



Assessment of Water, Sanitation and Hygiene Services in PHCs in FCT and Niger State

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Abbreviations

BCG	Bacillus Calmette-Guérin (Vaccine)
BHCPF	Basic Health Care Provision Fund
BMPHS	Basic Minimum Package of Health Services
CHEWs	Community Health Extension Workers
CRF	Consolidated Revenue Fund
FCT	Federal Capital Territory
FGDs	Focus Group Discussions
GAVI	Global Alliance for Vaccines and Immunizations
HCF	Health Care Facilities
IDA	International Development Association
IPC	Infection, Prevention and Control
JCHEWs	Junior Community Health Extension Workers
KIIs	Key Informant Interviews
LMIC	Low- and Middle-Income Countries
KNLGA	Kaduna North Local Government Area
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
NCH	National Council on Health
NDHS	National Demographic Health Survey
NERICC	National Emergency Routine Immunization Coordination Centre
NPHCDA	National Primary Health Care Development Agency
PHCs	Primary Health Care Centres
RI	Routine Immunisation
SDG	Sustainable Development Goal
TSA	Treasury Single Account
UHC	Universal Health Coverage
UNICEF	United Nations Children's Emergency Fund
VIP	Ventilated Improved Pit
WASH	Water, Sanitation and Hygiene

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1.0 Executive Summary

Access to safe and quality water, sanitation and hygiene (WASH) services is fundamental to preventing and controlling infection in health care facilities and ensuring the delivery of quality healthcare services – a requirement for achieving universal health coverage.

The current access to water and sanitation services in healthcare facilities in Nigeria poses a threat to quality healthcare delivery, especially at the primary health care level where the majority of the poor population (70%) access health care services.¹

Nigeria Health Watch in partnership with EpiAFRIC conducted an assessment on the availability and quality of WASH services in Primary Healthcare Centre (PHCs) in the Federal Capital Territory (FCT) and Niger State as Nigeria strives to achieve Sustainable Development Goal (SDG) 6: Clean water and sanitation by 2030.

The objective of the assessment was to gather relevant evidence to help improve WASH in healthcare facilities in Nigeria. More specifically, the assessment aimed to determine the availability and functionality of gender-sensitive and people-friendly services in PHCs in the FCT and Niger State. Findings from the assessment will be used to increase awareness about the need for WASH services at all PHCs and reinforce adherence to policy that ensures that primary healthcare facilities meet minimum standard requirements for primary health care, in line with the Ministry of Health's guidelines.

¹ Social Protection: Health Care in Nigeria: Challenges and Recommendations (Retrieved from <https://socialprotection.org/discover/blog/health-care-nigeria-challenges-and-recommendations> on Sunday 13th December 2020)



1.0 Executive Summary

FCT HIGHLIGHTS

25%

» of PHCs pay for water from their own budget

58%

» of PHCs experience interruptions in their water source

83%

» of PHCs do not have Infection, Prevention and Control (IPC) protocol and all the PHCs do not regularly follow it

NIGER HIGHLIGHTS

>50%

» of facilities take more than 15mins to get water on-site

55%

» of the facilities pay for water

51%

» The approximate percentage of facilities that get water onsite via paid water vendors. Someone from the facility gets the water to the facility in 10% of the assessed facilities

55%

» of PHCs experience interruptions in their water source

The assessment was conducted in September 2020, during the COVID-19 outbreak in Nigeria. The pandemic further demonstrates the critical importance of WASH in preventing and reducing the spread of SARS-CoV-2, the virus that causes COVID-19.

According to the World Health Organisation, handwashing is one of the most effective actions that can reduce the spread of infections including the COVID-19 virus. Therefore, it is difficult to stop the spread of the virus in a nation where millions do not have access to water, especially in healthcare facilities where infection, prevention and control (IPC) is critical in protecting the health and safety of healthcare workers and patients.

The assessment found that lack of water in health facilities is one of the contributing factors to the low rate of delivery at the facilities, as many pregnant women prefer to deliver their babies at home, where water is available. For instance, as at the time of conducting the assessment, in Pandagi Health Centre of Abaji Area Council, FCT, there had been no water supply in the last year which greatly discouraged women from giving birth to their babies in the centre. Relatives of the few pregnant women who give birth to their babies in the PHC, have to source water from a nearby river. Far too little attention is given to the enormous, yet solvable crisis of inadequate WASH in primary health care facilities. Results from the assessment 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). These lapses in WASH facilities have ripple effects on health outcomes and health seeking behaviour of the community members.

A total of 62 Primary Health Centres were assessed for this study. These were selected purposively to represent equal numbers of PHCs in urban and rural communities. 50 PHCs were selected in Niger, and 12 PHCs in the FCT were assessed for this study.

2.0 Background

According to the United Nations Children’s Fund (UNICEF), WASH is the collective term for Water, Sanitation, and Hygiene and this is because of the interdependent nature, of the three core issues. Each is dependent on the presence of the other². Lack of access to WASH is a major contributing factor to various deadly infectious diseases like cholera which kills more than 70,000 under-five children in Nigeria every year, according to UNICEF. The United Nations estimates that globally, 2.2 billion people lack standard water services and 4.2 billion people do not have a sanitation facility that safely disposes of faeces.³

Not only in communities, places like schools and health facilities especially in rural areas face the challenge of inadequate, equitable, and gender-sensitive WASH services. A 2019 joint WHO/UNICEF report showed that worldwide, 896 million people use health care facilities with no water supply and 1.5 billion use facilities with no sanitation services, with Nigeria among the countries where more than 20% of health care facilities had no water or sanitation services as at 2016.⁴

The Sustainable Development Goal 6 emphasizes ensuring availability and sustainable management of WASH for all by 2030. This calls for greater attention to WASH services beyond the household. In addition, SDG 3 aims to ‘ensure healthy lives and promote well-being for all at all ages’ and includes a specific target (3.9) to reduce the burden of disease from unsafe water, unsafe sanitation, and lack of hygiene. The SDGs are interrelated and mutually



2 The United Nations Children’s Fund (UNICEF) Water, Sanitation and Hygiene (Retrieved from <https://www.unicef.org/wash/> on Sunday 13th December 2020)

3 The United Nations Water, Sanitation and Hygiene (Retrieved from <https://www.unwater.org/water-facts/water-sanitation-and-hygiene/> on Sunday 13th December 2020)

4 WaterAid 2020. Integrating Water, Sanitation and Hygiene (WASH) and Health for Improved Universal Health Outcomes: What Governments Must Do To Deliver Quality Care The United Nations Children’s Fund (UNICEF) Water, Sanitation and Hygiene (Retrieved from <https://www.wateraid.org/ng/blog/integrating-water-sanitation-and-hygiene-wash-and-health-for-improved-universal-health> on Sunday 13th December 2020)

2.0 Background

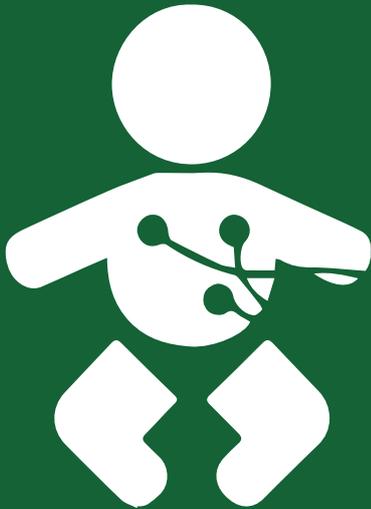
reinforcing. For example, more than 297 000⁵ children under five die annually from diarrhoeal diseases, due to poor sanitation, poor hygiene, or unsafe drinking water.

Moreover, data from the 2018 Nigeria National Demographic survey (NDHS)⁶ showed that even though progress may have been made over the years, a considerable number of Nigeria's population still lives without basic drinking water and sanitation and hygiene facilities. While 62% of Nigeria's population has basic drinking water service, 53% have access to improved sanitation facilities. 23% of the country's population engage in open defecation due to the lack of access to toilet facilities. Also, only 31.4% of the population has access to basic hand washing facilities.

Access to safe water is important to health outcomes and healthcare delivery. According to the Technical Guide for WASH services in PHCs⁷ by the National Primary Health Care Development Agency, adequacy and quality of WASH facilities are medical requirements that are essential for effective and efficient healing in the PHCs. These WASH facilities are needed for cleaning of wards, linen, medical equipment, toilets, food preparation, cleaning of patients, delivery and other maternity services, hand washing of personnel, patients and visitors, re-hydration, surgical processes, proper disposal of excreta, proper disposal of solid waste (including healthcare/medical waste), as well as cleanliness of environment among others.

A report by the United Nations Children Fund (UNICEF) showed that at least one in five health care centres globally have no sanitation facilities, and many centres lack facilities for basic handwashing and other hygienic

MORE THAN
297,000



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UNSAFE DRINKING
WATER**

5 The United Nations Water, Sanitation and Hygiene (Retrieved from <https://www.unwater.org/water-facts/water-sanitation-and-hygiene/> on Sunday 13th December 2020)

6 Nigeria Demographic and Health Survey 2018 (Retrieved from <https://www.dhsprogram.com/pubs/pdf/FR359/FR359.pdf> on 13th December 2020)

7 Technical Guide for Water, Sanitation and Hygiene (WASH) in PHC Centres in Nigeria 2020 (Retrieved from http://www.washpmp.com/files/report_file/1_58b98380-bd58-4453-abca-4e30176f89ae.pdf on 13th December 2020)

2.0 Background

practices.⁸ However, the NPHCDA Minimum WASH standard for PHCs estimates that an average of 2000 litres of water is needed every day in every PHC to serve staff, in-patient and outpatients, and caregivers. Also, about 13 latrines/toilets (6 for males, 7 for females) are needed in every PHC to serve staff, caregivers, and patients. Yet many PHCs in Nigeria lack access to any of these facilities.

Furthermore, WASH is a critical component in health facilities to ensure that health workers adhere to Infection prevention and control (IPC) requirements. Unavailability of clean, safe water poses a threat of infectious disease transmission for healthcare workers and their patients. Water, toilets, and other basic sanitation facilities are the basic amenities that should be available at all standard PHCs. Patients and health workers should have access to these basic facilities whenever they are at any PHC. Infection, Prevention, and Control (IPC) is a standard requirement at all health facilities. Hospital-borne infections are one of the biggest challenges that health facilities face as they can delay the recovery of patients and also lead to complications in their treatment. Similarly, lack of sanitation facilities also puts health workers at added risk of contracting infections from unwell patients.

Although health facilities in rural areas are more disadvantaged in access to WASH services than their counterparts in urban areas, the challenge cuts across several economic settings. Good health and access to quality health care services cannot be realized without proper WASH services in health facilities.

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⁸ WASH in Health Care Facilities Global Baseline Report 2019 (Retrieved from <https://www.unicef.org/reports/WASH-in-health-care-facilities-2019> on 13th December 2020)



23%

OF NIGERIA'S
POPULATION
ENGAGE IN OPEN
DEFECATION DUE
TO THE LACK OF
ACCESS TO TOILET
FACILITIES.



31.4%

OF THE POPULATION HAS
ACCESS TO BASIC HAND
WASHING FACILITIES.

2.0 Background

» *Hospital-borne infections are one of the biggest challenges that health facilities face as they can delay the recovery of patients and also lead to complications in their treatment. Similarly, lack of sanitation facilities also puts health workers at added risk of contracting infections from unwell patients.*

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Although health facilities in rural areas are more disadvantaged in access to WASH services than their counterparts in urban areas, the challenge cuts across several economic settings. Good health and access to quality health care services cannot be realized without proper WASH services in health facilities.

2.1 Objectives

The objective of this study is to;

- assess the availability and equitable access to water, sanitation and hygiene (WASH) services in primary healthcare centres in FCT and Niger State, towards the achievement of Sustainable Development Goal 6: Clean water and sanitation.
- provide evidence for action to drive improvements in the provision of WASH facilities in PHCs in the FCT and Niger State
- determine the availability and functionality of gender-sensitive and people-friendly services in PHCs in the FCT and Niger State
- increase awareness about the need for WASH services at all PHCs and reinforce adherence to Federal Ministry of Health's guidelines that ensure that primary healthcare facilities meet minimum standard requirements for primary health care



3.0 Literature Review

» *The disease burden of water, sanitation, and hygiene (WASH) is quite alarming and concentrated within low-income and middle-income countries (LMIC)*



Barriers to quality healthcare delivery like inability to practice WASH protocols and guidelines have a negative effect on health outcomes and this has been associated with significant morbidity and mortality⁹. The Sustainable Development Goals 6.1 and 6.2 targets are focused on the achievement of universal and equitable access to safe and affordable drinking water for all as well as the provision of access to adequate and equitable sanitation and hygiene. This is because poor conditions of WASH are associated with 6.6% of the global burden of disease, disability, and 2.4 million deaths¹⁰. The disease burden of water, sanitation, and hygiene (WASH) is quite alarming and concentrated within low-income and middle-income countries (LMIC). A total of 842 000 diarrhoeal disease deaths (of which, 361 000 occurred in children under 5 years old) were attributed to inadequate WASH in 145 countries in a retrospective analysis carried out using data from 145 LMICs¹¹.

