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EXAMINING WASH CONDITIONS IN PHCS IN NIGERIA

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Introduction

The global action plan for [1]WASH (water, sanitation and hygiene) in healthcare facilities states that by 2030, healthcare facilities across the globe must have safely managed reliable water, sanitation and hygiene facilities and practices to meet staff and patient needs in order to provide quality, safe people-centred care. However, several reports on WASH services/infrastructure and practices in healthcare facilities have shown disparities in the African region and other developing countries. The practice of poor WASH in healthcare facilities has numerous consequences. [2]For instance, it is estimated that healthcare associated infections (HAI) affect several millions of people annually with about 15% of patients developing one or more infections during their visit and stay at healthcare facilities. [3]Improved WASH conditions at healthcare facilities are also able to establish trust and encourage mothers to seek prenatal care and give birth in facilities rather than at home. It is, therefore, vital to improve WASH services in primary healthcare facilities especially when looking at birth episodes and combating antimicrobial resistance.

[4]The term "WASH", in healthcare facilities refers to the provision of water, sanitation, healthcare waste management, hygiene and environmental cleaning infrastructure, and services across all parts of a facility. "Health care facilities" encompass all formally recognized facilities that provide healthcare, including primary (health posts and clinics), secondary, and tertiary (district or national hospitals), public and private (including faith-based), and temporary structures designed for emergency contexts (e.g., cholera treatment centers). They are located either in urban or rural areas.

Across all regions, WASH services in healthcare facilities fall short of WHO standards. WASH services, especially in maternity and primary care settings – where they are now often absent – are expected to support core universal healthcare that rallies quality, equity, and dignity for all people. In essence, basic WASH services in healthcare facilities are fundamental to providing quality care and ensuring that the primary health commitments, as detailed in the [5]Astana Declaration of 2018, are achieved. The declaration recognises the important role of WASH in preventing infections, saving lives, and improving quality of care. As a result, all UN agencies, Member States, and

[1] https://bmcfampract.biomedcentral.com/articles/10.1186/s12875-020-01346-z
[2] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6245375/
[3] https://bmcfampract.biomedcentral.com/articles/10.1186/s12875-020-01346-z
[4] https://www.who.int/water_sanitation_health/facilities/healthcare/en/
[5] https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf

partners are now being asked to invest more in this critical component for health and wellbeing.

In 2019, WHO and UNICEF [6]published two landmark reports on WASH in healthcare facilities. The WHO/UNICEF Joint Monitoring Programme report presents global indicators and baselines for water, sanitation, hygiene, waste management and environmental cleaning services in healthcare facilities. The WHO and UNICEF report on Practical Steps highlights actions that countries must adopt to improve the condition of WASH in healthcare facilities. But through an ever-changing political landscape, varying social factors and geopolitical policies the Primary Health Care (PHC) system in Nigeria has had a few adverse factors to contend with.

Properly managed water systems/supply are associated with improved sanitation in communities. A [7]UNICEF report notes that negative impacts of water, sanitation and hygiene on key health and social outcomes can include waterborne disease like diarrhoea, undernutrition, complimentary food hygiene, and violence against women and girls. Other impacts are female psychological stress, maternal and new-born health, menstrual hygiene management, poor school attendance, poor oral vaccine performance, neglected tropical diseases and disability.

Yet, despite Nigeria's seemingly huge water resource potential, [8]reports have increasingly shown how both rural and urban communities across Nigeria experience strained access to water supply largely due to regulatory and pollution challenges. This led to the International Water Management Institute's remark that the problem of economic water scarcity in Nigeria is due to lack of good governance, as opposed to communities that have strained access to water due to resource availability.

[9]With such poor access to water and sanitation in Nigeria comes health and environmental challenges. For instance, a significant rate of child mortality and morbidity is because of poor water, sanitation and hygiene (WASH) practices. About 73% cases of diarrhoea and enteric diseases are equally attributable to the same problem. Only 26.5% of the population has access to improved water sources and sanitation facilities and open defecation prevalence is put at 23.5%. Undoubtedly, these have limited the country's progress in achieving SDG-6 and pose a threat to its attainment by 2030. Worse still, growing water challenges have direct impacts on the three sustainable development

[6] https://www.who.int/water_sanitation_health/facilities/healthcare/en/
[7]https://www.unicef.org/wash/files/The_Impact_of_WASH_on_Key_Social_and_Health_Outcomes_Review_of_Evidence.pdf
[8]https://theconversation.com/how-nigeria-is-wasting-its-rich-water-resources-83110#:~:text=Nigeria%20is%20so%20rich%20in,year%20of%20available%20surface%20water.
[9]https://www.unicef.org/nigeria/water-sanitation-and-hygiene

dimensions of poverty, economic development, and resilient ecosystems. The challenges plaguing the PHCs, from the above, are multifaceted and they significantly affect citizens' access to basic healthcare.

