

COMMENTARY

Improving water, sanitation and hygiene (WASH) services in primary health care facilities in Edo State, Nigeria: A call for action

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Vivian Onoh^{1*}, Emmanuel Imarhiagbe^{1,2} and Fredrick Ekhaise^{1,2}

Center for Excellence in Reproductive Health (CERHI)¹, University of Benin, Benin City, Nigeria²

*For Correspondence: Email: vivianonoh@gmail.com

Abstract

Addressing water, sanitation, and hygiene (WASH) in health care facilities will foster action towards achieving the inter-related Sustainable Development Goals 3 and 6. WASH plays a significant role in sexual and reproductive health service delivery quality. Despite the relevance of WASH to reproductive health, quality of care, and disease control in Primary Health Care (PHC) facilities, accessibility is considerably low, with minimal attention given to the enormous yet solvable crisis of inadequacy of WASH in PHC facilities in Edo State. This paper provides insight on WASH status in PHC facilities in Edo State, identifies barriers to WASH provision, and practical steps to improving WASH services in the PHC facilities in Edo State. It was concluded that strict adherence to minimum standards for WASH facilities in PHCs should be ensured, and also a regular assessment of the availability and quality of WASH services in PHC facilities in Edo State should be conducted. (*Afr J Reprod Health 2022; 26 [9]: 13-20*).

Keywords: WASH, PHC facilities, sexual and reproductive health rights (SRHR)

Résumé

Aborder l'eau, l'assainissement et l'hygiène (WASH) dans les établissements de soins de santé favorisera l'action vers la réalisation des objectifs de développement durable interdépendants 3 et 6. WASH joue un rôle important dans la qualité de la prestation des services de santé sexuelle et reproductive. Malgré la pertinence de WASH pour la santé reproductive, la qualité des soins et le contrôle des maladies dans les établissements de soins de santé primaires (SSP), l'accessibilité est considérablement faible, avec une attention minimale accordée à la crise énorme mais résoluble de l'insuffisance de WASH dans les établissements de soins de santé primaires de l'État d'Edo. Cet article donne un aperçu du statut WASH dans les établissements de SSP de l'État d'Edo, identifie les obstacles à la fourniture de WASH et les étapes pratiques pour améliorer les services WASH dans les établissements de SSP de l'État d'Edo. Il a été conclu que le strict respect des normes minimales pour les installations WASH dans les PHC devrait être assuré, et qu'une évaluation régulière de la disponibilité et de la qualité des services WASH dans les installations PHC de l'État d'Edo devrait être effectuée. (*Afr J Reprod Health 2022; 26[9]: 13-20*).

Mots-clés: WASH, établissements de soins de santé primaires, droits à la santé sexuelle et reproductive (SRHR)

Introduction

Water, sanitation, and hygiene (WASH) in a health care facility denote the provision of water, regular sanitation, health care waste management, hygiene, environmental cleaning, and services in all parts of the health facility. WASH is crucial to the quality of sexual and reproductive health (SRH) service delivery and the actualization of sexual reproductive health and rights. The health of individuals is placed at risk where primary healthcare (PHC) lacks appropriate WASH facilities as well as sexual and reproductive health service delivery. Integration of WASH and SRHR interventions in primary healthcare centers can increase positive outcomes in health. A health care

facility encompasses any formally accredited or licensed facilities that offer health care, located in either urban or rural areas. Primary healthcare facilities offer professional medical care for persons based on a locality or community before shifting them to more advanced hospital-based care. Most primary healthcare facilities tend to concentrate more on the quality of the service offered while maintaining cost-effectiveness. Water supply, sanitation, and hygiene services are crucial to the quality of care and disease control in Primary Health Care (PHC) facilities. Basic WASH services in health care facilities are fundamental to providing quality care and ensuring that primary health commitments, as detailed in the Astana Declaration, are achieved¹.