In another article published in 2008, it was claimed that poor WASH practices, availability of WASH facilities, and management of WASH facilities account 50% of maternal and childhood underweight globally primarily through the synergy between diarrheal diseases and undernutrition¹². Diarrhoea is caused mainly from ingestion of pathogens in unsafe drinking water or contaminated foods and repeated diarrhoea can lead to underweight or malnutrition. The Lancet Maternal and Child Nutrition Series estimated that hygiene and sanitation interventions implemented with 99% coverage would reduce diarrhoea incidence by 30%,

9 Ann. N.Y. Acad. Sci. 1308 (2014) 118–128 C 2014 New York Academy of Sciences. doi: 10.1111/nyas.12330

10 UN Sustainable Development Goals Available at <https://sdgs.un.org/goals/goal6>

11 Prüss-Ustün A, Bartram J, Clasen T, et al. Burden of Disease from Inadequate Water, Sanitation and Hygiene In Low-and Middle-Income Settings: A Retrospective Analysis Of Data From 145 Countries. *Trop Med Int Health* 2014;19:894–905. doi:10.1111/tmi.12329

12 Pruss-ustun, A.B.R., F. Gore & J. Bartram. 2008. *Safer Water, Better Health: Costs, Benefits and Sustainability of Interventions to Protect and Promote Health*. Geneva: World Health Organization

3.0 Literature Review

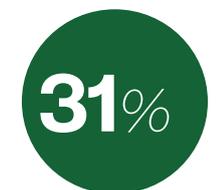
» *Even though progress has been made over the years, a considerable number of Nigeria's population still live without basic drinking water and sanitation and hygiene facilities.*



**HAVE ACCESS
TO BASIC
DRINKING
WATER SUPPLY**



**HAVE ACCESS
TO IMPROVED
SANITATION
FACILITIES**



**HAVE ACCESS
TO BASIC
HANDWASHING
FACILITIES**

which would, in turn, reduce the prevalence of stunting among children¹³.

Despite considerable progress in improving access to WASH services under the Millennium Development Goals (MDGs) in Nigeria, a significant proportion of the Nigerian population still lacks access to safe WASH¹⁴. Data from the 2018 Nigeria National Demographic Survey (NDHS) showed that even though progress has been made over the years, a considerable number of Nigeria's population still lives without basic drinking water and sanitation and hygiene facilities. While 62% of Nigeria's population have a basic drinking water supply, only 53% have access to improved sanitation facilities and only 31.4% of the population have access to basic handwashing facilities¹⁵. However, there has been little exploration of the impact of inadequate WASH provision in healthcare facilities (HCF) in Nigeria. In 2015, WHO and the United Nations Children's Fund (UNICEF) assessed WASH status in 66,101 HCF in 54 Low and Middle Income Countries (LMIC) revealed that 38% of facilities lacked access to water, 19% had no improved sanitation and 35% had no soap and water facilities¹⁶.

The issue of lack of WASH in Primary Health care facilities is of paramount importance because vulnerable populations are over-represented in these settings and the risk of infection and death is heightened.

Universal Health Coverage (UHC) hinges on the principle of availability, accessibility, acceptability, and affordability of quality healthcare services. It is pertinent to note that WASH and health services are intrinsically related and must

13 World Bank. 2008. Environmental Health and Child Survival: Epidemiology, Economics, Experience. Washington, DC: World Bank.

14 UNICEF, WHO. Progress on Sanitation and Drinking Water – 2015 Update and MDG Assessment. 2015 http://files.unicef.org/publications/files/Progress_on_Sanitation_and_Drinking_Water_2015_Update_.pdf (accessed 15 December 2020)

15 <https://www.dhsprogram.com/pubs/pdf/FR359/FR359.pdf>

16 WHO/UNICEF. Water, sanitation and hygiene in health care facilities: urgent needs and actions. Meeting Report.. 2015 www.who.int/water_sanitation_health/facilities/wash-in-hcf-geneva.pdf (accessed 14 December 2020).

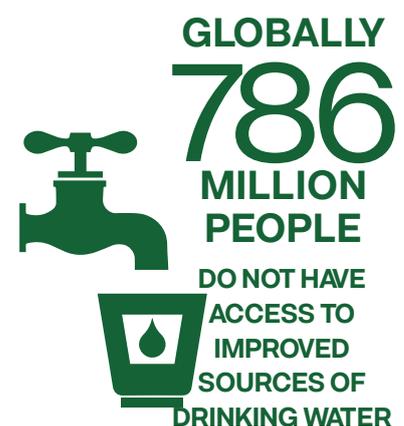
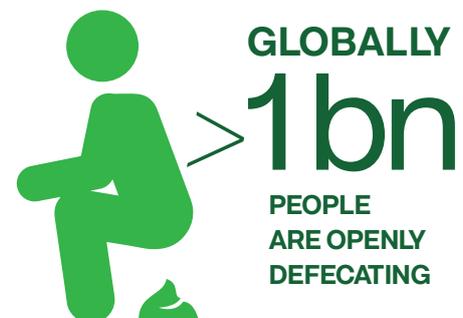
3.0 Literature Review

be recognised as both preconditions for and outcomes of sustainable development goals (SDGs). SDG 6 is focused on ensuring the availability and sustainable management of water and sanitation for all by 2030. This cuts across ensuring that schools, health facilities, households and other public places have access to quality WASH services. Achieving sustainable WASH services is important to UHC and quality health outcomes, including infection prevention and control which in turn contributes to SDG 3.

The Technical Guide for WASH services in PHCs was developed by the National Primary Health Care Development Agency (NPHCDA) with support from UNICEF and other strategic stakeholders¹⁷. The guide is aimed at standardizing the design, construction, operation and maintenance of WASH facilities in PHCs. The construction of WASH facilities is intended to improve the health of patients, staff, caregivers as well as the community members. It is unfortunate that the level of compliance to this standard at all levels of governance is poor.

Globally, two and a half billion people do not have access to basic sanitation, while over one billion people are openly defecating and 768 million do not have access to improved sources of drinking water¹⁸. In Nigeria, with over 33,000 facilities, half of healthcare facilities lack clean water, 88% are without basic sanitation and 57% lack handwashing facilities with soap¹⁹.

In a hospital-based study, Ezegwui and colleagues investigated patients' satisfaction with healthcare facilities in Nigeria and found that 71.7% of patients were



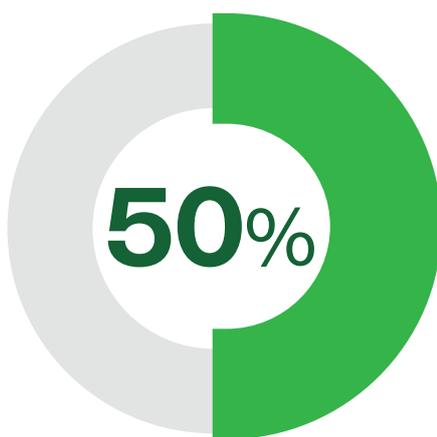
¹⁷ Technical Guide for PHCs. Accessed from [Technical Guide for PHCs.cdr \(washpmp.com\)](https://washpmp.com) on December 29, 2020

¹⁸ WaterAid (2014) Making Health A right for All. Accessed from <https://plan-uk.org/file/afgh-wateraiduhc-and-wash-papermarch-20rgb-pdf-for-general-usepdf/download?token=44fihGSL> on December 30, 2020.

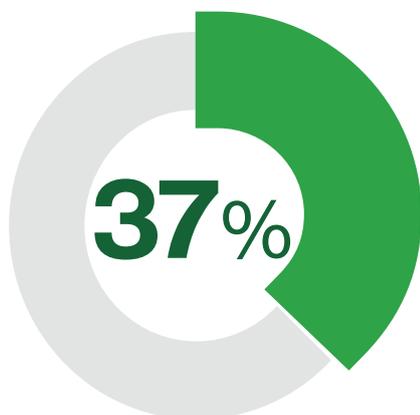
¹⁹ WaterAid (2020). Accessed from <https://www.wateraid.org/ng/blog/integrating-water-sanitation-and-hygiene-wash-and-health-for-improved-universal-health> on December 31, 2020.

3.0 Literature Review

» A study conducted in Ibadan North Local Government Area, Oyo State to assess the water sanitation and hygiene practices among randomly selected households found that:



WASHED THEIR HANDS AFTER USING THE TOILET



WASHED THEIR HANDS AFTER USING THE TOILET

dissatisfied with toilet facilities²⁰. Another review suggests that improving WASH conditions will decrease patient dissatisfaction in healthcare services, which may increase care-seeking behaviour and improve health outcomes, but that more rigorous research is needed²¹.

A study conducted in Ibadan North Local Government Area, Oyo State to assess the water sanitation and hygiene practices among randomly selected households found that almost half of the respondents do not treat their water before use, only about 37.3% washed their hands after using the toilet, 28% washed their hands with medicated soap and water. This could explain the reason for the 31.8% of the respondents who reported a history of sickness from water usage. From the study, it could be inferred that the situation in Ibadan North Local Government Area is not different, as open defecation and indiscriminate dumping of solid waste are still major problems in many rural communities in developing countries.

In a report that drew data from 66,101 facilities in 54 low- and middle-income countries, it was concluded that 38%, 19% and 35% of facilities lack access to an improved water source, improved sanitation and water and soap for hand washing respectively²². The poor WASH services had an impact on the provision of basic routine services in the facilities. A survey carried out to determine the determinants of diarrheal disease among infants in Kaduna North Local Government Area (KNLGA), Nigeria, found that about 76.3% of mothers always washed their hands with soap after cleaning infants' perineum²³. In a

20 Ezegwui IR, Okoye OI, Aghaji AE, et al. Patients' Satisfaction with Eye Care Services in a Nigerian Teaching Hospital. *Niger J Clin Pract* 2014;17:585–8. doi:10.4103/1119-3077.141423

21 Bouzid M, Cumming O, Hunter PR. What is the Impact of Water Sanitation and Hygiene in Healthcare Facilities on Care Seeking Behaviour and Patient Satisfaction? A Systematic Review of the Evidence from Low-Income and Middle-Income Countries. *BMJ Global Health* 2018;3:e000648

22 https://apps.who.int/iris/bitstream/handle/10665/154588/9789241508476_eng.pdf

23 <https://www.ajol.info/index.php/pamj/article/view/167324>

3.0 Literature Review

recently completed systematic review and meta-analysis of WASH and schistosomiasis, it was found that people with safe water and adequate sanitation have significantly lower odds of a *Schistosoma* infection²⁴.

Ultimately more emphasis needs to be given to the promotion of good hygiene practices, particularly amongst children and child caregivers. Incessant sensitization of the people toward proper disposal of household waste, promotion of good hygiene practices, such as handwashing with soap and water, as well as treatment of drinking water, will help in improving health outcomes. Again, an area of work for sanitation is to put to an end, the practice of 'open defecation,' and inappropriate disposal of refuse, in local communities.

When clean water, decent toilets and good hygiene services are available, the ripple effects cannot be underestimated. Risks of infection for patients and their families, staff and surrounding communities are greatly reduced; people are kept safe from deadly diarrhoeal diseases and are better able to break free from poverty.

To this end, Nigeria Health Watch conducted this survey to assess the availability and functionality of WASH services in FCT and Niger State. The survey also proffers actionable recommendations to government towards the achievement of SDG 6.



» When clean water, decent toilets and good hygiene services are available, the ripple effects cannot be underestimated. Risks of infection for patients and their families, staff and surrounding communities are greatly reduced; people are kept safe from deadly diarrhoeal diseases and are better able to break free from poverty

²⁴ <https://parasitesandvectors.biomedcentral.com/articles/10.1186/s13071-015-0766-9>

4.0 Methodology

4.0 Methodology

The assessment was carried out using both quantitative and qualitative questionnaires. 62 primary health care centres (PHCs) were randomly selected in Niger State and the FCT. In Niger State, 50 PHCs were assessed, two PHCs (one from an urban community and one from a rural community) were selected from each of the 25 local government areas. In the FCT, 12 PHCs were assessed, two PHCs (one from an urban community and one from a rural community) were selected from each of the six area councils.

4.1 Quantitative research

Each of the selected PHCs were administered a questionnaire directed to the officer 'In-charge' or the highest ranked staff of the PHC. The questionnaires were drawn from Primary Healthcare Assessment Form of the United States Centre for Disease Control and Prevention. The objective was to ascertain if the PHCs were conforming to the optimal standards of water, sanitation and hygiene as described by the Guidelines on Water, Sanitation and Hygiene services in primary health care centres of the National Primary Health Care Development Agency (NPHCDA) (see appendix 1).