This study aims to look at the state of PHC facilities in Nigeria as an indicator of the performance of basic healthcare systems, while using the findings to conduct a comparative analysis with global health recommendations and international standards.

In 2017, the government of Nigeria announced plans to renovate and provide some necessary equipment at 10,000 facilities across the country, beginning with 109 pilot centres. Although this represents just about one-third of the total number of facilities across the country, if properly carried out it would be an indication of more commitment by the government and would spur more development in the health sector. It is also pertinent to note that the Federal Government of Nigeria through its renewed commitment to more funding to basic healthcare came up with the 1% consolidated revenue fund idea to be mainly used in improving and providing basic services at PHCs after the implementation of the National Health Act 2014. More funding has also been coming into the country through non-governmental organizations in the last two decades.

We intend to look at the utilization of these funds in revitalizing the primary healthcare facilities and their services across the country. This is aimed at getting government to understand the need to follow up and implement commitment to its set goals. The research will also examine whether there is need to develop new indicators and accountability frameworks that can better help Nigeria achieve its goal of universal health coverage through the PHC system.

Literature Review

From the initial stages of implementation of the PHC system in the country to the present, a few studies have been carried out. What we noticed summarily was the limitation in sample coverage of available studies, most focusing on few centres within a particular state. In looking at factors militating against effective implementation of the PHC system in Nigeria, Chinawa looks at 169 respondents from four PHCs within Enugu metropolis[4]. Prominent among the aims of existing studies we examined are: importance of PHC system in strengthening the health system, the need to reposition the PHC system in order to enable the attainment of the Universal Health Care, the importance of health worker welfare in delivering PHC services, and knowledge and roles of health workers and community participants of the PHC system. The outcome of these studies was the identification of shortfalls in the workforce, communication, remuneration, and health workers' migrant issue.

It is important to note that the call for the repositioning of health systems based on the identified primordial importance of robust PHC systems through a well-implemented PHC policy has been recognized worldwide, with concerted attempts being made in different countries and regions. Jan De Maeseneer et al looked at the challenges facing primary healthcare in a changing world[7], choosing a country from five out of the seven continents, with the role of specialty practitioners being recognized in building this system. Maeseneer and Twagirumukiza note this again in *the contribution of primary healthcare to global health*[8], and looking at primary healthcare policy implementation in the Eastern Mediterranean region Chris van Weel et al also identify this amongst other challenges[6].

This recognition is because having specialised doctors (General Practitioners/Family Medicine Specialists -GPs) who are trained more in prevention and primary care and coordinating activities at the primary level would lead to better outcomes than a multitude of specialists at the end of the line. This, however, is noted not only with doctors, but also other trained professionals as was noted with midwives during the colonial era in the country. Here in Nigeria, studies have established that even general practitioners are very much lacking. Other factors identified include workers migration, conflicts, and training.

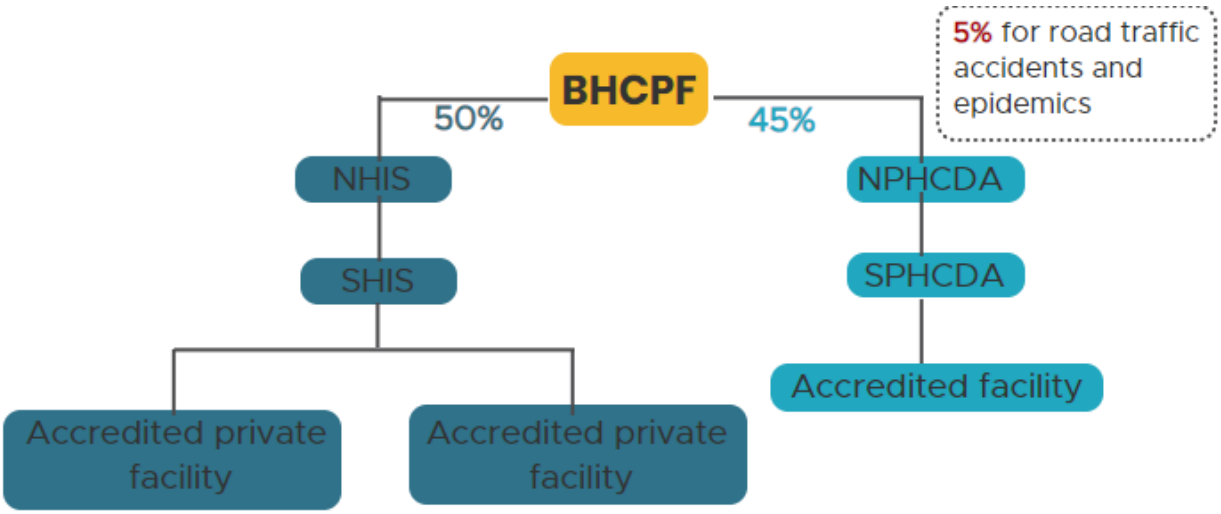
Increasingly also, is the recognition of community participation in the whole system of basic healthcare - *"…through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination."*[2]

