
- Sanitation system overhaul
- Construction of water storage facilities
- Construction of two dry latrines for out – patients and visitors in each centre
- Construction of incinerators and sharp pits
- Training of staff on medical waste segregation and disposal

This should be done in about 120 rural health centres.

Budget:

To be refined after need assessment is completed

Description	Total costs (in US \$)
Construction and equipment of 20 boreholes	320,000
Construction and equipment of 80 hand-dug wells	40,000
Rehabilitation of 20 water systems	20,000
Construction of 120 water storage facilities	120,000
Construction of 5 septic tanks	35,000
Construction of 2 x 40 cesspools	80,000
Rehabilitation of 75 sanitation systems	38,000
Construction of 2 x 120 dry latrines	20,000
Construction of 120 incinerators	120,000
Construction of 120 sharp-pits	1,200
Training on waste disposal	10,000
<i>Sub total</i>	<i>804,200</i>
Recovery costs at Headquarters (7%)	56,294
TOTAL	860,494

Cost-effectiveness:

For 1.4 \$US per beneficiary, 120 health centres, that provide primary health care to some 600,000 people, will have access to adequate water and sanitation systems.