4.2 Qualitative research

In-depth interviews and focus group discussions were conducted with key stakeholders in every community, where selected PHCs were located and with health workers at the facilities. These included community leaders, male youth leaders, female community members, facility in charges and staff. The questionnaire was deployed through an interview guide (see appendix 2), with open-ended questions to information such as health seeking behaviour of the people in the community, common illnesses in the community, distance to health facility, infrastructure in the facility, water, sanitation and hygiene services in the facility from all respondents.

4.0 Methodology

Nigeria Health Watch leveraged on its partnership with EpiAFRIC in the FCT and Pearls Care Initiative in Niger State to enrol enumerators to conduct the assessment. The enumerators were trained on the research tools and a simulation and pre-testing of the questionnaire was done before deployment. Each enumerator was assigned to a local government areas and area council to collect the data.

The Niger State Primary Health Care Development Agency and the FCT Primary Health Care Board were notified before the commencement of the assessment.

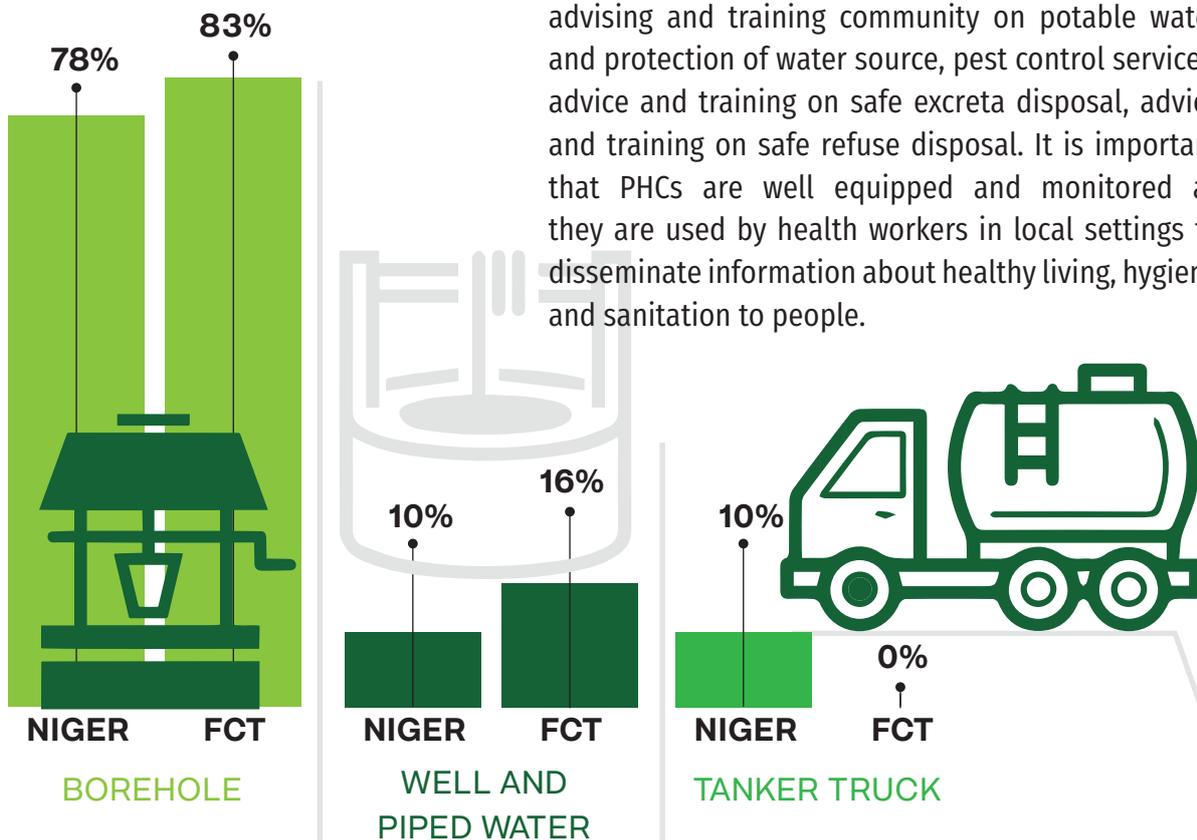
5.0 Key Findings

The quantitative questionnaire was an Open Data Kit adopted from the Centers for Disease Control and Prevention to assess the water, sanitation, and hygiene services (WASH) in Primary Health Care (PHC) facilities in Niger State and the Federal Capital Territory (FCT). The tool was administered in 62 PHCs. Respondents were health facility incharge and in facilities where the in-charge was absent, the most senior ranked health worker in the facility responded to the questions. The results were analysed to determine the availability and functionality of gender-sensitive and people-friendly WASH services in the assessed PHCs in both Niger State and the FCT.

5.1 Quantitative Analysis

According to NPHCDA, the goal of the PHC is not just to provide primary health care, but also to ensure the promotion of personal and community hygiene, advising and training community on potable water and protection of water source, pest control services, advice and training on safe excreta disposal, advice and training on safe refuse disposal. It is important that PHCs are well equipped and monitored as they are used by health workers in local settings to disseminate information about healthy living, hygiene and sanitation to people.

» Main source of water



5.0 Key Findings

MAIN WATER SOURCE HIGHLIGHTS

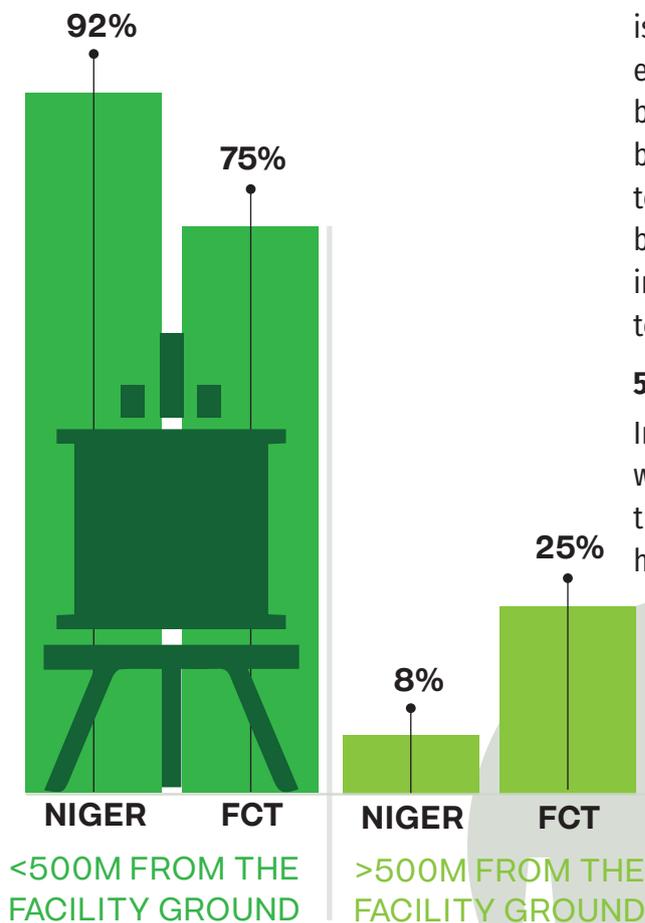
NIGER STATE



FCT



» Location of water source



5.1.1 Water

5.1.1.1 Main source of water

Out of all the 50 PHCs in Niger monitored, the majority (78%) use borehole as their main water source, whereas less than 20% of the facilities use tanker trucks (10%), wells (2%) and government waterboards as their main water source (6%). Meanwhile in the FCT, out of the 12 (100%) facilities, the majority (83%) use borehole as their main water source, whereas 16% use wells and government water board as a main water source.

A borehole is a safe and good source of water if the PHCs can afford to have a borehole source that can supply water every time. The recurrent cost of getting water delivered, may be an issue for PHCs who still have a lot of recurrent expenditure to cater for. The facilities with boreholes and the 22% and 17% who don't have borehole water in their health facility also need to be visited by the ministry to ensure that pipe-borne water source is connected to every room in the health facility that needs to be connected to the water source.

5.1.1.2 Location of water source

In Niger, 92% of the facilities have their main water source within the facility ground or less than 500m from facility grounds, whereas 8% have a main water source more than 500m from

5.0 Key Findings

LOCATION OF WATER SOURCE HIGHLIGHTS

NIGER STATE

92% PERCENTAGE OF FACILITIES THAT HAVE MAIN WATER SOURCE WITHIN THE FACILITY GROUNDS OR WITHIN 500M FROM THE FACILITY GROUNDS

FCT

75% PERCENTAGE OF FACILITIES THAT HAVE MAIN WATER SOURCE WITHIN THE FACILITY GROUNDS OR WITHIN 500M FROM THE FACILITY GROUNDS

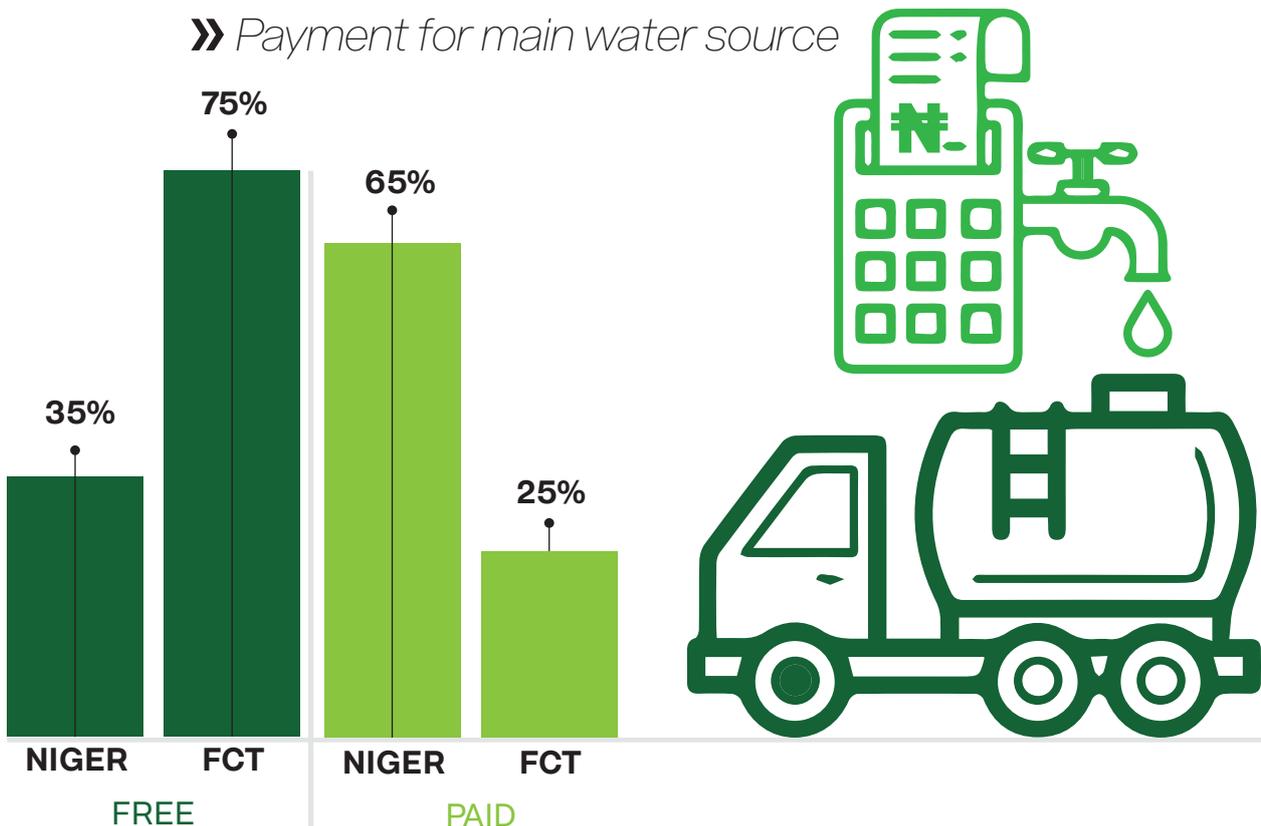
25% HAVE MAIN WATER SOURCE MORE THAN 500M FROM THE FACILITY GROUND.

facility grounds. In the FCT, 75% of the facilities have a main water source within the facility or within 500m of the facility. Other facilities (25%) have main water source more than 500m from the facility ground. It must be noted that most of the facilities in this study have good access to a water supply - their water sources are not so far away.

5.1.1.3 Payment for main water source

More than half of PHCs assessed in Niger State pay for water from their budget. In the FCT, 25% of the facilities in the survey also pay for water from their budget. When this result is compared with the number of minutes it takes before water is delivered to PHCs, it may be that water is available nearby, but may not be pipe-borne (conduit) water. In addition, even if water is available, it would need to be paid for.