[10]Findings from the JMP Global Baseline Report shows that in 2016, 74% of healthcare facilities globally had basic water services, 21% had no sanitation service and 16% had no hygiene service. One in five healthcare facilities had no sanitation service in 2016, meaning that they had unimproved toilets.

Major health indices

Global Health Observatory data indicate a physician density of 0.6 per 1,000 population, nursing and midwifery personnel density of 1.6 per 1,000 population, pharmaceutical personnel density of 0.1 per 1,000 population while other healthcare workers density stand at 0.1 per 1000 population.

Schematic of the basic health provision fund



Source: World bank

Health Financing

Budget for Primary Health Care

Year	Amount
2017	N21.5bn
2018	N25.4bn
2019	N18.4bn
2020	N15.7bn

Source: Federal Ministry of Health budget

[10] http://www.who.int/water_sanitation_health/publications/jmp-2019-full-report.pdf

Year	Amount	Percentage
2017	N308.46bn	4.15%
2018	N404.60bn	4.44%
2019	N423.92bn	4.75%
2020	N427.30bn	4.14%

Source: Budget office of the federation, federal ministry of health, dRPC

Methodology

This study adopts a descriptive cross-sectional design to obtain information on water, sanitation and hygiene among Primary Health Centres. PTCIJ deployed 39 volunteers in 24 states spread across the six geo-political zones of the country to track and report the state of WASH in Primary Health Centres in each state. An interviewer-administered questionnaire and focus group discussion was used in gathering data and getting information from the respondents. A total of 221 Primary Health Centres were tracked. Questions regarding the distance, cleanliness, state of toilet and sewage, personal hygiene and personnel were asked during the survey. Analysis was conducted based on the objectives majorly involving frequencies and percentages. Also, some of the variables were diagrammatically represented.

ANALYSIS

Where does PHCs get supplies	Frequency	Percentage
Government	134	60.6
Health Centre	52	23.5
NGO	35	15.8
Total	221	100.0

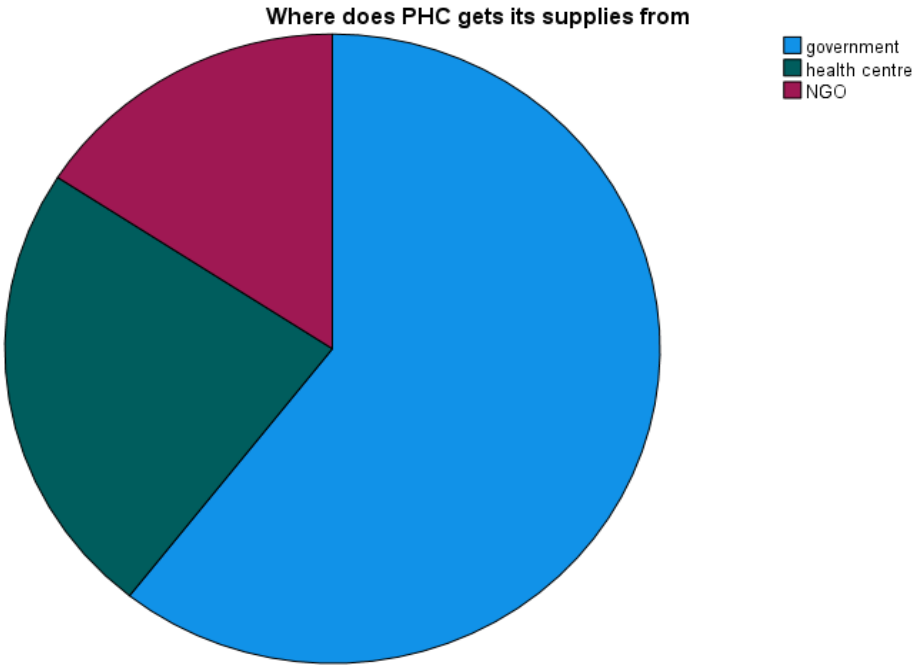
Healthcare supplies generally refers to the resources needed to deliver a standard healthcare service to citizens. According to RevCycleIntelligence, healthcare supply chain management involves obtaining resources, managing supplies, and delivering goods and services to providers and patients[11]. Players in this aspect of healthcare delivery include doctors, insurance companies, hospitals, regulatory agencies and other healthcare professions.