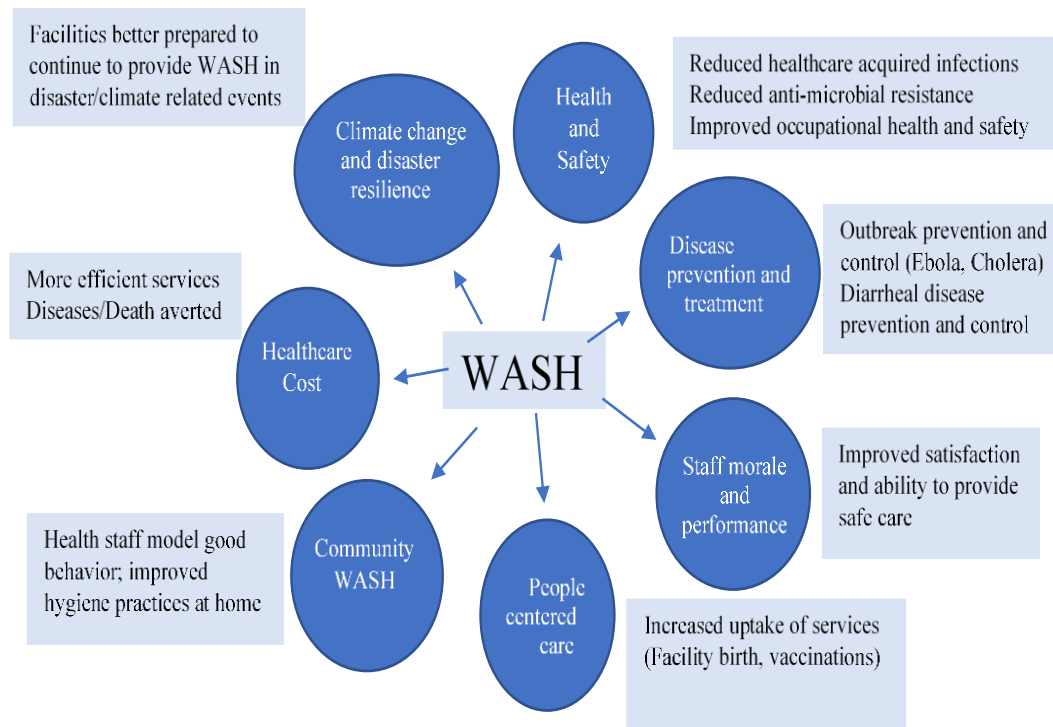


Figure 1: Multiple benefits of adequate WASH in Primary Health Care Facilities (WHO 2019)⁵

It can also improve health outcomes at the community level. The availability of WASH in maternity and primary care centers enables reduced maternal mortality², eradicating of antimicrobial resistance spread³, ending cholera⁴, and safekeeping communities from harm⁵. The correlation between safe water for hygiene in primary health care facilities and reduction in disease spread has previously been established in literature⁶. The World Health Organization (WHO) and other key agencies support the provision of WASH facilities and adequate WASH services in primary health care centers.

Sustainable Development Goal (SDG) 6, which centers on ensuring availability and sustainable management of water and sanitation for everyone, emphasizes the need to ensure safe management of water and sanitation. Despite the significance of water, sanitation, hygiene, and waste disposal services on the continuum of healthcare, accessibility to WASH services globally remains alarmingly poor⁷. The gaps in current WASH services in PHCs are considerably high. Globally, across most regions, WASH services in health care facilities fall short of WHO and national standards⁸. In most of Asia, 1 in 10 facilities have

no water service, and in Latin America and the Caribbean, 1 in 20 health care facilities have no water service. Sanitation services lag further behind⁸. In Central and Southern Asia, 2 in 5 health care facilities have no sanitation services, and in Oceania and Sub-Saharan Africa, 1 in 3 facilities have no sanitation and water services^{9,10}. Also, the 2019 Global Baseline Report on WASH in Health Care Facilities showed that one in four health care facilities lacks basic water services, and 896 million persons lack water service at their primary healthcare facility⁸. This has far-reaching effects on children's growth, development, morbidity, and mortality, especially at the start of their life. The WHO and UNICEF have proposed an action plan to achieve universal WASH coverage in healthcare facilities (HCFs) by 2030⁸.

The WASH targets and indicators for HCFs include an improved water source on the premises accessible to all users, basic sanitation facilities, a hand washing facility with soap and water at all sanitation facilities and patient care areas. Given the significance of water supply and good hygiene during childbirth, WASH is seen as both a pre-condition and an entry-point for improved quality of care. To establish viable targets for WASH in

HCFs, investigation beyond ‘access’ is needed to address the state of WASH infrastructure and service provision⁵.