» Payment for main water source



5.0 Key Findings

BURDEN OF PAYMENT FOR WATER SUPPLY

NIGER STATE

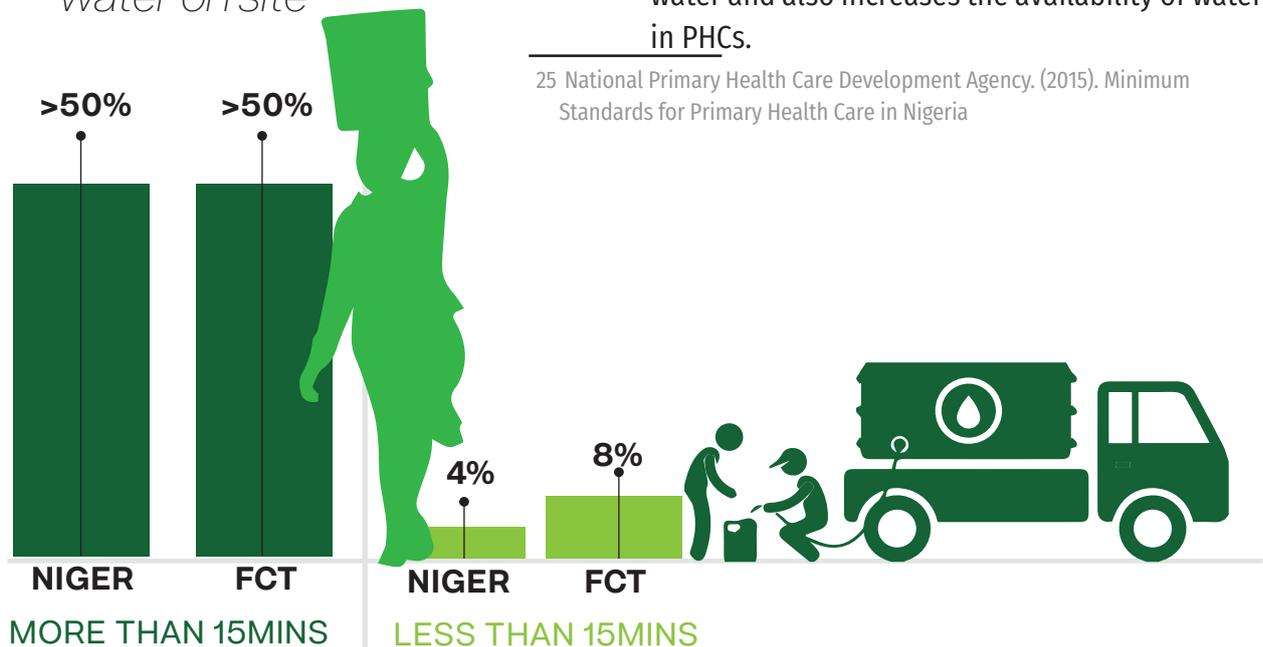


5.1.1.4 Availability of water

More than 50% of the facilities take more than 15 minutes to get water onsite in Niger while a majority (67%) of facilities take more than 15 minutes to get water on-site in FCT. There is also a burden of payment for water supply on the facilities and this is evident in the survey as 22% of the facilities in Niger pay for water from their budget and 18% of facilities are assisted by private organisations. This means that the borehole source is either not efficient or seasonal in serving as a main source of water.

It will be important for the borehole facilities to be well maintained and improved to serve the PHCs fully, without the PHCs paying extra for their water supply. Meanwhile, in NPHDCA's Minimum Standards for Primary Health Care in Nigeria²⁵ document, NPHCDA expects that each PHC should at least have a clean water source from a motorised borehole. This is because the construction of a motorised borehole helps to greatly reduce the amount of time spent fetching water and also increases the availability of water in PHCs.

» Time it takes to get water on site



25 National Primary Health Care Development Agency. (2015). Minimum Standards for Primary Health Care in Nigeria

5.0 Key Findings

WATER USAGE HIGHLIGHTS

NIGER STATE

>80%

OF THE PHCS USE WATER FOR DRINKING, TOILET USE, LAUNDRY, CLEANING AND HAND WASHING

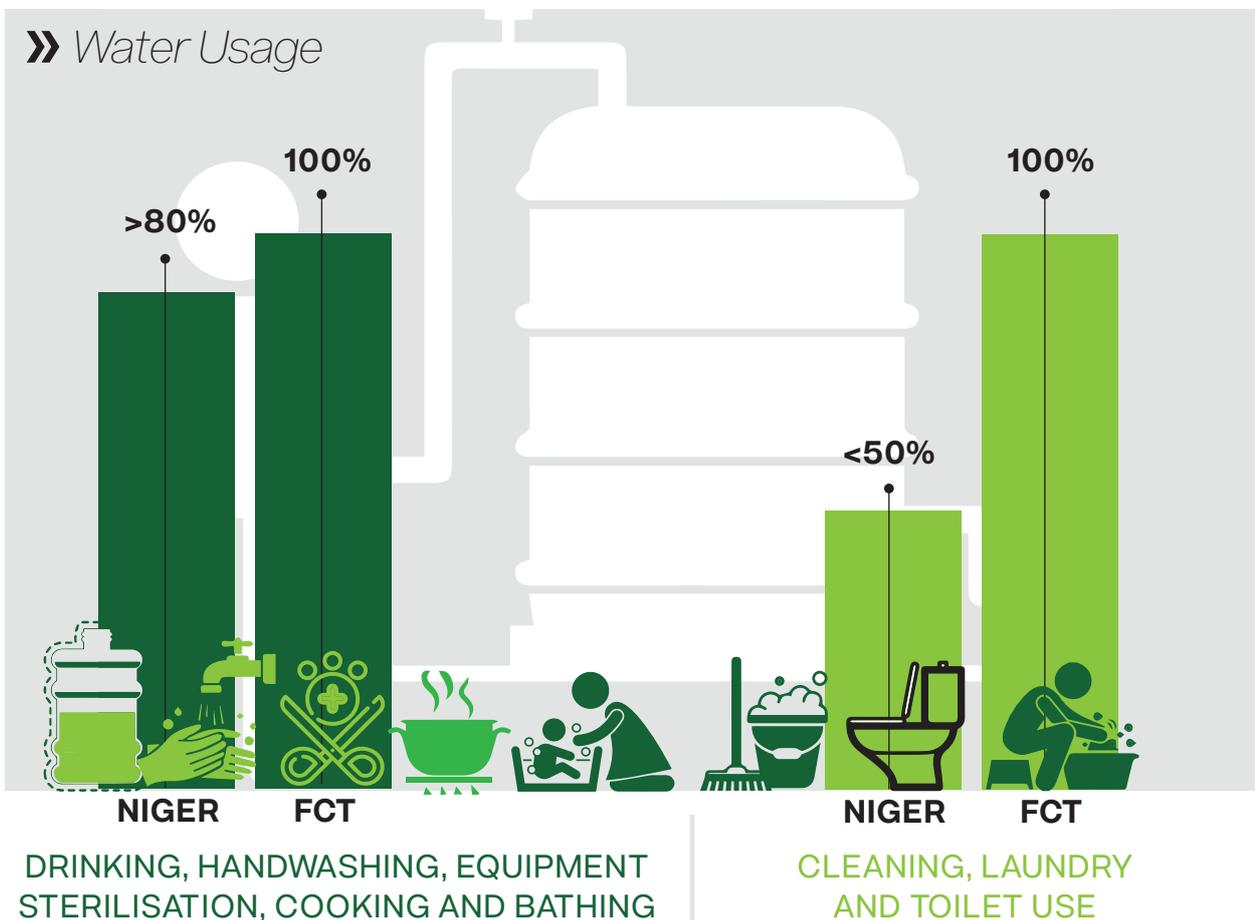
FCT

<50%

OF THE FACILITIES USE WATER FOR CLEANING, LAUNDRY, AND TOILET USE

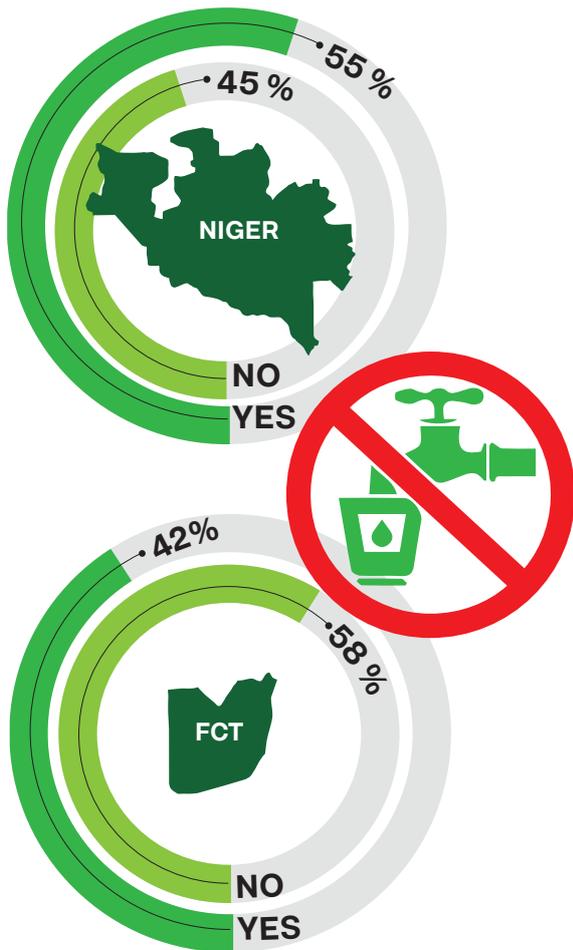
5.1.1.5 Water usage

When we assessed water usage by PHCs, more than 80% of the facilities in Niger State that were part of this study use water for drinking, hand washing, equipment sterilization, cooking, and bathing, whereas less than 50% of the facilities use water for cleaning, laundry, and toilet use. In the FCT, all the facilities (100%) use water for bathing, toilet use, cooking, laundry, and handwashing. This water use in various sections of the PHC is important not just for water, sanitation and hygiene, but it also important in enabling the adherence to COVID-19 protocols and an interruption to the power supply in PHC would make observance of infection, prevention and control harder to enforce.



5.0 Key Findings

» Are there interruptions to the water source?



5.1.1.6 Water shortage

Up to 55% of facilities in Niger State experienced interruptions to their water source. This figure climbs up to 58% in the FCT. The poor and unreliable availability of water would mean that health workers would not be able to undertake the necessary sterilisation or disinfection of equipment in the facilities. The outbreak of infections, especially where there are disease outbreaks, will compromise the quality of health care offered to patients.

5.1.1.7 Seasonal shortages of water

In Niger State, 74% of the facilities assessed experience seasonal shortages of water, while in the FCT, the figure is 92%. The dependence that health facilities have on sourcing water from the rain makes them even more vulnerable to the effects of climate change which has seen countries experiencing increased temperatures and decreased rainfall. This calls for more sustainable solutions that ensure a more stable and reliable source of water to primary health care facilities.

» Are there ever seasonal shortages of water?



5.0 Key Findings

CAUSES OF INTERRUPTIONS HIGHLIGHTS

NIGER STATE

18% PERCENTAGE OF WATER USAGE INTERRUPTIONS CAUSED BY POWER OUTAGE

20% PERCENTAGE OF WATER USAGE INTERRUPTIONS CAUSED BY SEASONAL AVAILABILITY, MECHANICAL BREAKDOWN, INABILITY TO PAY, LOCKDOWN RESTRICTIONS AND LOW WATER TABLE IN NIGER STATE