Supply chain management (SCM) could mean everything at the primary healthcare system, Nigeria currently practices devolved healthcare management and funding systems giving responsibility to the state and local government authority (LGA) levels, which means that the SCM in each state vary greatly.

This explains why a higher percentage of PHCs assessed get their supplies from the government with a percentage of 84.1[12]. [13]The system in place is called segmentation

[11] https://revcycleintelligence.com/news/exploring-the-role-of-supply-chain-management-in-healthcare
[12] https://www.unicef.org/esa/media/4826/file/UNICEF-WASH-in-Health-Care-Facilities-2019.pdf
[13] https://www.rhsupplies.org/uploads/tx_rhscpublications/NGSegmSuppChainEM.pdf

which is an approach that can help identify opportunities in supply chains where products or customers can be grouped together or combined in such a way that improves product availability and decreases costs and functional redundancies. It allows complexity to be managed while increasing flexibility and adaptability as well as managing tradeoffs. 15.8% of sampled facilities get their supplies from non-governmental organisations, which are mostly international NGOs (UNICEF, Action Aid, WHO, etc). Although donor funding to the healthcare sector has increased over the years, it remains the secondary source of funding. Largely, donor funds in Nigeria are difficult to track and coordinate as states vary in their capacities to effectively coordinate development aid[3].



Distance from PHC to general/teaching hospital	Frequency	Percentage
<10km	113	51.1
>10km	70	31.7
Missing	38	17.2
Total	221	100.0

Going by the Minimum Standards for Primary Health Care in Nigeria as released by the NPHCDA, there should be 774 general hospitals in Nigeria. This means that every local

government in the country is entitled to one. 51.1% of PHCs sampled in this study have their buildings close to the general/teaching hospital by less or equal 10km, and 31.7% of facilities have theirs more than 10km from the general hospital depending on the location of the PHC. 17.2% of facilities do not know the exact distance from the health facility to the nearest secondary health facility.

What year was this facility renovated?	Frequency	Percentage
Older years	48	21.7
Past 5 years	99	44.8
6-10 years	39	17.6
Missing	35	15.8
Total	221	100.0

In 2016, the federal government of Nigeria through the National Primary Healthcare Development Agency (NPHCDA) announced plans to make primary healthcare accessible to Nigerians by ensuring at least one fully functional centre to deliver the services in each of the 109 senatorial districts of Nigeria. In 2017, President Mohammed Buhari flagged[14] off the project with the commissioning of the Model Primary Health Care Centre in Kuchigoro, a suburb of Abuja. The table above reports the highest percentage of 44.8% of PHCs renovated in the last 5 years (2017-present). This may not be unconnected with the revitalization mandate of the federal government of Nigeria. 17.6% of sampled facilities reported being renovated within the last ten years. Surprisingly, 21.7% of sampled facilities have been renovated in the periods older than ten years while 15.8% could not be determined.

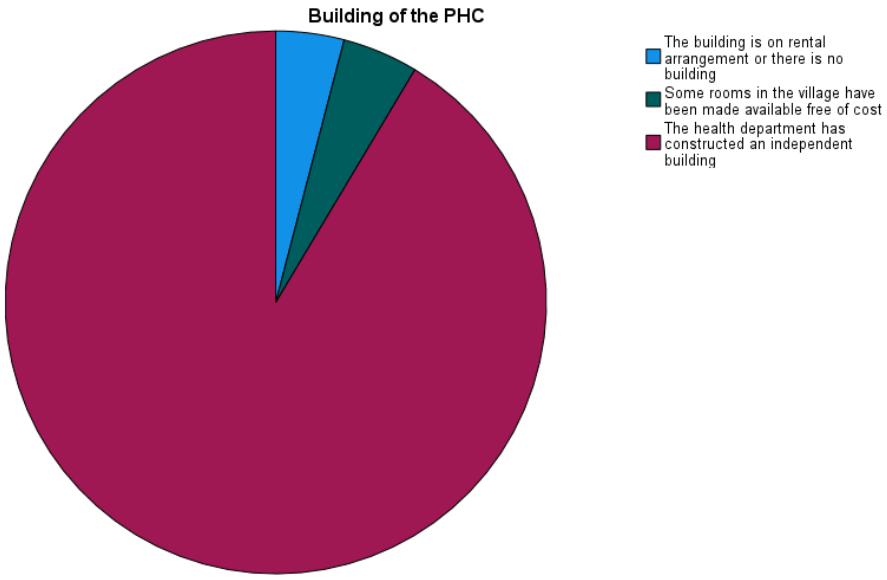
Is there constant water supply	**Frequency**	**Percentage**
No	126	57.0
Yes	93	42.1
Missing	2	0.9
Total	221	100.0

