

WATER, SANITATION, HEALTH AND HYGIENE

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Abstract:

There is a paucity of information on the state of water, sanitation, and hygiene (WASH) at health care facilities. The main water points at the majority of the health care facilities were improved sources, while improved toilets were available at of the health care facilities visited. Hospitals had the poorest toilet to patient of the health care facilities had hand washing facilities at the toilets. The lack of hand washing facilities was most prominent at the level IV health center toilets. Hand washing facilities were available at other points within most of the health care facilities. However, both water and soap were present at only of these health care facilities. The poor toilet to patient/caregiver ratios particularly in the high-volume health care facilities calls for the provision of cheaper options for improved sanitation in these settings.

Background:

WASH services provide for water availability and quality, presence of sanitation facilities, and availability of soap and water for hand washing. A joint WHO/UNICEF report shows that globally, provision of WASH services in health care facilities is low, and the current levels of service are far less than the required 100% coverage by 2030. All health care facilities lacking an improved source on-site or nearby.

However, provision of sanitation services was much better with only of all health care facilities in the African Region lacking access to improved sanitation. It has also been reported that large variations have been observed at sub national level, by settings and by type of health care facility within the same country, with smaller facilities in rural areas having disproportionately fewer WASH services compared to larger facilities (e.g., hospitals) in urban areas

Materials and Methods:

Design and Health Care Facility Selection. A cross sectional survey was conducted across health facilities done.

- **Water.** The presence of an improved water source or water supply within the facility (in building or compound) used for drinking, personal hygiene, medical activities, cleaning, laundry, and cooking. The functionality (water was available from this source at the time of the survey), mean distance to sources from inpatient ward, and mean queuing time were also assessed, and alternative options for water storage and the availability of water point maintenance plans were also assessed. The assessment of all these indicators was made through observation.
- **Sanitation.** The presence of latrines or toilets within the facility, distance from outpatient departments and inpatient wards, toilet to patient ratio, clean- lines, availability of cleaning materials, availability of separate toilets for males, females, and disabled, capability to close and lock, availability of lighting at night, and extent of filling for pit latrines through observation. The mechanism of emptying the toilets was established through an interview with the facility managers.
- **Hygiene.** The availability of hand washing facilities with soap or alcohol-based rubs at the toilets and within the facility buildings was assessed through observation.

Discussion:

The findings which were observed reveal that main water points at the majority of health care facilities are improved water sources while most have improved sanitation facilities. Availability of hygiene facilities (hand washing amenities and messages) remains very limited in the health care facilities. WASH improvements at government-owned health facilities should take into consideration water supply and sanitation technology improvement and focus on addressing gaps in hygiene facility availability.

Conclusions:

These findings demonstrate critical gaps in the provision of WASH in health care facilities that need to be addressed to ensure full realization of the Sustainable Development Goals, particularly targets on universal health coverage and access to water and sanitation for all. In order to minimize the risk of health-care-acquired infections, efforts to improve WASH should give prominence to hygiene service interventions in the health care facilities.

Priority should be given to the sustainable provision of hygiene amenities such as soap for hand washing particularly in the high patient volume health care facilities, in this case the level IV health centers and hospitals. This should be complemented by ensuring the availability of educational materials on hand washing such as posters, stickers, and signs at critical positions in the health care facilities. The poor toilet to patient/caregiver ratios particularly in the high-volume health care facilities calls for the provision of cheaper options for improved sanitation in these settings. Overall, availability of services can be improved by institutionalization of WASH risk assessment and maintenance plans that were shown to be linked to availability of funds

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