

## The State of Water, Sanitation and Hygiene Services in Schools and Healthcare Facilities

Efforts to achieve universal access to water, sanitation and hygiene (WASH) services within the framework of the District WASH Masterplan towards full coverage in Asutifi North District by 2030 is not limited to households. The District WASH masterplan which guides the attainment of this collective stakeholder vision targets at least basic WASH services in all institutions as well. This means, schools and healthcare facilities will have water supply on premise; sanitation facilities will be usable, separated for patients and staff, and support menstrual hygiene management. There will be hand hygiene materials in all critical locations. Medical and other general wastes will be properly managed per global standards. The very first step towards achieving these lofty ambitions, however, is to understand the status of institutional WASH in the District. The 5<sup>th</sup> District-Level Learning Alliance Platform (DLLAP) hosted a presentation by the Centers for Disease Control and Prevention (CDC) to share findings from a baseline assessment of WASH in schools and healthcare facilities in the Asutifi North. The presentation was made by Ms. Victoria Trinies, a Field Coordinator with CDC. Among the 48 participants at the meeting were heads of schools, Circuit Supervisors, in-charges of public healthcare facilities, heads of departments at the District Assembly and a cross-section of the general public.

*In setting the context, Mr. Jeremiah Atengdem, a Water Expert with IRC Ghana noted that data on the status of WASH in institutions in the Asutifi North District was inadequate at the time of preparing the WASH master plan. Mr. Atengdem acknowledged that the baseline assessment by CDC was timely as it provided relevant data to fill this critical gap. Jeremiah noted that the DLLAP is one of the series of engagement meetings scheduled to share findings of CDC's baseline study and to discuss road map for implementing remedial actions. Ms. Trinies introduced her presentation by stressing the importance of WASH in schools and healthcare facilities. She stated that, lack safe water, toilets and handwashing facilities in healthcare settings increase the risk of healthcare acquired infections to patients. In schools, Ms. Trinies noted that a lack of access to WASH services increase student exposure to illness, increase absenteeism and reduce learning time. The baseline assessment was undertaken in all public healthcare facilities (7), all public schools (73) and 17 selected private schools in the Asutifi North District in 2018. The assessment involved interactions with the in-charges of schools and healthcare facilities; observation of patient care areas; water testing; hand hygiene observations as well as knowledge, attitude and practice survey of healthcare workers.*



Ms. Victoria Trinies indicated that all 7 public healthcare facilities met the JMP basic water service levels. However, there were reported cases of interruptions in water access from the main source in 4 facilities. She added that only 2 HCFs had piped water in any room and drinking water was available in only 9% of

the rooms at HCFs which should have had it. The interruptions in water supply and the lack of taps in all units/rooms of HCFs were found to have affected cleaning duties, hygiene practices and reduced contact time with patients in some cases. The study also revealed that none of the 7 HCFs met the JMP basic level indicators for sanitation; hand hygiene; and waste disposal. 59% of toilets in HCFs were not clean; 53% of rooms where patient contact occurred did not have gloves and 46% of infectious waste bins were uncovered. While healthcare workers' knowledge on hand hygiene was high, the lack of hand washing supplies affected hand hygiene practices. Drinking water services in schools was high, with 68% of schools meeting the JMP service level. Occasional interruptions to water access from the main source was however reported in 40 out of the 73 public schools, while only 16 schools had dedicated water source. In 35 schools, pupils reportedly walked beyond

500 meters to fetch water. Ms. Victoria Trinies revealed that water samples from all drinking water containers in public schools and in 88% of private schools yielded *E. coli*. This was observed to be serious, considering that as much as 86% of students in public schools reportedly drank water from small containers, with communal cups in almost all the cases. Victoria reported that only 34% of schools met the JMP basic sanitation service level. Instances of school toilets not being cleaned were commonplace, with interference from community members identified as a major challenge to maintaining institutional latrines. Open defecation was observed in 28 schools in the Asutifi North District. The JMP hand hygiene service level indicator was met by only 15% of the schools visited. Ms. Trinies noted that most schools repeatedly face problems with handwashing facilities breaking due to misuse, heavy use and poor-quality materials.

Continuing her presentations, Ms. Trinies highlighted some of the activities which partners of the ANAM WASH initiative had planned to carry out to address some of the adverse findings of the baseline assessment report. She reported that, World Vision International would be guided by the study to identify and rehabilitate water and toilet facilities in selected schools and healthcare facilities; provide handwashing and waste disposal containers; provide safe water storage containers and chlorine; and support the Ghana Education Service with School Health and Education Programme (SHEP) activities. She added that the Asutifi North District Assembly would also provide supplementary water and toilet facilities, and support World Vision International to undertake CLTS activities for households to own personal latrines. This is intended to ease pressure on institutional latrines.

At plenary, participants agreed that the findings reflected the real status of WASH in schools and

healthcare facilities in the district, and that, in most cases the situation has remained unchanged from the time the baseline assessment was carried out.

After the presentation of the baseline results and discussions, the DLLAP meeting brainstormed in groups on solutions for different WASH challenges that exist in schools and healthcare facilities to complement planned interventions by the District Assembly and its development partners.

The following clarifications/contributions were taken from participants:

- Lack of supplies in healthcare facilities: Stakeholders from the healthcare facilities said that shortages of supplies such as gloves and alcohol-based hand sanitizer are sometimes caused by central stores being out of stock. Shortages are also due to delays in receiving insurance reimbursements.
- Toilets in healthcare facilities: Healthcare facility representatives said that, similar to the findings from schools, community members also improperly use healthcare facility toilets. They use the toilets after hours, leaving them dirty and sometimes breaking the locks.
- Waste in schools: Head teachers added that students collect garbage with their bare hands and sometimes do not have soap and water to wash their hands afterwards. They also said that community members use the refuse dumps on the schools' grounds and cause them to overflow.
- School toilets: School representatives said that some pupils might practice open defecation because they are not used to using latrines and need to be educated. One head teacher suggested that parents should contribute to paying a professional to clean the toilets and fetch water so that pupils can focus on learning.

#### ABOUT AN-DLLAP

*The Asutifi North District Learning Alliance Platform (AN-DLLAP) is a WASH sector, multi stakeholder platform with the overall goal of improving sector learning and dialogue. It was established in July, 2018, and is being hosted by the Asutifi North District Assembly. The platform offers learning and sharing opportunities for sector players as one of the practical approaches to improving sector engagements with the long term aim of achieving a knowledge driven WASH sector that delivers quality and sustainable services in the district and beyond. AN-DLLAP meetings take place quarterly (or more frequently, when necessary) and are open to all interested parties. The discussions of each AN-DLLAP meeting can be found on the ANAM WASH website [www.anamwash.com] or RCN website [www.washghana.net]*

If you are interested to propose a topic for a meeting please contact us on,  
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