[14] https://www.premiumtimesng.com/news/top-news/220071-nigeria-flags-off-scheme-to-revive-10000-primary-health-care-centres.html

The Minimum Standards for Primary Health Care in Nigeria regards provision of adequate water and basic sanitation as one of the minimum service components of a PHC. Water and basic sanitation starred towards tackling environmental health of the people. Yet, 57% of sampled facilities do not have constant water supply. This speaks to the sanitary conditions that may likely prevail in such facilities as the environmental health needs of the citizens cannot be adequately met without constant water supply. 42.1% reported constant water supply while 0.9% are unable to confirm whether they have constant water supply or not.

Building of the PHC	Frequency	Percentage
Building on rental arrangement or no building	9	4.1
Rooms in the village made available at no cost	10	4.5
Health department constructed an independent building	202	91.4
Total	221	100.0

The type of building will largely determine the kind of infrastructure that can be put up in such a healthcare facility. 91.4% of sampled facilities have an independent building housing the PHC which implies that modifications can be made to accommodate the environmental health condition of citizens. 4.1 % have their facilities in a rented apartment, while 4.5% have theirs in rooms donated by the community. This makes modifications for these types of facilities difficult as permission needs to be sought and must be granted by owners of such property.



Condition of the rooms and building of the PHC	Frequency	Percentage
Building/rooms are in bad condition	93	42.1
Building/rooms are in good condition	128	57.9
Total	221	100.0

By building/rooms in either good or bad condition, the research team simply looked at the physical conditions of the treatment rooms and not what is specified in the minimum standard manual. This was achieved by observing things like leaky roofs, unkempt surroundings, collapsed walls, broken windows or doors, types of bed or beddings, and of course cleanliness of the curtains and beddings. 57.9% of sampled facilities are said to be in good condition while 42.1% are not and require urgent attention.

The subjectivity of good or bad are determined by data collectors that were deployed.

Electricity Supply	Frequency	Percentage
No electricity	69	31.2
Electricity supply is irregular	109	49.3
Facility for 24 hours electricity supply	42	19.0
Missing	1	.5
Total	221	100.0

With 49.3% of facilities not having regular power supply and 31.2% not having electricity at all, services like routine immunization may be affected as the storage facilities are not also likely to be in good condition. For facilities with electric boreholes, water supply will be limited as it will only be available when there is electricity.

19% of facilities reported 24 hours power supply. Electricity status could not be determined for 0.5% of the facilities sampled.

Does the PHC have a refrigerator for vaccine storage	Frequency	Percentage
No refrigerator in the PHC	62	28.1
PHC with refrigerator not functioning	26	11.8
PHC with refrigerator functioning	129	58.4
Missing	4	1.8
Total	221	100.0

About 58.4% of the PHCs have a refrigerator that is working according to the facility respondents even though 80.5% of them do not have regular or no power at all. 11.8% do not have functional refrigerators and 28.1% do not have at all. 1.8% of facilities refused to respond to the question.

Water supply	Frequency	Percentage
No facility for water supply	90	40.7
Water supply is irregular but there is an alternate facility/system	31	14.0
Separate tank with 24 hours water supply	98	44.3
Missing	2	0.9
Total	221	100.0

Having a facility for supply implies such facilities like overhead tanks, laid pipes, and a source of water. 40.7% of facilities do not have facilities for water supply at all. 0.9% of facilities skipped the question while 44.3% confirmed that they have water supply infrastructure with a potential for 24 hours water supply. Another 14% of facilities do not have regular water supply but they have made provision for alternative sources of water.

Facility for water in the toilet	Frequency	Percentage
No water in the toilet	138	62.4
Water is available in the toilet	79	35.7
Missing	4	1.8
Total	221	100.0

Although 44.3% and 14% of the facilities have the infrastructure and source of water and alternative means of water supply, 62.4% of the facilities reported not having water in the toilet. 35.7% however said they have water in the toilet while 1.8% did not answer the question. This leads us to conclude that the environmental health of most PHCs leaves much to be desired.

