

Water, Sanitation, and Hygiene (WASH) in healthcare facilities: a situation analysis of Bongo and Kassena Nankana West Districts, Ghana



Summary

Access to safe water, sanitation, and hygiene (WASH) in healthcare facilities (HCFs) is fundamental to the provision of quality care. Some HCFs in Ghana do not provide these basic WASH services.

There is a lack of detailed information about specific facilities and the availability of WASH services. Moreover, it is not clear that there are national guidelines on the standards for WASH in healthcare facilities. If these do exist, it is not evident that they consistently guide the construction of healthcare facilities by local government authorities and development partners.

This briefing note is based on an assessment carried out by the Navrongo Health Research Centre. It covers two districts in the Upper East Region and provides a window on the opportunity available to transform the quality of care by ensuring that the fundamentals – WASH – are in place across all healthcare facilities, especially where mothers go to give birth.



There is no flowing water. Showers in the maternity ward have been turned into storage rooms.

Actions for Change

Ensure access to safe water, sanitation, and hygiene for all healthcare facilities where women go to give birth.

Ensure all new healthcare facilities constructed have integrated WASH services in alignment with the Sustainable Development Goals (SDGs) requirements.

Monitor the provision of WASH services and ensure that they are delivered to the standard quality consistently. Also, monitor the provision of care, especially infection and control prevention measures by health care workers.

Integrate planning for WASH in HCFs with the improvement of road networks and ambulance services, so that WASH is accessible in HCFs and roads leading to these facilities are improved.

Coordinate the interventions of the Ministry of Health and Ministry of Sanitation and Water Resources as well as between various divisions within Ghana Health Services: Institutional Care, Family Health, and Planning, Policy and Monitoring and Evaluation; Coordination should help maximize opportunities for synergy.

Finance access to WASH in healthcare facilities adequately and consistently to ensure sustained improvements in access and the achievement of universal coverage.

Purpose of the Assessment

WaterAid Ghana collaborated with the Navrongo Health Research Centre to conduct this assessment to get detailed information on the status of WASH in HCFs where women go to give birth in two partner districts - Bongo and Kassena Nankana West.

These findings will be used to support advocacy initiatives with the relevant duty bearers - District Assemblies, Ghana Health Service, Ministry of Health, Ministry of Local Government and Rural Development, Ministry of Sanitation and Water Resources, Ministry of Gender, Children and Social Protection and development partners.

Methodology

The study answered the following research questions:

1. What is the current level of access to water, sanitation, and hygiene services in maternity wards in Healthcare facilities (HCFs) in the Bongo and Kassena-Nankana West districts?
2. Where such WASH services exist, what is the level of functionality in the various healthcare facilities?
3. How is access to WASH services impacting the hygiene practices of health care providers?
4. What are the challenges that HCFs have in observing hygienic practices/infection prevention methods?
5. What are the institutional initiatives to enable more effective infection prevention in the healthcare facilities?
6. What are some of the coping mechanisms by users (women who have recently delivered in a health facility) of the facilities and their implications?

This assessment utilized a quantitative and qualitative approach for data collection. The quantitative data was based on a survey tool developed from WHO guidelines for WASH in Healthcare facilities. The quantitative approach was based on in-depth interviews, which included both health care providers and health care seekers.

The assessment covered all healthcare facilities where women go to give birth in the two districts. These HCFs were all purposively selected.

Scope

The assessment was conducted in two districts of the Upper East Region: Bongo and Kassena Nankana West. In each district, all healthcare facilities where women go to give birth were assessed based on the information provided by the respective District Health Services. In Bongo, there are a total of 43 Healthcare facilities, which include 4 health centers, 2 reproductive child health centers, 13 Community Based Health Planning and Services (CHPS) and 1 district hospital. The Kassena Nankana West District, has 37 healthcare facilities. These comprise of 5 health centers, 29 Community Health Planning and Service (CHPS) centers, 2 private clinics and 1 district hospital¹.

¹The actual status of this facility is in question as it does not meet some of standards required to be technically referred to as a hospital.

