POLICY BRIEF
Promoting Evidence-Based Investments in Sanitation and Hygiene for Health and Equity
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In partnership with PACE

HEALTHY INSTITUTIONS, EDUCATION AND WORKFORCES

Unequal risk at the point of care: closing water, sanitation and infection-prevention gaps in Senegal's health facilities

Evidence from three facilities in Diamaguène Sicap Mbao shows that weak WASH services put women, persons with disabilities, older adults and frontline health workers at greatest risk of infection — and that the fix lies in enforcement and joint monitoring, not new policy.

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Participants in a WASH FIT workshop, Diamaguène Sicap Mbao.

Key messages

1. **No facility assessed meets the WASH FIT standard.** Overall WASH FIT scores ranged from 33% to 51%, against the project's 67% threshold. Not one of the eight health posts and hospital units assessed had basic sanitation.
2. **The risk is not shared equally.** Inaccessible toilets, no running water in maternity spaces, flooding and weak protective practice fall hardest on women, persons with disabilities, older adults and female frontline staff.
3. **This is an implementation gap, not a policy gap.** Senegal's health, gender and disability commitments exist; what is missing is enforcement, budgeted upgrades and monitoring shared across sectors.
4. **Recommended:** make urgent repairs now, institutionalise routine WASH–IPC supervision, and create a multisector mechanism that tracks whether facilities meet the needs of all users and workers.

WASH = water, sanitation and hygiene · IPC = infection prevention and control

The problem: unsafe conditions, unequal risk

WASH, waste management and IPC are the foundations of safe care; where they fail, patients, caregivers and staff face avoidable infections. Senegal's progress has been uneven, with persistent gaps in waste management, electricity and service reliability, and rural facilities worse off than urban ones.

These gaps become occupational risks wherever hand hygiene, sharps safety, waste handling and protective equipment are inconsistent. Nurses, midwives, cleaners and support staff — mostly women — have the most direct contact with patients and waste. Children, older adults and persons with disabilities, who more often need repeated or assisted care, are also more exposed.

39%
of primary health care facilities had basic infrastructure (2010)

74%
of facilities had only limited waste management (2012 Service Provision Assessment)

40.6%
of health workers in private Dakar facilities reported exposure to blood or body fluids

24.8%
of persons with disabilities held a disability-equality card (2023)

Ministry of Health and Public Hygiene
Leads IPC and patient safety

Ministry of Water and Sanitation
Responsible for facility water access

Ministry of Family, Solidarity and Social Action
Holds the gender and social protection mandate

The actors and tools exist — including WASH FIT for facility improvement. The weak point is **day-to-day coordination** between WASH, IPC, occupational protection and gender-responsive monitoring.

About the study

Aim. To produce a baseline on WASH, IPC and gendered exposure risk, identify barriers faced by vulnerable groups, and support an improvement plan with a monitoring and alert mechanism for Diamaguène Sicap Mbao.

Sites. Two health posts (PS Taif, PS Fass Mbao) and the CS Khadim Rassoul health centre, assessed across six units.

Methods. Cross-sectional mixed methods: WASH FIT assessments (revised indicators, KoboToolbox), drone-based site observation, and GEDSI-informed focus groups with persons with disabilities, women and Badiènu Gox (community health mentors), older persons and female health workers.

Co-production. Public health, sanitation and engineering students worked with district health actors, facility staff, municipal committees and representatives of user groups.



A focus group discussion with community members.