Cleanliness in toilet	Frequency	Percentage
Toilet not clean	93	42.1
Toilet is clean	114	51.6
Missing	14	6.3
Total	221	100.0

The survey returned that 51.6% of facilities, despite their challenges with water supply especially in their toilets, have clean toilet facilities. 42.1% agreed that their toilet is not clean while 6.3% skipped the question. The data above indicates a need for more advocacy regarding access to water for PHCs as the environmental health of patients is paramount.

Is the toilet available for patient use?	Frequency	Percentage
No	57	25.8
Yes	160	72.4
Missing	4	1.8
Total	221	100.0

Of the sampled facilities, 72.4% responded that the toilet is available to patients as against 25.8% that answered in the negative. This suggests a need to encourage facilities to also cater for the toilet needs of their clients. 1.8% of respondents skipped the question.

Handwashing facility in the PHC	Frequency	Percentage
No handwashing facility	46	20.8
Handwashing facility available but not functioning	34	15.4
Handwashing facility available and functioning	139	62.9
Missing	2	0.9
Total	221	100.0

In line with the NCDC directive on COVID-19 preventive measures, it was interesting to review the level of compliance with the provision of handwashing facilities in the facilities. This came back with 62.9% of the facilities having a functional handwashing facility. Although 15.4% have a handwashing facility, it is non-functional. 20.8% do not have one at all.

The NCDC had nominated Community Health Extension Workers at the PHC level to ensure protocols for Infection Prevention and Control of Viral Hemorrhagic Fevers were published in 2017[15]. It had also made it mandatory for "all patients, visitors and staff must go through the screening station before entering the facility" while "hand washing stations, alcohol hand rubs and dedicated toilet facilities should be accessible in the screening area."

Number of usable toilets for healthcare facility	Frequency	Percentage
0	13	5.9
1 – 4	97	43.9
5+	35	15.8
Missing	76	34.4
Total	221	100.0

About 5.9% of the PHC reported not having toilets at all. 43.9% reported having between 1 and 4 usable toilet facilities while 15.8% have 5 or more. 34.4% of facilities did not respond to this question.

[15] https://ncdc.gov.ng/themes/common/docs/protocols/111_1579986179.pdf

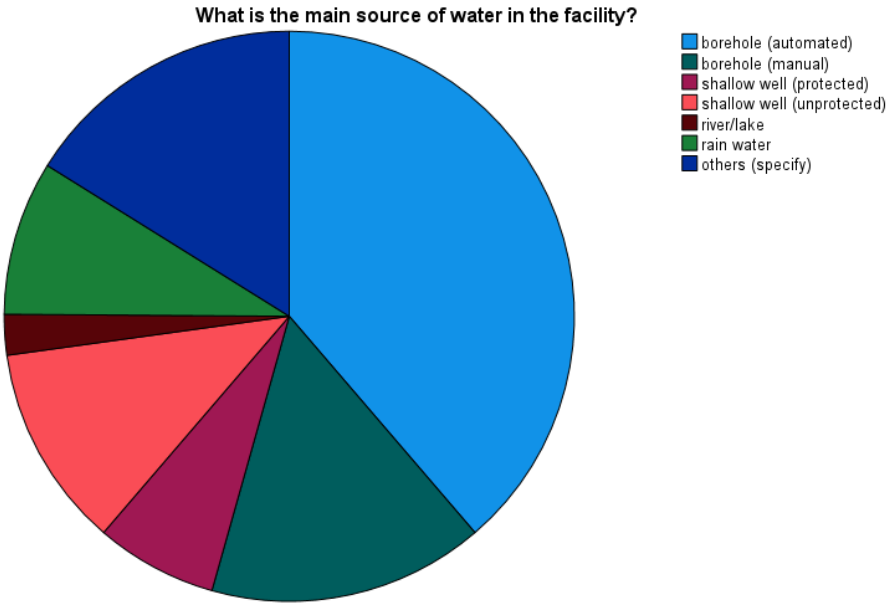
Type of toilet facility	Yes N (%)	No N (%)	Missing N (%)
Open field/bush	16 (7.2)	204 (92.3)	1 (0.5)
Dug holes	16 (7.2)	204 (92.3)	1 (0.5)
Pit latrine	67 (30.3)	153 (69.2)	1 (0.5)
Shared water cistern	91 (41.2)	129 (58.4)	1 (0.5)
Private water cistern	62 (28.1)	158 (71.5)	1 (0.5)
Others	9 (4.1)	211 (95.5)	1 (0.5)

When facilities were asked to narrow down to the type of toilet facility available, open defecation does not appear to be encouraged around the facility as only 7.2% of facilities agreed they use either open fields, bush or dug holes. 41.2% of respondents agreed they have a shared water cistern while 30.3% use pit latrines. 28.1% of facilities have private water cistern, 4.1% selected the 'others' option in toilet type while 0.5% skipped the question.