WASH status in primary health care facilities in Edo State, Nigeria

In Nigeria, access to WASH services in healthcare facilities poses several threats to quality healthcare delivery, especially at the primary health care level where the majority of the poor population (70%) access health care services¹¹. Nigeria has over 33,000 PHC facilities and half of the facilities lacked clean water; 88% are devoid of basic sanitation and 57% are devoid of hand-washing facilities with soap¹². A hospital-based study conducted on patients’ satisfaction with healthcare facilities in Nigeria reported that 71.7% of the patients were dissatisfied with toilet facilities¹³. A systematic review conducted by¹⁴ revealed that improving WASH conditions reduces patient dissatisfaction in healthcare services, which in turn increases care-seeking behaviour and improve health outcomes. An assessment of WASH availability and quality service was conducted by EpiAFRIC in the Federal Capital Territory (FCT), Abuja and Niger State¹¹. The assessment was conducted during the COVID-19 outbreak in Nigeria with the objective of gathering relevant evidence to help improve WASH in healthcare facilities in Nigeria. Specifically, the assessment was aimed at determining the availability and functionality of gender-sensitive and people-friendly services in PHCs in the FCT and Niger State, respectively. The assessment findings revealed that most PHCs assessed do not meet the WASH requirements, as stipulated in the Technical Guide for WASH services in PHCs by the National Primary Health Care Development Agency (NPHCDA).

In Edo State, little or no research findings have been geared towards assessing the availability and quality of WASH services. However, the social context of water, sanitation and hygiene practices in Edo, Delta and Ekiti States, Nigeria, have been reported¹⁵. The Edo State Government collaborated with the United Nations Children’s Fund (UNICEF) in deepening the impact of projects executed through the Water, Sanitation and Hygiene (WASH) program to ensure sustainable sanitation in the state. The Edo State Government

has previously assured its citizens to set up a small town rural water supply agency to supervise the various water installations in the communities that have water projects, as well as to take inventory of water projects in the state and fix faulty facilities as part of efforts to sustaining the WASH program. Although this assertion by the state government clearly supports the Nigerian government’s goal of achieving an open defecation-free country by 2025, the extent to which this has been implemented has not been ascertained. Other non-governmental agencies, including the Partners for Development RTI and non-governmental organizations, have conducted projects to strengthen the capacity of local institutions for effective, accountable, and sustainable delivery of community-driven WASH and other developments in Edo, Delta, Ekiti, and the Bauchi States, respectively.

Challenges to WASH provision in PHC facilities in Edo State

Despite the critical role that availability of safe water supply, functional toilets, and hand-washing facilities play in preventing infection transmission and safeguarding the health, WASH provision in PHC facilities in Edo State are faced with some identified challenges, which include: incomplete standards, inadequate monitoring, disempowered workforce, poor WASH infrastructure, disease-specific budgeting; and lack of sustainable mechanism⁸.

Practical steps to improving WASH services in PHC facilities in Edo State

The under-listed practical steps to improve water supply, sanitation, and hygiene services in PHC facilities in Edo State, Nigeria, is hinged on the World Health Organization framework of achieving universal access to quality care¹⁶.

1. Conducting situational analysis and assessment in all PHC facilities in Edo State.
2. The setting of specific targets and defined roadmap.
3. Establishing and adherence to national standards and accountability mechanisms in Edo State.
4. Improving and maintaining infrastructures.
5. Regular monitoring and reviewing of data.
6. Development of PHC workforce.