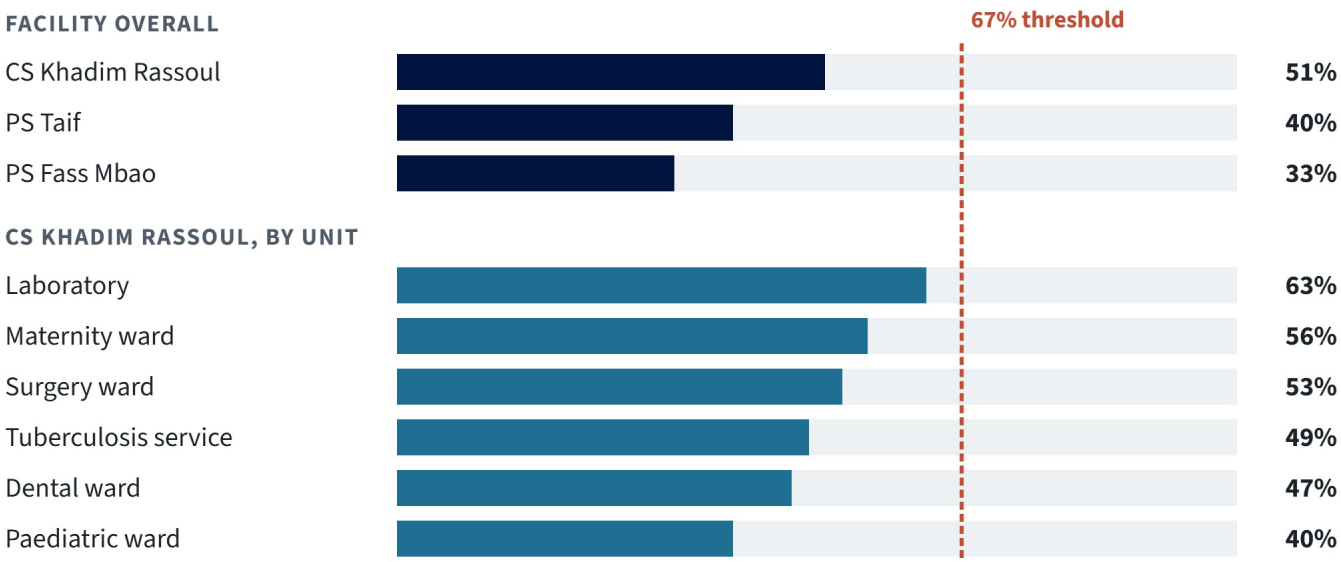
Scope. Three facilities in one district, one round of data collection: the findings show patterns to act on, not national prevalence.

KEY FINDINGS · 1

Every healthcare facility falls short of the WASH FIT standard

The best overall WASH FIT score was 51%, well below the 67% threshold used by the project. Within CS Khadim Rassoul, no single unit reached it either: the laboratory came closest at 63%, while the paediatric ward scored 40%.

Figure 1. Overall WASH FIT score, by facility and hospital unit



Source: PACE cross-sectional WASH FIT assessment, Diamaguène Sicap Mbao (2025).

Figure 2. WASH service level, by service (number of sites)

	Health posts (n = 2)			CS Khadim Rassoul units (n = 6)		
Service	Basic	Limited	None	Basic	Limited	None
Water	1	1	0	**6**	0	0
Sanitation	**0**	1	1	**0**	3	3
Health care waste	**0**	1	1	1	3	2
Hand hygiene	1	0	1	2	3	1
Environmental cleaning	**0**	1	1	**0**	5	1

Shading deepens with the share of sites. "None" means no service was available. Source: as Figure 1.

What this shows

Water is the strongest service: all six hospital units had basic water. But **sanitation and environmental cleaning were basic nowhere**, half the hospital units had no sanitation service at all, and one of the two health posts lacked any sanitation, waste, hand hygiene or cleaning service.

KEY FINDINGS · 2

The same failures hit some users far harder

Focus groups show how facility deficits translate into exclusion and infection risk for specific groups. Quotations are translated from French.

Persons with disabilities

Face structural exclusion: inaccessible Turkish-style toilets without grab bars, slippery floors, rainy-season flooding and unsafe paths between entrances and service areas.

> *"In reality, it is not the person who is disabled, but the person's environment that is disabling."*
> Persons with disabilities focus group

Implication: treat accessibility, drainage and safe circulation as core IPC and quality standards.

Women using maternity services

Describe shared toilets for men and women, little privacy, inadequate menstrual hygiene facilities, poor cleanliness and water shortages in maternity spaces.