With a great number of respondents using either shared water cistern or pit latrines, the need for increased basic hygiene becomes more imperative to avoid cases of toilet infections. Hence the need for proper water supply infrastructure.

Main source of water in the facility	**Frequency**	**Percentage**
Borehole (automated)	84	38.0
Borehole (manual)	34	15.4
Shallow well (protected)	15	6.8
Shallow well (unprotected)	25	11.3
River/Lake	5	2.3
Rainwater	19	8.6
Others (specify)	35	15.8
Missing	4	1.8
Total	221	100.0

Automated borehole appears to be the most used source of water supply for the facilities with 38% responses in favour. 'Others' were the next most used with 15.8% even though the data collectors did not specify. Following closely was manual borehole at 15.4%. 18.1% said their source is shallow well, either protected or unprotected. This brings to question the cleanliness and purity of the water that is supplied. 2.3% reported sourcing their water from river/lake while 8.6% depend on rainwater. The dependence on rain makes the water supply seasonal as the facility may not have water during the dry season. 1.8% respondents did not respond to the question on the source of water.



Ways of accessing the PHC	Frequency	Percentage
Paved road	117	52.9
Earth road	100	45.2
Water	1	.5
Missing	3	1.4
Total	221	100.0

Access to the PHC is mostly through paved roads with 52.9%, according to respondents. This gives the impression that most of the facilities sampled are mostly urban or semi

urban facilities. 45.2% respondents said the facilities are accessed through earth road. 0.5% accessed through water while 1.4% did not respond.

	On contract N (%)	Permanent N (%)	Vacant N (%)	Missing N (%)
PHC Medical Officers	20 (9.0)	85 (38.5)	66 (29.9)	50 (22.6)
Community Health Extension Worker	31 (14.0)	167 (75.6)	18 (8.1)	5 (2.3)
Ancillary Midwife	24 (10.9)	69 (31.2)	72 (32.6)	56 (25.3)
Laboratory Technician	32 (14.5)	97 (43.9)	47 (21.3)	45 (20.4)

Most of the PHCs have their Medical Officers as permanent staff, compared to those who have them on contract and/or are vacant. Also, a higher percentage of the PHCs have their PHC Community Health Extension Workers as permanent staff, compared to those who have them on contract and/or are vacant. Majority of PHCs have their PHC ancillary midwife position as vacant, compared to those who have them on contract or as permanent staff. Furthermore, most of the PHCs have their PHC laboratory technicians as permanent staff, compared to those who have them on contract and vacant.

Discussion of Findings

In terms of renovation, of the total 221 PHC tracked 44.8% of them were renovated in the last 5 years, 17.6% renovated in the last 6-10 years and 21.7% were last renovated over 10 years. However, our survey revealed that 60.6% of the total PHCs got their supplies from the government, whilst 22.5% said they provide their own supplies independently. 15.8% of these PHCs rely solely on the supplies from NGOs and other donations to augment their supplies.

Also, 4.1% of the PHCs are rented apartments, 4.5% of the buildings were provided by the community. 57.9% of these rooms are in good condition while 42.1% are in bad condition.

31.2% of the PHCs do not have electricity. 49.3% have irregular electricity supply and this affected the cold chain system of the PHCs. Our findings revealed that 28.1% of the accessed PHCs do not have refrigerators, 11.8% said their fridge is not working and 58.4% said their refrigerators are working. Of the total accessed PHCs, 40.7% of the facilities do not have water, 14% battle irregular water supply, and 44.3% enjoy a 24-hour water supply. Despite 44.3% of the PHCs having 24 hours water supply, 62.4% of the total accessed PHCs do not have water in their toilet.

Regarding source of water, 38.0% of the PHCs got theirs from an automated borehole, and 15% from the manual borehole. 11.3% got water from unprotected wells, 6.8% from protected wells, 8.6% from rainwater and 2.3% from rivers/lakes.