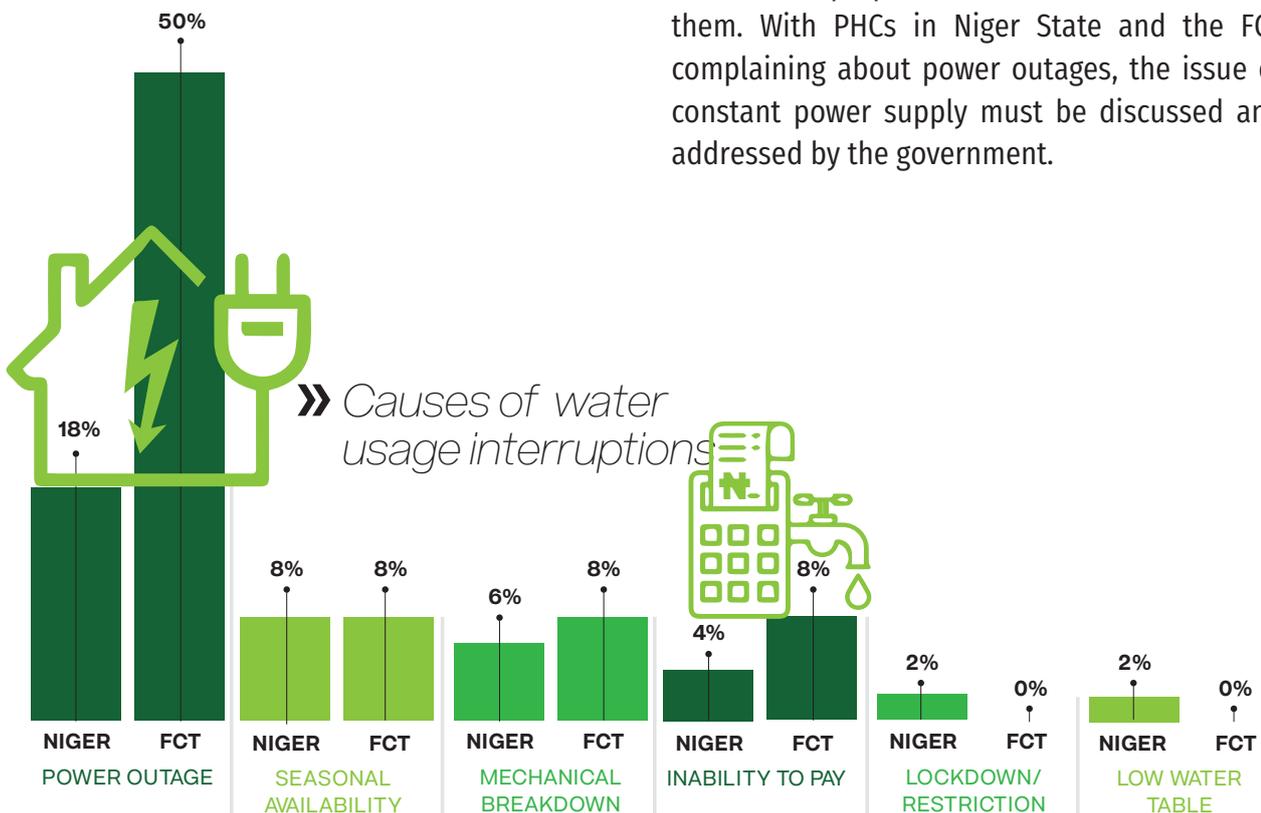
FCT

50% PERCENTAGE OF WATER USAGE INTERRUPTIONS CAUSED BY POWER OUTAGE IN THE FCT

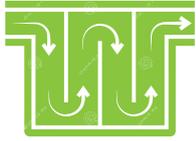
58% OF FACILITIES IN THE FCT EXPERIENCE INTERRUPTIONS TO THEIR WATER SOURCE

5.1.8 Causes of water usage interruptions

In Niger State, 18% of water usage interruptions are caused by power outage and less than 20% are caused by seasonal availability (8%), mechanical breakdown (6%), inability to pay (4%), locked/restricted (2%) and low water table (2%). Meanwhile in the FCT, 58% of facilities experience interruptions to their water source. 50% of water usage interruptions are caused by power outages. Not just because of the water supply alone, the PHCs that have issues with power should be supported with power generators or solar panels by the government or organisations because a healthcare centres cannot afford to not have power in case of an emergency at night. Any shortage of water in the PHCs at any time puts patient safety at great risk, and emergencies can happen at any time and health care facilities need to be prepared at all times to deal with them. With PHCs in Niger State and the FCT complaining about power outages, the issue of constant power supply must be discussed and addressed by the government.



5.0 Key Findings



WATER TREATMENT HIGHLIGHTS

NIGER STATE

18%

OF THE FACILITIES
IN NIGER STATE
UNDER REVIEW
TREAT WATER
BEFORE USE

FCT

100%

ALL THE FACILITIES
ASSESSED DO NOT
TREAT WATER BEFORE
USE IN THE FCT

5.1.1.9 Water treatment

Assessing facilities that treat water before use and water storage facilities, only 18% of facilities in Niger State treat water before use, whereas 82% do not treat water before use. All the PHCs visited in the FCT stated that they did not treat water before use. Treating water before use is important in a PHC where it is expected that water usage would be for activities that would be expected to require clean and sterile water. Advocacy should be done in the FCT, most especially to raise awareness about the importance of treating water before use.



5.0 Key Findings



WATER STORAGE HIGHLIGHTS

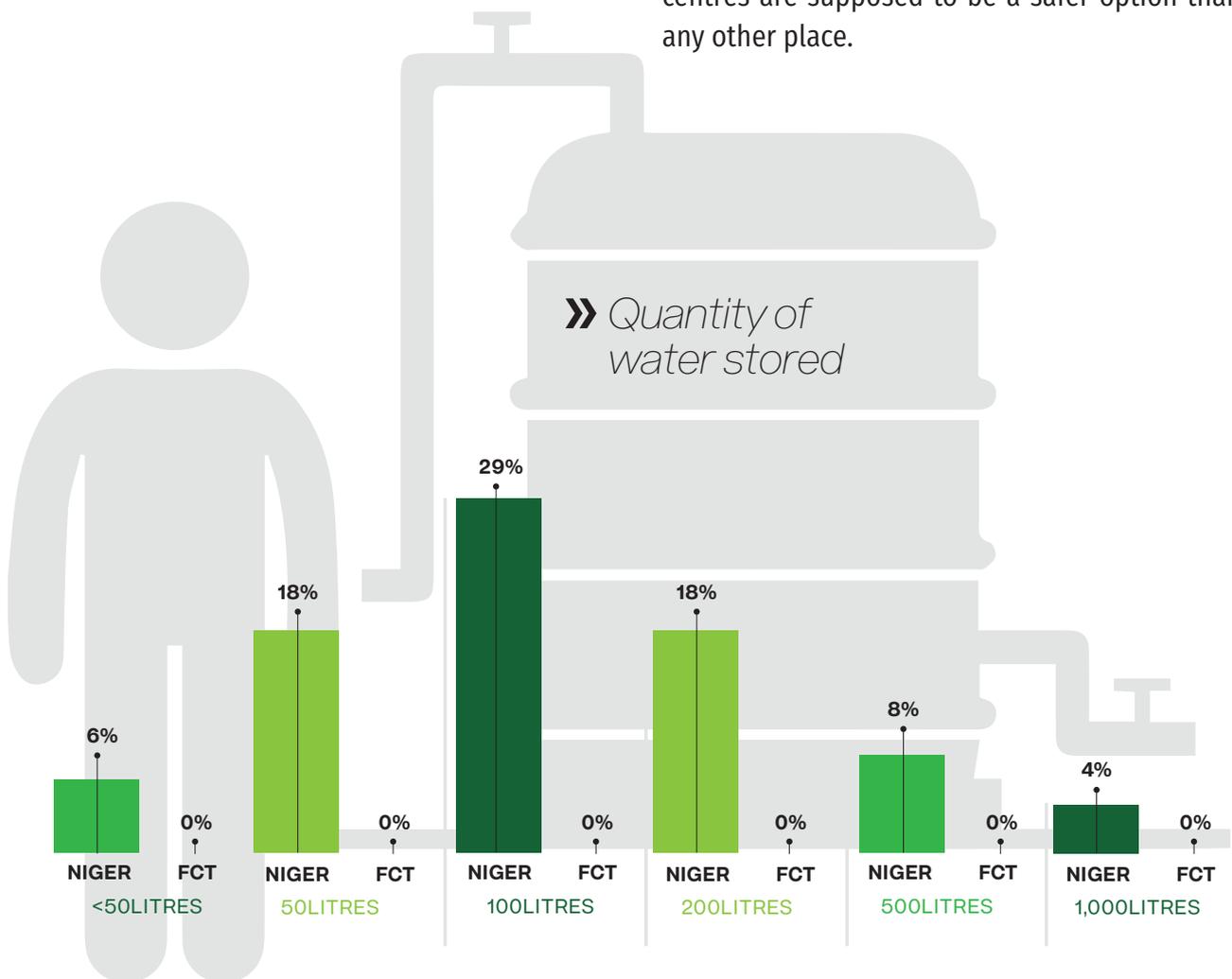
NIGER STATE

60%

OF FACILITIES IN NIGER STATE UNDER REVIEW HAD WATER STORAGE CAPACITIES OF 100L AND ABOVE

5.1.1.10 Water storage

Water availability in health facilities is essential for use throughout the PHC facility. The NPHCDA Minimum Standards for Primary Health Care in Nigeria state that labour rooms in PHCs should have urinals, female WC facilities, soap/disinfectant dispensers. Laboratories in PHCs should also have a soap/disinfectant dispenser and antenatal rooms in PHCs should have a water container with tap and soap. Perhaps one of the reasons why some women and their families don't want to use PHCs when giving birth is the lack of an accessible water supply. When delivering babies, PHCs and other healthcare centres are supposed to be a safer option than any other place.



5.0 Key Findings

FACILITIES WITH TOILETS HIGHLIGHTS

NIGER STATE

>86% OF FACILITIES IN NIGER STATE UNDER REVIEW HAVE TOILETS/LATRINES

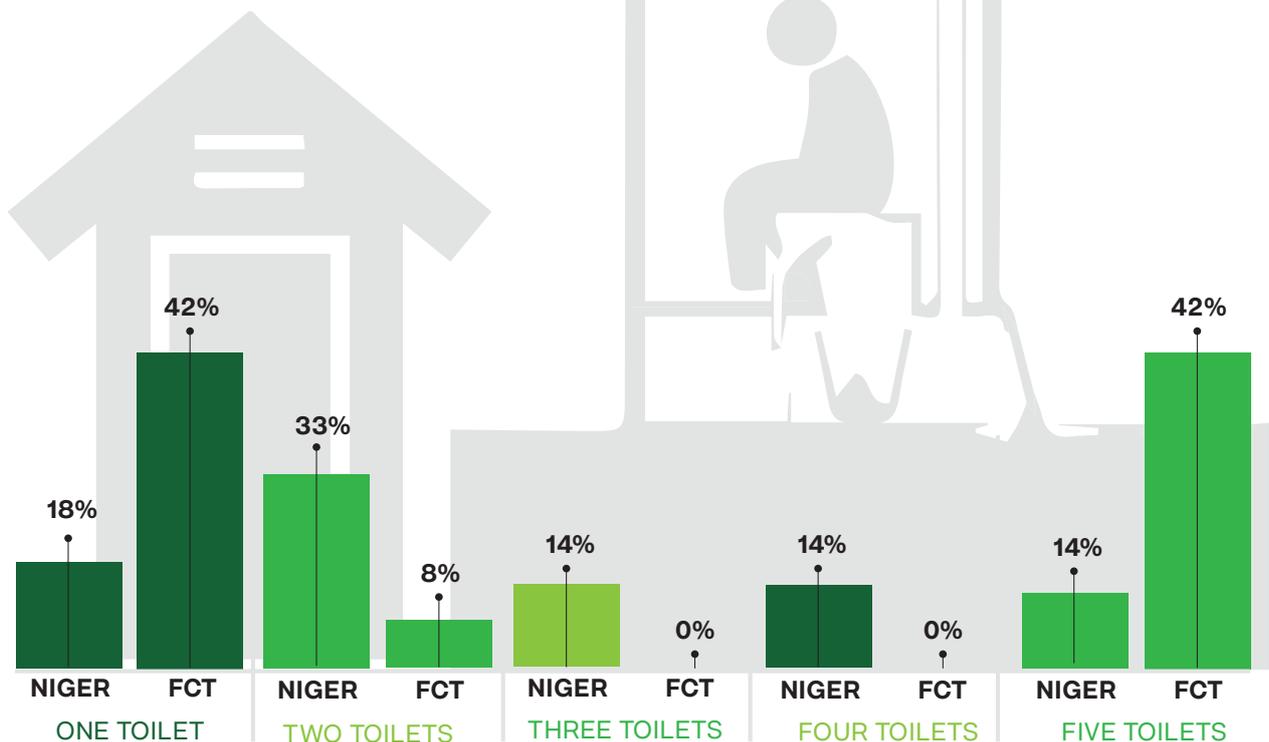
71% OF FACILITIES IN NIGER STATE UNDER REVIEW HAVE TWO OR MORE TOILETS/LATRINES

FCT

92% OF FACILITIES IN THE FCT UNDER REVIEW HAVE TOILETS/LATRINES

50% OF FACILITIES IN THE FCT UNDER REVIEW HAVE TWO OR MORE TOILETS/LATRINES

» *Number of toilets /latrines in facilities*



5.1.2 Hygiene

5.1.2.1 Facilities with toilets/latrines

More than three quarters (86%) of health facilities in Niger State have toilets/latrines while in FCT 92% have toilets/latrines. This is reasonably high, but should be 100% according to the NPHCDA Minimum Standards for Primary Health Care in Nigeria. 18% of facilities in Niger State have only one toilet for the whole PHC while 71% of facilities have two or more toilets/latrines. Meanwhile, half (50%) of facilities in FCT have two or more toilets.