Findings

The assessment was conducted in two districts and entailed 29 healthcare facilities: two (2) hospitals, 11 health centers and 16 CHPS compounds. Fifteen of these HCFs were in Bongo and the other 14 were located in the KNW districts. The 15 facilities in Bongo district consisted of one (1) hospital, five (5) health centers and 9 CHPS compounds. In Kassena Nankana West district one (1) hospital, five (5) health centers and eight (8) CHPS compounds were visited (Table 1).

Table1: Health facilities visited in Bongo and KNW

Bongo	Kassena Nankana West
Bongo Hospital	Knw District Hospital
Bongo Soe Health	Chiana Health
Dua Health	Kayoro Health
Namoo Health	KNE Health
Vea Health	Nakolo Health
Anafobisi Health	Sirigu Health
Apaatanga CHPS	Busungu CHPS
Adaboya CHPS	Kurugu CHPS
Balungu CHPS	Mirigu CHPS
Feo CHPS	Nabango CHPS
Gamburongo CHPS	Navio CHPS
Gowrie CHPS	Nyangnia CHPS
Kadare CHPS	Katiu CHPS
Kodorogo CHPS	Gwenia Vornia CHPS
Wagliga CHPS	

Access to Water services

Of the Healthcare facilities where women go to give birth in the two districts, 76% of them had uninterrupted water supply in the week of the assessment. In addition, 55% of the HCFs have backup sources (storage tanks) to store water, and 88% of the storage tanks were working on the survey day (Figure 1). About 56% of the facilities with backup storage sources are able to supply water where there is intermittent flow for three or more days, 31% for two days and 13% for one day.²

²The In-Charge and/or respondents at the HCF provided Information on how long the backup storage would last.

Thirty one percent (31%) of the facilities had pipe borne water in the maternity ward/ delivery room. On the day of the survey, based on the observation of the interviewer, 97% of the facilities had water from the main source.

In many instances, the quality of water in the various healthcare facilities could not be guaranteed. Only twenty one percent (21%) of the Healthcare facilities assessed had their water quality tested in the last year.

A little over half (52%) of the health facilities in Bongo and KNW depend on hand pump boreholes for their water supply. Three percent (3%) of the facilities have hand-dug wells with hand pumps as their main source of water. Across the two districts, only 17% of the health facilities where women go to give birth have access to water via indoor plumbing.



The veronica bucket in the right hand corner provides water for hand hygiene in the maternity ward of this health clinic. WaterAid Ghana

WaterAid/Chaka Uzundu

Access to sanitation services

There were 29 health facilities assessed in Bongo and KNW. Fourteen of these HCFs (48%) of them have toilets for outpatients. Thirteen of the toilets were functional³, but seven (7) out of the 14 facilities have just one toilet for outpatients. Only one of the facilities has a separate toilet for only outpatients. The WHO standards for WASH in Healthcare facilities requires that there are separate facilities for men and women.⁴ Three out of the 13 facilities (23%) have separate toilets for male and female outpatients. In addition, four of 29 facilities assessed have separate toilets for male and female staff. The WHO standards require that HCFs have separate toilets for male and female staff.

Limiting the analysis on sanitation in healthcare facilities by focusing on types of healthcare facilities is also instructive. One out of the two hospitals and four (4) out of 10 health centers surveyed had toilets for inpatients. All the toilets for inpatients were working at the time of the survey. Only one health facility had separate toilets for male and female inpatients.

The situation was not much different for outpatients. One out of the two hospitals (50%) and six (6) out of the 10 health centers (60%) had toilets for outpatients. About 20% of health centers and six (6%) of CHPS compounds had separate toilets for male and female outpatients. From the assessment on the survey day, the toilet facilities in the hospitals were not clean. Approximately 63% of the health centers and 50% of the CHPS compounds had clean toilets.

Faecal sludge management

Across the two districts, 50% of health facilities assessed manually disposed their faecal sludge.⁵ Almost 27% use a sewage system and 19% use puller services. Close to four percent (4%) use other methods, which include “dig and bury”.

³ By functional, we mean that the facility provides the sanitation services as planned – ensure safe separation and containment of faecal matter and no contact with humans or disease vectors (e.g. flies).

⁴ At the time of writing this report there is no publicly available and official national standards for WASH in healthcare facilities. WaterAid Ghana has sought to participate and/or support this process without success.