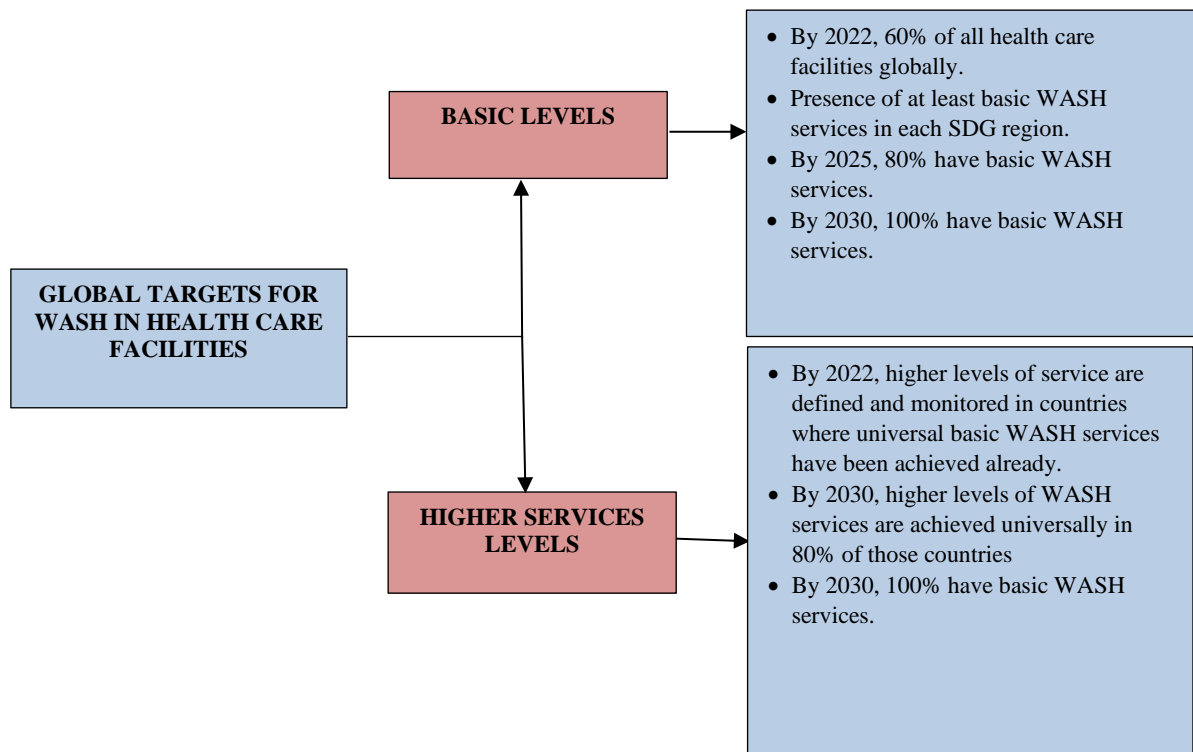


Figure 2: Global TARGETS for WASH in Health care. Source: Adapted from Water, sanitation and hygiene in health care facilities: practical steps to achieve universal access⁵

7. Communities and stakeholders’ engagements.
8. Conducting operational research and sharing learning.

1. Conducting situational analysis and assessment in all PHC facilities in Edo State

Situation analysis and assessment of current WASH in PHC services provide a basis for planning and resource mobilization. It is useful in setting incremental targets toward the goal of universal access by 2030¹⁶. A viable situation analysis should include facility visits to ascertain the credibility of monitoring information and obtain insight from staff, care-seekers, health, and other community cohorts. An assessment involves completing existing data on WASH in health care facilities coverage at several levels, and if the data does not exist or needed assessments to be conducted. A situational analysis of primary health facilities has been conducted in some selected states in Nigeria¹¹.

The findings showed that many facilities lacked basic equipment and medicine supply, with about two-thirds lacking misoprostol and magnesium sulfate, and only 15% had functional drug revolving funds. However, little or no research findings on situational and assessment report of WASH services in PHCs have been conducted in Edo State that examines health and WASH policies, governance structures, and funding streams.

2. Setting of specific targets and defined roadmap

A joint WASH and health task force or technical working group with formally defined terms of reference and membership can serve as an effective mechanism for developing a roadmap, setting targets, providing technical and political leadership, and coordinating implementation efforts. Preferably, such a task force should be led by the state ministry of health or governor and would



Figure 3: WASH facility in a PHC in Edo State, Nigeria (WHO 2019)⁵

include decision-makers from relevant ministries (health, water, sanitation, infrastructure, public works, and finance) as well as technical staff and partners engaged in WASH in the PH-C activities. The first assignment of the Edo State taskforce team is to set targets and define a roadmap for WASH in PHC facilities based on the situation analysis and assessment, and taking into consideration the special needs of vulnerable groups and underserved areas and facilities.

3. Establishing and adherence to national standards and accountability mechanisms

National standards and policies for WASH in PHC facilities are necessary for implementing, monitoring, and regulating health services. Standards should be comprehensive (including items such as safe health care waste management), specific enough to provide actionable technical guidance, and relevant to the local context^{16,17}. Accountability mechanisms in Edo State should ensure that all facilities meet national standards. An effective way of enforcing standards in health programs is by identifying common goals (i.e.,

reducing maternal and newborn deaths, increasing uptake and satisfaction of care, improving adherence to recommended hand hygiene practices) and jointly monitoring and reviewing progress. Specifically, in Edo State, standards should be followed by oversight and sufficient resources for implementation. Immediately these standards exist for WASH in PHC facilities and are being implemented; the state government can collaborate with the federal government to include WASH in regulatory processes, accreditation methodologies, and national health insurance schemes.