Effective hand hygiene in healthcare facilities has been the cornerstone of infection prevention and control and is today considered the primary means of preventing healthcare associated infections and the spread of antimicrobial resistance. Healthcare workers are the principal target of efforts to improve hand hygiene since they care for numerous patients and may come into contact with blood and other bodily fluids. However, visitors to healthcare facilities can also spread pathogens on their hands, and it is important that healthcare facilities provide handwashing facilities with soap and water at toilets used by patients as well as other visitors who may be tending to patients' needs. Globally 1 out of 6 healthcare facilities have no hygiene service, meaning they lack hand hygiene facilities where patients receive care, as well as soap and water in toilets.

As for personnel, 32.6% of PHCs do not have auxiliary midwife nurses, 10.9% are on contract and 31.2% are permanent. 29.9% of the PHCs do not have medical officers, 9.0% are on contract and 38.5 % of the PHCs have permanent medical officers.

14.0% of the PHCs have community health extension workers on contract basis, 75% have them as permanent staff while 8.1% of the PHCs are vacant.

[16]In a report by UNICEF, Water, sanitation, and hygiene in healthcare facilities: Practical steps to achieve universal access for quality care, WHO and UNICEF researchers note that more than 1 million deaths each year are associated with unclean births. Infections account for 26% of neonatal deaths and 11% of maternal mortality.

[17]According to pages 45 and 46 of the minimum standard of primary healthcare centres in Nigeria, the NPHCDA is responsible for providing building, refrigerator, supplies, apartment and electricity at the PHC level. This is contrary to our research findings which indicate that the accessed PHCs do not meet up with basic standards as stipulated in the document.

16 https://www.unicef.org/press-releases/1-4-health-care-facilities-lacks-basic-water-services-unicef-who
17https://hfr.health.gov.ng/resources/download/Minimum%20Standards%20for%20Primary%20Health%20Care%20in%20Nigeria.pdf

Conclusion

Clean water, decent toilets and good hygiene help to control and prevent diseases and their spread. These protect health workers and patients and allow the delivery of quality healthcare services in the Primary Healthcare Centres. Sadly, these normal things are the forgotten foundations for good health. The impact on women and children is alarming – estimates are that one in five births globally takes place in least-developed countries and, each year, 17 million women in these countries give birth in health centres with inadequate water, sanitation and hygiene.

According to WaterAid, in Nigeria – one of the four countries that BASICS initially targets – half of healthcare facilities lack clean water, 88% are without basic sanitation and 57% lack handwashing facilities with soap.

In our research, we found that 17.6% of the PHCs were renovated in the last 6-10 years and 21.7% were last renovated over 10 years, which means that 39.3% of the total tracked PHCs are in deplorable state and need urgent attention.

Also, 60% of the PHCs do not have water in their toilets, and 22.5% provide water on their own. Access to toilets for both staff and patients is one of the basic requirements for health facilities. According to the Minimum Standards for Primary Health Care in Nigeria, every PHC should have functional separate male and female toilet facilities with water supply within its premises.

Lastly, this research has revealed that the 221 accessed PHCs do not meet up with the basic requirement for WASH with over 60% of the facilities not having water in their toilets. According to the [5]Emergency WASH Response Minimum Standard, the sphere standard for WASH in disease outbreak and healthcare settings; for water supply health centres should have 5 litres per day for outpatients and 40 – 60 litres per day for inpatients. For sanitation, the sphere standard is that for short-term 1 toilet for 20 beds or 50 outpatients Long-term 1 toilet for 10 beds or 20 outpatients. In 2019, UNICEF study revealed that [6]some 1 in 4 healthcare facilities do not have basic water services. Around 1 in 5 lack sanitation, and 1 in 6 have no hand hygiene facilities and no soap and no water in toilets[18,19].

[18]https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/emergency_wash_response_minimum_standard_2020.pdf
[19] https://www.unicef.org/wash

Recommendation

1. Federal government should upgrade all primary health facilities, and possibly opt for public private partnership to develop health facilities in the country.
2. Increase budgetary allocation for the primary health facilities which would increase the quality of Water, Sanitation and Hygiene at the primary health level.
3. Also, the government to explore robust public-private partnership which will help improve health quality and service provision at the primary level.
4. The government should provide equitable access to water, sanitation and hygiene services.
5. Strengthen national and subnational bodies' capacity to develop and implement equitable and gender-sensitive WASH policies, strategies and guidelines.
6. Ensure sustainability of water services in rural communities.
7. Provision of safe water, sanitation and hygiene are needed to reduce maternal mortality and to end preventable deaths of newborns and children as called for in SDG targets 3.1 and 3.2 and WASH services in health care facilities are fundamental to achieving universal health coverage.

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