⁵ It was not clear exactly where the faecal sludge was disposed and treated.



There is no running water in the toilets.
They have now been changed to storage rooms
Wuru CHPS, Kassena Nankana West

Credit - WaterAid/Chaka Uzundu

Access to hygiene services

The ability to practice good hygiene is essential to the provision of quality care in healthcare facilities. The assessment noted that 93% of the facilities surveyed had hand washing facilities near the treatment areas, and in all the treatment areas there was soap or alcohol based hand rubs at the washing facility. Almost 52% of the facilities had washing facilities near waiting rooms and all of them had soap or alcohol based hand rubs at the washing facility. Surprisingly, just 14% of the facilities had hand-washing facilities near toilets and 75% had soap or alcohol based hand rubs at the washing facility. In addition, about 83% of the birthing/delivery rooms had hand-washing facilities and in 100% of them, there was soap or alcohol based hand rubs at the washing facility.

Beyond hand washing facilities, tiling of maternity wards floor and walls, are also important for maintaining hygienic conditions in HCFs. The assessment sought to identify the extent to which tiling is available in the HCFs. Four out of the 29 facilities visited (14%) had the delivery room floor tiled. One out of 29 facilities (3%) had the delivery room wall tiled. Finally, hygiene behaviours are also key to infection and prevention control. Therefore, the assessment sought to get information from health care workers on their hygiene behaviours. Approximately 83% of the health workers interviewed indicated that they practiced regular hand washing with water and soap when there is no running water.



Hand washing station in Mirigu
CHPS, Kassena Nankana West

WaterAid/Chaka Uzundu

Access to healthcare waste management systems

This assessment also documented the existing health care waste management systems in the various healthcare facilities where women go to give birth.

This was to ascertain how healthcare facilities are managing healthcare waste.

Six (6) out of 29 health facilities (21%) had a functional incinerator and all the functioning incinerators had fuel for the incinerator on the day of the survey. The majority of the healthcare facilities in the two districts (69%) disposed of their waste through shallow pit burning. The second most prominent method is the use of disposal bins (31%) and then incinerators (28%). About 4% of the facilities use other means to dispose their waste, including open burning, "dig and bury," placenta pits and safety boxes.

One out of the two hospitals (50%) and 5 out of 10 health s (50%) had a functional incinerator. No CHPS compound had a functional incinerator. One of the hospitals disposes its waste using the incinerator and the other disposes using disposal bins. About 82% of the health centers and CHPS compounds dispose their waste through shallow pit burning. One out of the two hospitals indicated that used syringes, needles and other contaminated equipment are incinerated compared to 70% of health centers and 25% of CHPS compounds.

In both hospitals, infectious waste is separated from other waste compared to 80% of health centers and 77% of CHPS compounds.

About 43% of used syringes, needles and other contaminated equipment are incinerated and 14% are disposed through disposal bins. In addition, some of the health facilities also dispose contaminated equipment through other means. These include sending them to the district hospital or to the DHMT to be incinerated and the use of safety boxes. In 79% of the facilities, surveyed, infectious waste is separated from other waste and 3% of the facilities indicated that they sometimes separate infectious waste from

other waste. Among those who separate infectious waste from other waste, about 92% of them treat the infectious waste most of the time by using chemical disinfection with hypochlorite.



A shallow pit used to manage waste at a healthcare facility

Recommendations

1. Metropolitan, Municipal and District Assemblies (MMDAs) should develop long-term plans for WASH in healthcare facilities.
2. Ensure that no new healthcare facilities are built without the full complement of WASH services.
3. Develop, disseminate and implement national Standards for WASH in healthcare facilities. Systematically, monitor and evaluate the implementation of the guidelines.
4. Strengthen mechanisms (indicators and financing) for monitoring WASH in healthcare facilities.



Water tank providing pipe-borne water into a maternity ward; Bandunu CHPS, Kassena Nankana West



Hand washing sink in a maternity ward; Bandunu CHPS, Kassena Nankana West

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This briefing note was written by Chaka Uzundu.



WaterAid transforms lives by improving access to safe water, hygiene and sanitation in the world's poorest communities.

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