> *"During menstruation, it is hard for us to manage in health facilities, especially when there is no running water."*
> Women and Badiènu Gox focus group

Implication: these conditions raise infection risk, erode dignity and may delay care in pregnancy and childbirth — gender-responsive WASH standards are needed in maternity and sanitation areas.

Older adults

Report difficult access during flooding, long waits, poor internal mobility and toilets unusable for people with limited movement — plus administrative and financial barriers linked to free-care arrangements that delay use of services.

Implication: safe WASH conditions and streamlined access procedures are essential for older people, not optional add-ons.

Frontline female health workers

Work amid flooding, poor toilets, intermittent water, missing handwashing devices, poor night security and weak enforcement of protection and hygiene rules.

> *"We need drainage channels to carry rainwater away from the health post and its surroundings."*
> Female health worker focus group

Implication: staff safety and patient safety are linked — the systems that expose users also expose those handling cleaning, deliveries and waste.

Policy options

Laws and commitments on disability inclusion, hygiene and social protection already exist; they are not consistently applied in facility design, supervision or follow-up. Three options for closing that gap were assessed.

Option	What it involves	Likely result	Assessment
1. Targeted infrastructure fixes	Upgrade the most urgent gaps in toilets, water access, drainage and handwashing points	Quick cut in immediate risk; limited long-term change	**FIRST STEP** Needed now, not sufficient alone
2. Integrated WASH–IPC enforcement	Clearer standards, staff training and regular supervision of hygiene and infection-prevention compliance	Better service quality and safer care, if oversight is sustained	**RECOMMENDED**
3. Multisector inclusion and monitoring mechanism	Health, water and sanitation, social protection and local authorities jointly track whether facilities meet the needs of all users and workers	Stronger follow-up and accountability; clear responsibility for fixing repeated gaps	**RECOMMENDED**

Recommendations

Combine immediate repairs with Options 2 and 3, so that upgrades are enforced and sustained.

1. **Fix the most urgent WASH and accessibility gaps now**
   Toilets, drainage, water points, handwashing stations, waste management and privacy — prioritising maternity, consultation and high-traffic areas.
   Lead: Ministry of Health and Public Hygiene, district teams, facility managers
   Short term

2. **Institutionalise routine WASH–IPC supervision**
   Monitor compliance with WASH FIT indicators, with clear reporting lines to the Ministry and corrective action for persistent failures.
   Lead: District health services
   Medium term

3. **Bring users into facility oversight**
   Include women, persons with disabilities and older adults in quality checks so recurring problems are caught early and fixed quickly.
   Lead: Health districts, facility managers, health development committees
   Medium term

4. **Formalise a multisector inclusion and monitoring mechanism**
   Jointly track whether facilities meet the needs of women, persons with disabilities, older adults and health workers.
   Lead: Health, Water and Sanitation, and Family ministries, with municipal councils
   Long term

5. **Anchor WASH upgrades in national gender and disability priorities**
   Senegal's commitments to gender institutionalisation and equitable health services open a policy window to align facility reforms.
   Lead: Ministry of Health and Public Hygiene; Ministry of Family
   Ongoing

Roadmap: from evidence to implementation

SHORT TERM

Repair the most affected facilities first — toilets, drainage, water access and handwashing points.

MEDIUM TERM

Introduce routine WASH–IPC monitoring with WASH FIT and assign clear roles to district health teams and municipal actors.

LONG TERM

Establish a permanent multisector mechanism that monitors WASH, gender, disability, age and worker safety together.

Enabling conditions: modest rehabilitation budgets, maintenance supplies and staff training. **Partners:** district health services, municipal councils, the Ministries of Water and Sanitation and of Family, Solidarity and Social Action, health development committees, and representatives of women, persons with disabilities and older adults.

ABOUT THIS BRIEF

Prepared by Amsatou Mbacke, graduate student at Emory University and intern with PACE (Pan African Consortium of Experts), a PROMISE partner, drawing on a co-produced study in Diamaguène Sicap Mbao. Published by the PROMISE Consortium, a 16-institution partnership that helps governments turn sanitation and hygiene evidence into policy, planning and investment.

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