5.0 Key Findings

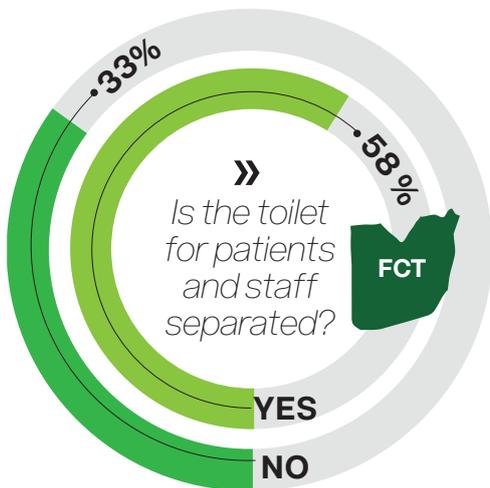


SEPARATE TOILET FACILITIES HIGHLIGHTS

NIGER STATE

41% OF FACILITIES DO NOT HAVE SEPARATED TOILETS FOR MALES AND FEMALES

FCT



33% OF FACILITIES DO NOT HAVE SEPARATED TOILETS FOR PATIENTS AND STAFF

5.1.2.2 Separate toilet facilities

In terms of gender-specific facilities for male and females, less than half (41%) of facilities in Niger State do not have separate toilets for males and females. In FCT 42% of facilities do not have separate toilets for the male and female. NPHCDA Minimum Standards for Primary Health Care state that a PHC must have separate toilet facilities (male and female). As less than 50 per cent of PHCs in this study do not have gender-specific toilet facilities, there is a need for advocacy to improve on this and poor availability of separate toilet facilities in PHCs could be a potential reason why some patients are reluctant to use the toilet facilities, even when they are available. There should also be a staff toilet which should be different from the patient's toilets, however in most of these PHCs, health workers and patients have no option, but to use the same toilet facilities. In addition, the same toilet facilities are used when patients have to collect laboratory samples, like urine. In our study, 33% of facilities visited in FCT do not have separate toilets for both patients and staff members.

» Are there separate toilets for males and females?



5.0 Key Findings

» *Is there water supply to the toilets?*



5.1.2.5 Provision of water in toilets

In terms of the provision of water in the toilets/latrines, only 16% of facilities in Niger State have running water, while in the FCT only about two fifth of toilets have running water. This puts the health and safety and patients and health workers at risk and without running water in toilet facilities handwashing may not always take place, and this could lead to the transmission of diseases like diarrhoea, dysentery or cholera.

The condition of toilet facilities would also discourage patients from using them for urination and other purposes. Misuse of the toilet facilities is also inevitable if there is no constant water supply. This may lead patients and health workers to seek others avenues when they require toilet facilities. Finding for the 2018 WASH National Outcome Routine Mapping (WASHNORM) survey, about 47 million Nigerians are defecating publicly²⁶. This has environmental risk as human waste may not be safely disposed of and could threaten access to clean drinking water. The prevalence of diarrhea in Nigeria has increased from 10.2% in 2013 to 2018 according to the Nigeria Demographic and Health Survey (NDHS)²⁷. Diarrhea accounts for approximately 10% of all deaths of children under the age of 5 in Nigeria²⁸ and this can often be linked to unsafe water and sanitation.

26 WaterAid (2018). <https://www.wateraid.org/ng/get-involved/clean-nigeria-campaign>

27 UNICEF (2020). Impact evaluation of WASH Program Nigeria 2014 – 2017. <https://www.unicef.org/nigeria/media/2986/file/Evaluation%20Report%20on%20WASH%20Programme%202014%20-%202017.pdf>

28 UNICEF. <https://data.unicef.org/topic/child-health/diarrhoeal-disease/>

5.0 Key Findings

INFECTIOUS WASTE DISPOSAL HIGHLIGHTS

NIGER STATE

53% OF FACILITIES ASSESSED IN NIGER STATE DISPOSED INFECTIOUS WASTES OFF-SITE

FCT

92% OF FACILITIES ASSESSED IN THE FCT DISPOSED INFECTIOUS WASTES OFF-SITE

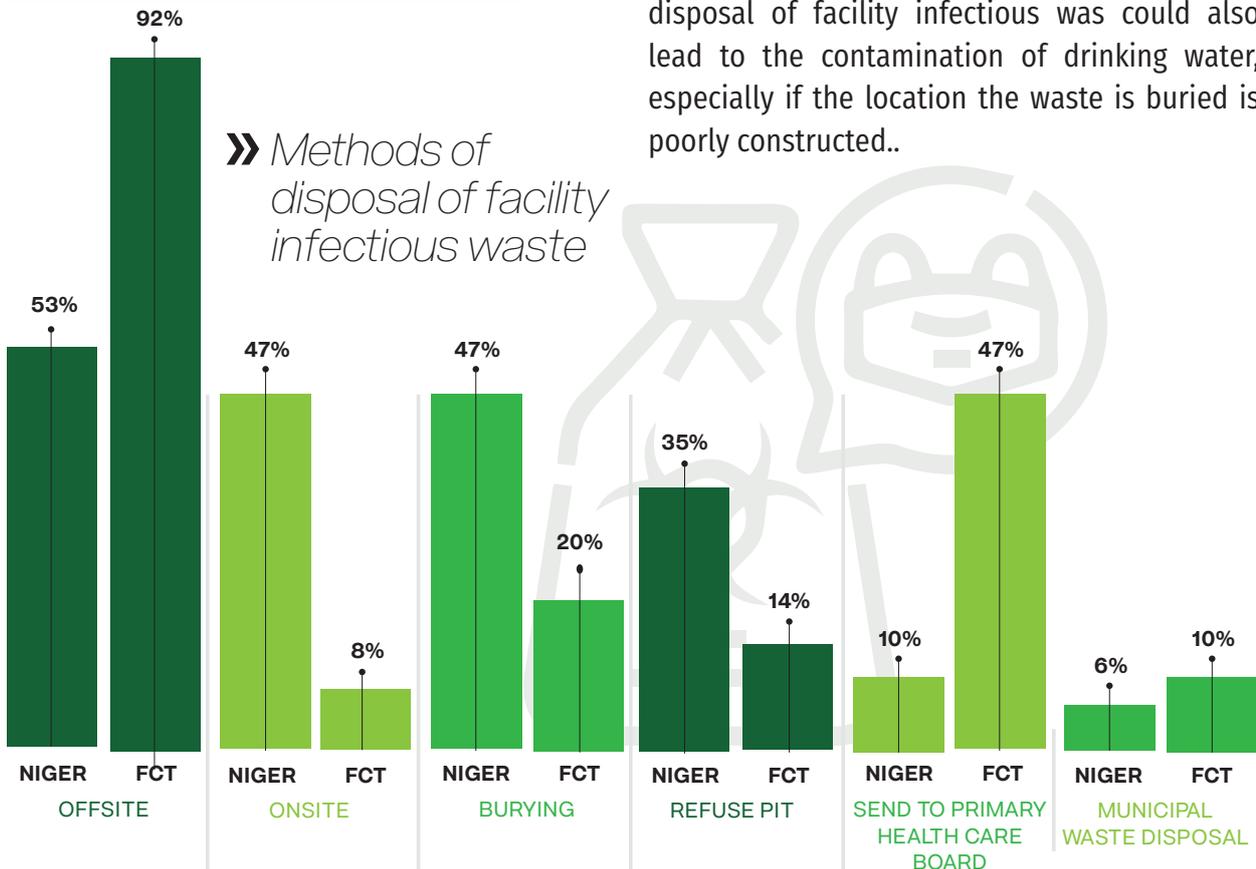
<50% OF HEALTH FACILITIES IN NIGER STATE AND THE FCT DISPOSE THEIR INFECTIOUS WASTE BY BURYING THEM, USING REFUSE PITS, SENDING TO PRIMARY HEALTH CARE BOARD OR USING MUNICIPAL WASTE DISPOSAL.

5.1.3 Sanitation

5.1.3.1 Infectious waste disposal

About 53% of facilities in Niger State and 92% in FCT dispose infectious wastes off-site. In addition, less than 50% of health facilities in Niger State and the FCT dispose their infectious waste by burying them, using refuse pits, sending to primary health care board or using municipal waste disposal. Notably, it was observed that some of the facilities that dispose all forms of wastes in refuse pits have shallow pits, and waste further litters the pit, making the environment very unsanitary and risking infectious disease outbreaks in the local community. This would also create an environmental hazard in the health facility, especially where water and sanitation facilities are limited. The poor disposal of facility infectious waste could also lead to the contamination of drinking water, especially if the location the waste is buried is poorly constructed..

» *Methods of disposal of facility infectious waste*



5.0 Key Findings

SHARP WASTE DISPOSAL HIGHLIGHTS

NIGER STATE

63% OF FACILITIES ASSESSED IN NIGER STATE DISPOSED SHARP WASTES OFF-SITE

37% OF FACILITIES ASSESSED IN NIGER STATE DISPOSED SHARP WASTES ON-SITE

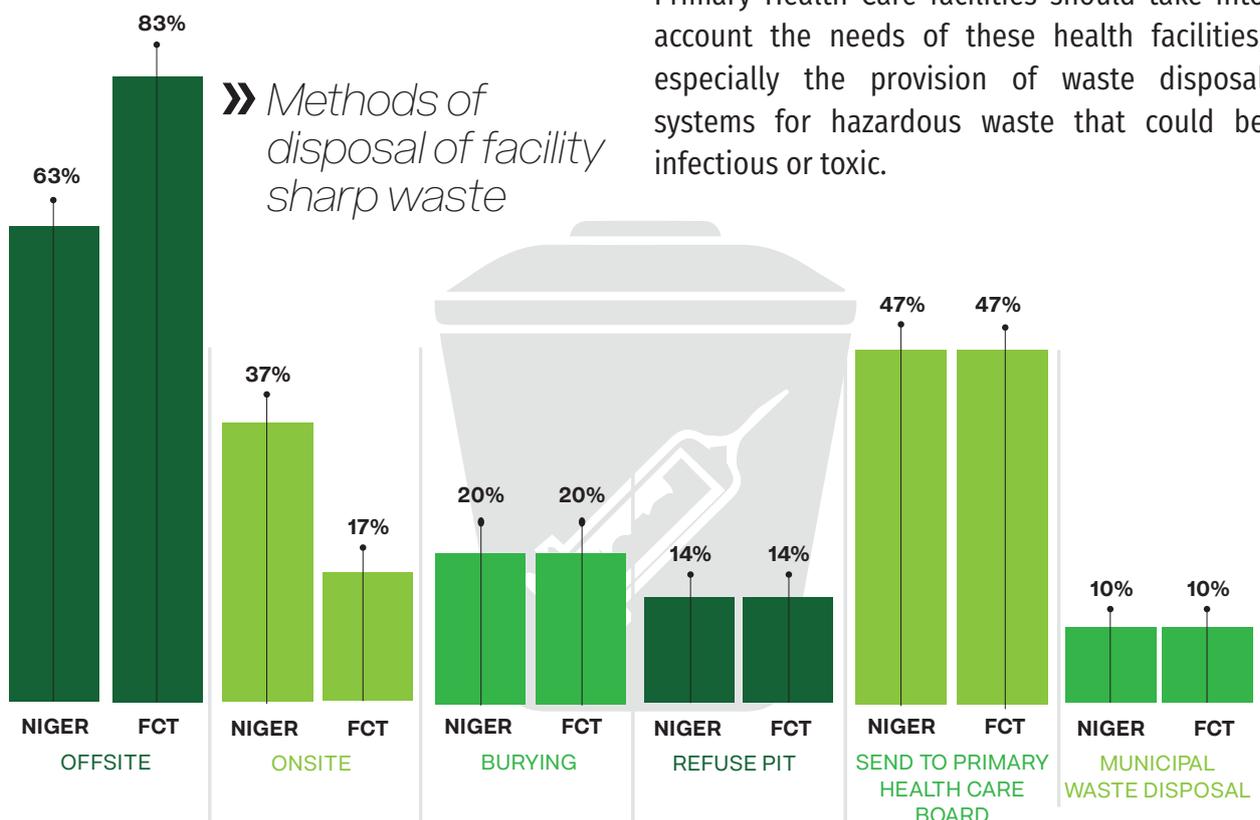
FCT

83% OF FACILITIES ASSESSED IN THE FCT DISPOSED SHARP WASTES OFF-SITE

17% OF FACILITIES ASSESSED IN THE FCT DISPOSED SHARP WASTES ON-SITE

5.1.3.2 Sharp waste disposal

Most of the facilities, 63% and 83% in Niger State and the FCT respectively dispose sharp waste outside the health facility environment (offsite). This is clearly shown by the presence of safety boxes in these facilities where sharp waste is segregated for disposal offsite. In addition, less than 50% of facilities in Niger State and the FCT send sharp waste to the primary health care board, municipal waste disposal, refuse pit or burying. For facilities that dispose sharp waste within the facility (onsite), 37% were identified in Niger State and 17% in FCT. It is pertinent to note that there are dangers in such methods of disposal of sharp waste, especially when it is not carried out properly. Therefore, if onsite disposal is adopted, it is a best practice to incinerate and bury the remains appropriately. Investments in Primary Health Care facilities should take into account the needs of these health facilities, especially the provision of waste disposal systems for hazardous waste that could be infectious or toxic.