4. Improving and maintaining infrastructures

WASH infrastructure in Edo State should be improved to meet national standards as well as been accompanied by policies, resources, and strategies to keep infrastructure and services operational over time. The state government needs to have an infrastructural plan; they can define the scope of work and outline the costs in a particular facility (primary, secondary or tertiary) and location (urban or rural), as well as a cost analysis that will help to compare the benefits of new WASH infrastructure

to the costs associated with the lack of WASH infrastructure. Primary health care facilities in Edo State are encouraged to include costs and capacity for ongoing operation and maintenance in their infrastructure plans.

5. Regular monitoring and reviewing of data

A lack of regular monitoring and adequate reviewing of data exist in Edo State. One of the best ways to resolve this is to track the WASH intervention status by monitoring and reviewing indicators on a regular basis, which should be embedded in existing health monitoring systems. Appropriate data should be shared from the local governments to enable documentation of incremental progress and making of priority investments. In addition, WASH indicators can be integrated into routine data collection and review processes for health care. The data can be used to measure progress and hold stakeholders accountable.

6. Development of PHC workforce

A well-trained, supported, and committed health workforce initiates health systems to perform optimally and respond properly to challenges. Health facility staff, including clinical and non-clinical deserve to work in a setting that ensures occupational health protection and safety, which allows the staff to execute their responsibilities to the best of their ability. The Edo State government is encouraged to ensure regular training and mentoring for all levels of PHC staff, as well as emphasizing the relevance of good WASH and IPC practices, which include safe hand hygiene. Health facility cleaners and health care waste operators at the local and state level need additional skills and competencies to safely and accurately conduct their work. All workers engaged in the health system, from doctors to nurses, midwives, and cleaners should have access updated information on WASH and infection prevention and control practices during pre-service training and as part of regular professional development.

7. Communities and stakeholders' engagements

Community members and organizations are relevant in ensuring that PHCs provide the level of

care citizens deserve and expect. In Edo State, community heads, local leaders, and members are encouraged to participate in decision-making and contribute to the management of WASH services and hygiene practices at local government levels. In some cases, community members also provide technical expertise and ought to be consulted regarding choices in the design and use of WASH facilities. In the local government areas, where PHCs and households share the same water source, they must co-exist mutually to ensure a prolonged span of the common resource. SDG 6 strives to achieve "universal" access to WASH and is hinged on a vision of community-wide WASH services in both households and institutions, which include PHCs and schools. Community members serve an important role in defining, demanding, using and providing feedback on health services. They are to be included in the development of WASH policies, and in the regular review of WASH coverage and implementation data¹⁶.

8. Conducting operational research and sharing learning

A concrete evidence base for WASH in PHCs can foster continued action and investment. When knowledge garnered from different facets are shared, they can trigger ongoing improvements, spur innovation, and scale up proven approaches. Operational research involves documenting not just what has been done but how it has been done, the associated challenges, and how they have been addressed¹⁶. While the association between WASH and stoppage of infection is clear, measuring both appears to be complicated and expensive. External review and research in Edo State is relevant for testing and scaling-up innovative approaches and reflecting on and revising programmatic strategies across all levels.

Conclusion

Several WASH facets within the primary health care system in Edo State, Nigeria, need to be improved and corrected. A stringent system that is inclusive of all key stakeholders and active players in the WASH sectors, as well as regular monitoring and training sessions, should be employed. Apart from the aforementioned eight practical steps to improving WASH services in primary health care

facilities in Edo State, Nigeria, there is a need for strong institutional leadership from the Edo State Ministry of Health and good governance at the national, state, and local levels of the health system. The Ministries of Water and Sanitation, in synergy with respective Edo State agencies for WASH, are critical for improving public WASH supplies and providing technical support to health care facilities. Ministries of Finance can aid pivotal budgetary allocations and financing mechanisms, while the local government councils have a role in managing and funding WASH at the grass-root level. All-inclusive coordination requires an extreme level of leadership beyond a single ministry to ensure a common and cohesive approach.

Recommendations

1. Strict adherence to minimum standards for WASH facilities in PHCs in Edo State should be ensured. This will foster scaling-up quality WASH services in primary health centers in all local governments in the state.
2. A critical assessment availability and quality of WASH services in primary health care facilities in Edo State should be conducted.
3. Provision of equitable access to water, sanitation, and hygiene services, and strengthening of subnational bodies' capacity to develop and implement equitable and gender-sensitive WASH policies, strategies, and guidelines.

Conflict of interest

None.

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