5.0 Key Findings

OTHER WASTE DISPOSAL HIGHLIGHTS

NIGER STATE

84% OF FACILITIES ASSESSED IN NIGER STATE DISPOSED OTHER WASTES OFF-SITE

16% OF FACILITIES ASSESSED IN NIGER STATE DISPOSED OTHER WASTES ON-SITE

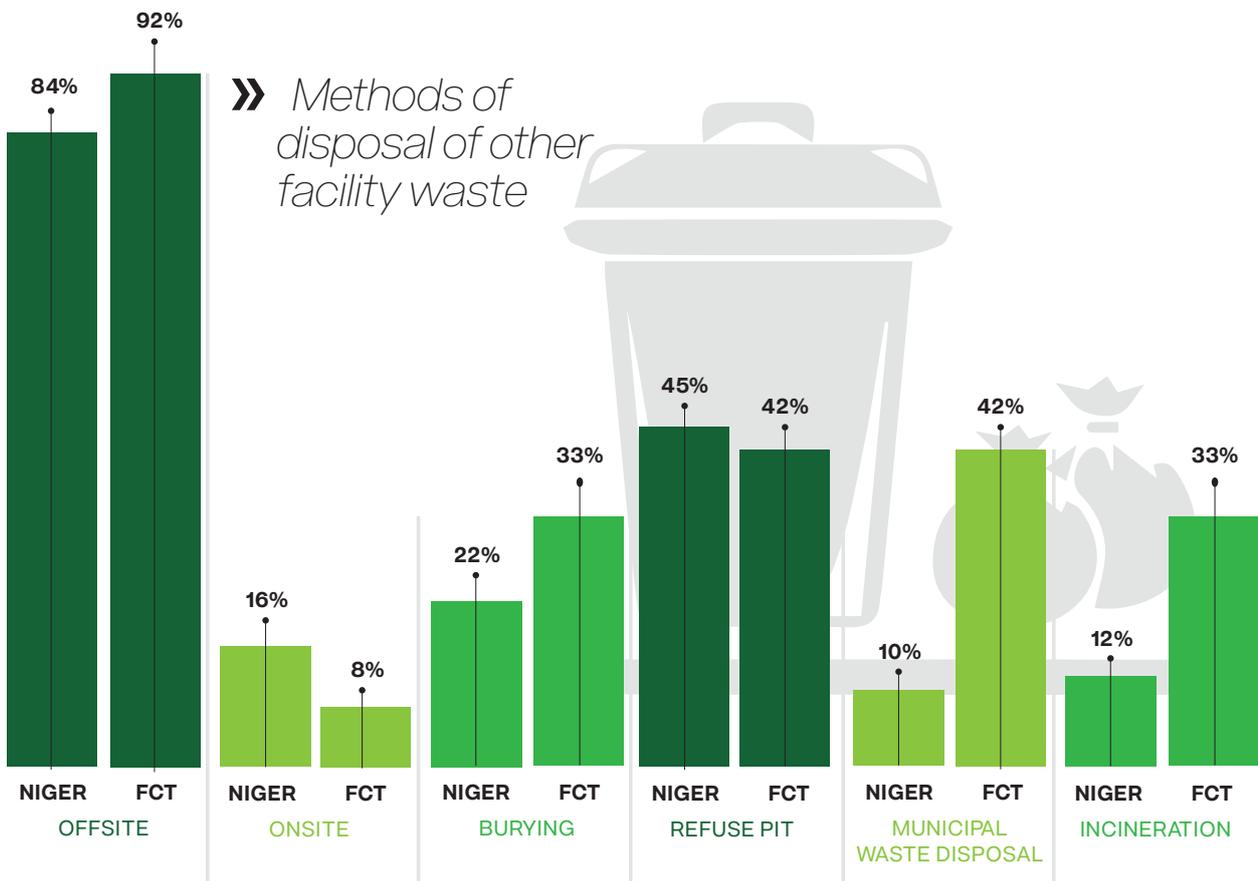
FCT

92% OF FACILITIES ASSESSED IN THE FCT DISPOSED OTHER WASTES OFF-SITE

92% OF FACILITIES ASSESSED IN THE FCT DISPOSED OTHER WASTES ON-SITE

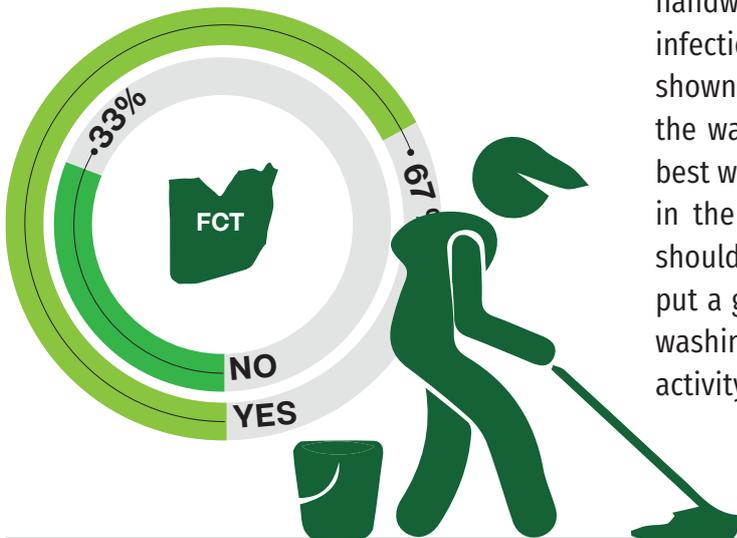
5.1.3.3 Other waste disposal

More than 50% of the facilities in Niger (84%) or FCT (92%) dispose other facility wastes offsite. Less than 20% of the facilities in Niger State (16%) and the FCT (8%) dispose other facility wastes onsite. In addition, in Niger and FCT, less than 50% of the facilities dispose other wastes by burying, use of refuse pits, municipal waste disposal or incineration.



5.0 Key Findings

» *Is there a dedicated cleaner at the facility?*

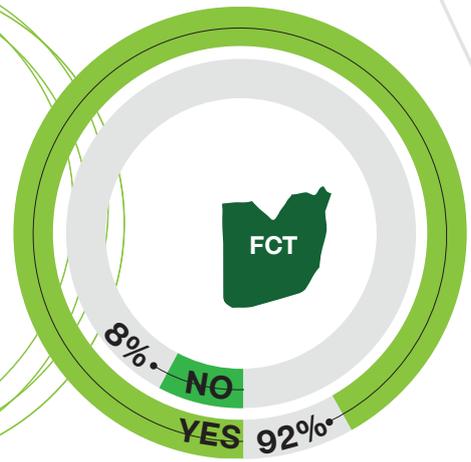


5.1.3.4 In-facility cleaner

For centres that do not have cleaners, this makes it difficult to hold anyone responsible for dirty environments. Since there is no one in charge of cleaning in these centres it will be advisable to get a paid staff to take the role of cleaner. Also, the cleaners should be a full-time staff members and not part-time.

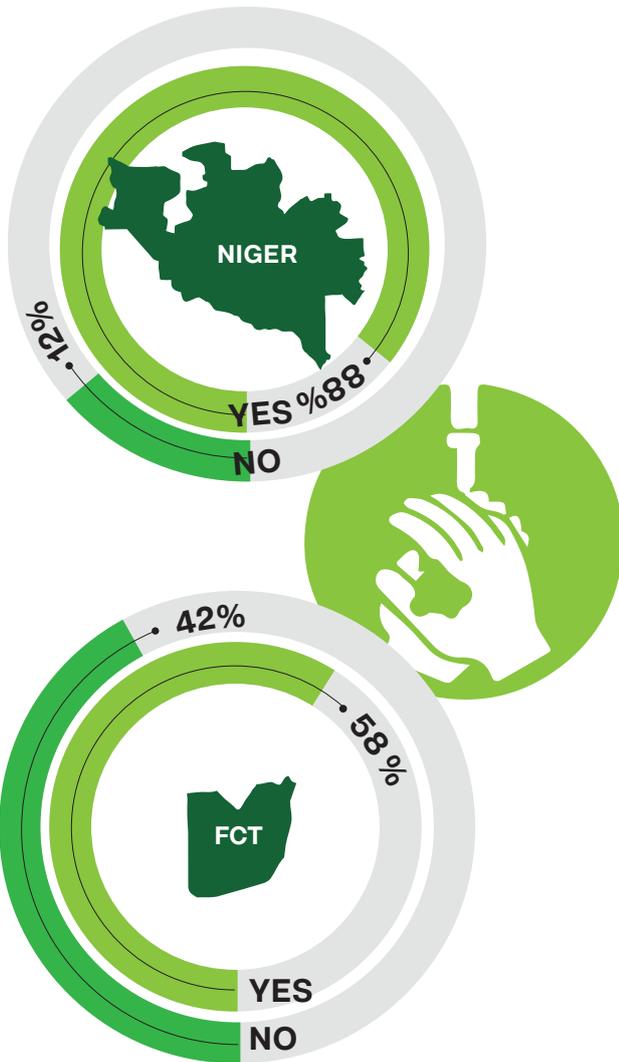
5.1.3.5 Hand washing stations

The majority (92%) of health facilities in the FCT have visible handwashing stations, but only 58% of facilities have visible prompts for handwashing. Lack of these stations can increase infection transmission in PHCs. COVID-19 has shown how much importance we need to give to the washing of hands. Washing of hands is the best way to remove germs and bacteria from the in the prevention of infection transmission. It should be a habit and health care centres should put a good example forward for people to keep washing their hands after every dirty or infective activity.



5.0 Key Findings

» Are there visible prompts for hand washing ?



5.1.3.6 Hand washing prompts

The fact that some PHCs do not have visible prompts for handwashing is not supportive of health education or health promotion initiatives in primary health care facilities. It is important that health centres put visible signs to notify people of the nearest place to wash their hands and also visible signs are important for waste disposal. Patients may not fully understand the importance of the hand washing basins and may not know the importance of washing their hands unless they see a visible sign or a demonstration.

5.1.3.7 Environmental cleanliness

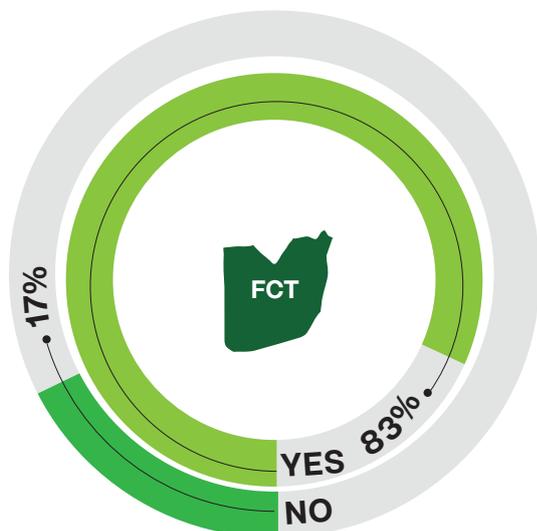
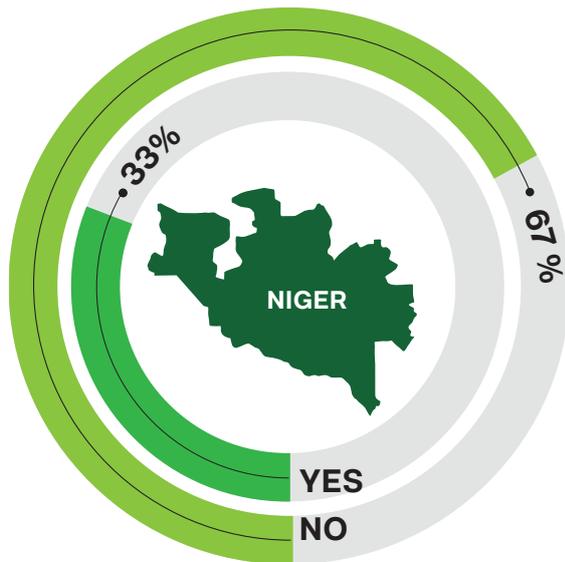
Almost all the facilities visited in Niger State (98%) and 75% in FCT are observed to be free from dirt, solid and liquid waste in its environs. Environmental sanitation is an integral component of public health and has an impact on the health of a population. Despite that, the FCT is the federal capital and should be expected to have facilities that maintain Minimum Standards in line with NPHCDA guidelines, however there is clearly poor adherence and insufficient accountability to ensure that the health facilities used by patients meet the required standard.



» Is the environment free from dirt, solid and liquid waste

5.0 Key Findings

» *Is the exterior of the facility well-fenced?*



5.1.3.8 Exterior fencing

According to the National Primary Health Care Development Agency (NPHCDA) Minimum Standards for PHCs, it is expected that all PHCs should be fenced with a generator and gatehouses. Moreover, our assessment showed that more than 50% of facilities in Niger State (67%) are not well-fenced, and this contributes to the level of the environmental cleanliness. A poorly fenced facility has a high tendency to attract unwanted animals such as goats, cows, etc to litter the environment. In addition, this could lead to safety concerns for the health workers in the facilities as well as patients. In the FCT, 83% of the facilities visited were well-fenced.

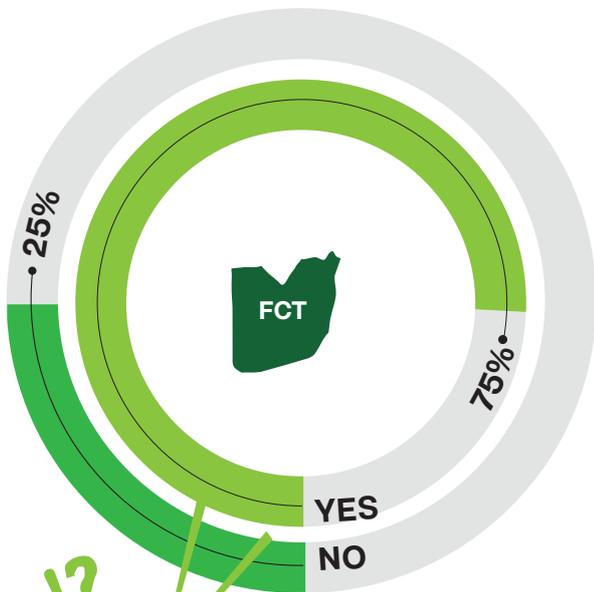
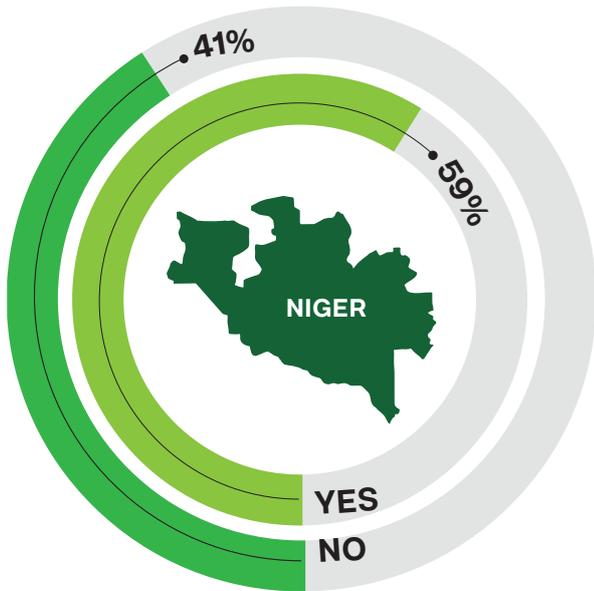
5.1.3.9 Stagnant water

The majority of the health facilities in the FCT (75%) and 59% in Niger State are free from stagnant water within and around the facility grounds. However, a significant number of health facilities in Niger (41%) have stagnant water in the compound of their facilities and in FCT, 25% of the facilities have stagnant water. Stagnant water can lead to problems such as it becoming a breeding ground for bacteria, insects and vermin.

Bacteria thrives in damp environments and is a risk for human and animal health. In addition, stagnant water could become contaminated by human or animal waste. If this water comes into contact with water used in the health facilities, this is a health and safety risk for patients and the health workers in the nearby facility.

5.0 Key Findings

» *Is the facility compound free from stagnant water?*



Mosquitoes breed in stagnant water increasing the risk of malaria and other waterborne diseases. To prevent the increased risk of illnesses, stagnant water should not be left to build up in the compound of health facilities. Lassa Fever is endemic in many parts of Nigeria and stagnant water can attract rodents like rats, who are the host of the Lassa virus and other diseases which can spread in health facilities, posing an increased health threat to patients.

The NPHCDA Minimum Standard for PHCs permits all PHCs to have an Environmental Officer whose responsibility includes supporting the health facilities in ensuring that good environmental sanitation and hygiene is maintained in the health facility.

STAGNANT WATER HIGHLIGHTS

NIGER STATE

59% OF THE FACILITIES IN NIGER STATE DO NOT HAVE STAGNANT WATER WITHIN AND AROUND THE FACILITY GROUNDS

41% OF THE FACILITIES IN NIGER STATE HAVE STAGNANT WATER WITHIN AND AROUND THE FACILITY GROUNDS

FCT

75% OF THE FACILITIES IN THE FCT DO NOT HAVE STAGNANT WATER WITHIN AND AROUND THE FACILITY GROUNDS

25% OF THE FACILITIES IN THE FCT HAVE STAGNANT WATER WITHIN AND AROUND THE FACILITY GROUNDS

6.0 Qualitative Results

6.0 Qualitative Results



» *While some facilities have access to a clean source of water which are mainly pipe borne and boreholes, some rely on other unclean sources like wells and rivers. Some facilities also must buy water themselves.*

The qualitative interviews, consisting of Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) with a targeted pool of patients and persons-in-charge at the facilities visited were transcribed and analysed and then separated into themes. Quotes from respondents were grouped under the following themes:

- Access to water
- Perception of toilet facilities
- Cleanliness of facilities
- Health seeking behaviour
- Common reasons for visiting the health facilities

6.1 Access to water

Nowhere is water more necessary than health facilities. Not only is water needed for cleaning and drinking; services like childbirth also require water. Keeping the toilets clean is not possible without water. Infection prevention and control, a critical component of protecting both health workers and patients from infectious diseases will not be optimal without access to the clean water. There were mixed responses on access to water at health facilities from both states. While some facilities have access to a clean source of water which are mainly pipe borne and boreholes, some rely on other unclean sources like wells and rivers. Some facilities also must buy the water themselves. However, the facilities with clean sources usually experience interruptions when the water source breaks down, which at times takes a long time before being fixed.

There is this river at the back here, that most of them (health workers) normally go to fetch water, because we are having problem of water here. So, we go to the river to fetch the water
– Female community member, Tupechi FCT

6.0 Qualitative Results



We buy it, as of now, if there is no rain.

But if we have rain, then we collect it in our basin. We have a borehole but no generator.

Now we don't have a generator to turn on the pump, to pump the water into the tank.

HEALTH WORKER, GWADA NIGER STATE
ON INADEQUATE ACCESS TO WATER



There is water from Waterboard. This whole community has water, they have tap – Health worker, Gwagwalada FCT
We have the pit and the water system. That of the water system is not as clean as it's supposed to be in the health facility.
Then secondly, there is issue of inadequate water supply there because their borehole has spoilt and is yet to be repaired so the source of water is from the mairuwas (water vendors).
That's where they now get water to buy, so by implication, water is not sufficient in the clinic. They need at least a standard borehole there that will be serving water to the clinic.
– Community leader, Kwali FCT

Perception of right access to water was discovered to be inadequate by health workers via this study. Quality of water was a concern expressed by many of the respondents.

Water is accessible. We get water from local water vendors who push the water around in trucks and it is borehole type of water. Honestly that type of source of water is not the best for the clinic services – Health worker, Pago Niger state

The facility gets water from borehole with the help of the water vendors. That is water source for the facility. It is always available, accessible and of good quality
– Female community member, Gbangbara, Niger state

Actually we have, we have a borehole here, but we do have a high number of patients who come into this hospital for medical care. The available source of water we have is deficient. Unlike during raining season most at times we have limited problems in water supply. But during the dry season, even the borehole sometimes malfunctions and sometimes the type of water it brings out is not good for consumption.
– Health worker, Bida Niger state

We buy it, as of now, if there is no rain. But if we have rain, then we collect it in our basin. We have a borehole but no generator. Now we don't have a generator to turn on the pump, to pump the water into the tank. – Health worker, Gwada Niger state

6.0 Qualitative Results

6.2 Toilet facilities

Access to toilets for both staff and patients is one of the basic requirements for health facilities. In addition, the toilets should be gender balanced, such that there are separate ones for both males and females. Most respondents expressed dismay about the condition of toilet in the facilities, with complaints ranging from filled soak away, dilapidated structures in the toilets and even non-availability of the toilets in some facilities.

We have the toilets, but we don't have water to flush the toilets so we can't use all the toilets. – Health worker, Tupechi FCT

The hospital has complained to the ward development committee that they are having issues with their soak ways, so we are also using this medium to call on the authority concerned to come to our aid.

– Community leader, Gwagwalada FCT

Findings showed that non-separation of toilets by gender compounded the challenge of usage. Access to water and the lack of it were primary issues that led to continued dilapidation of toilet facilities and poor use.

They have the toilets, but they didn't specify them that this one is it meant for women or is meant for men

– Female community member, Kwali FCT

There are toilets but they are not functioning, water system is not functioning, water source is not functioning. But the beds are there, we have beds for Male and Female wards. We have delivery beds, all of them they are there, intact.

– Health worker Pandagi FCT

We want government to help us, especially this toilet, we have problem with toilet. If our clients come, if they want to ease themselves, we take them to our neighbour's to go and ease themselves. We have problem on that one.

– Health worker, Gwada Niger state



We want government to help us, especially this toilet, we have problem with toilet.

If our clients come, if they want to ease themselves, we take them to our neighbour's to go and ease themselves.

HEALTH WORKER, GWADA NIGER STATE
ON ACCESS TO TOILETS FOR BOTH
STAFF AND PATIENTS IN FACILITIES



6.0 Qualitative Results



A toilet should have a constant water supply, in order to keep it in a hygienic state.

In terms of privacy, it is okay, but we need more toilets because one toilet for the patients and the patient's relatives is not enough.

HEALTH WORKER, PAIKO, NIGER STATE
ON INSUFFICIENT NUMBER OF TOILETS
AS A MAJOR WASH CHALLENGE



There is no water there (PHC), there is no borehole and there is no well. So we are begging for a borehole or a well to be dug for us that would help improve the place. This bore hole would help us in keeping the toilets clean. Even though the toilet is not up to standard, but we can manage it before we get a better one.

– Female community member, Rijau Niger state

Concerning the toilets, we want the government to help us too. Even if you go to this place (Primary Health Centre) now, you will see that they don't have toilets. People have to use the toilets in the houses close to the hospital. When a patient wants to use the toilet, he/she is asked to go somewhere else or asked to use the bush, and you know that it is not right to defecate outside because when it rains, the water will move to sources of drinking water and you will not even be aware of what you are drinking, so we need the government to help us in that regard.

– Male community leader, Shiroro Niger state.

Respondents also cited insufficient number of toilets as a major WASH challenge. Primary Health Centres often experience large influx of patients with toilets being overwhelmed and water, sanitation and hygiene structures waning over time.

The toilet is not 100% adequate. In terms of water supply a toilet should have a constant water supply, in order to keep it in a hygienic state. In terms of privacy, it is okay, but we need more toilets because one toilet for the patients and the patient's relatives is not enough.

– Health worker, Paiko Niger state

That is another aspect of problem we are facing in this facility. As you can see up there, we have about 3 toilets. One for the staff and the remaining 2 for the patients that are coming in. But with the number of patients we have, as you can see, it is not enough to sustain them.

The toilet is the main issue, because I don't even like to use it, people use it and don't clean it, they also litter the place, even when you use it, you most likely will get an infection, that is all I have to say.

– Female community member, Tudun Wada Niger state

6.0 Qualitative Results

6.3 Cleanliness of facilities

To control infectious disease transmission in and around health facilities, cleanliness must be prioritised in the wards, on the floors and environment. Even though there were some favourable responses as regards cleanliness, some factors such as lack of water seem to be hindrances to keeping the facilities clean.

The facility is clean always, I believe they have cleaners that is attached to cleaning of facility. The staff of the facility are doing their job to keep the facility clean. The only thing is some places need repairs like doors and even floors.

– Male community leader, Bida Niger state

Ideally, a place without cleaning is just like a bush, that has no one to take care of it. In this facility, early in the morning, as early as possible, we have a cleaner that sweeps and mops everywhere, including the toilets. When it's around 1:30-2 O'clock – when clinic work has reduced, we would gather ourselves together as a staff, since we do not have an attendant to clean at this time. When it's in that period, we gather ourselves to sweep everywhere for the evening shift and night duty. – Health Worker, Chanchaga Niger state

6.4 Health-seeking behaviour

Health seeking behaviour differed among respondents. For reasons ranging from distance to facility, severity of illness, poor access roads, late resumption time of hospital personnel and socioeconomic status, some respondents prefer to visit traditional medicine centres, chemist/pharmacy first, when they fall sick.

Unless the sickness is severe, they like to go to the chemist to buy paracetamol that is if it is a mild fever. But when the sickness is severe and it will require more than paracetamol, then they will go to the health centre. – Community leader, Ushafa FCT

Financial reasons and health worker unavailability



The facility is clean always. I believe they have cleaners that are attached to cleaning of facility.

The staff of the facility are doing their job to keep the facility clean.

MALE COMMUNITY LEADER, BIDA NIGER STATE ON PRIORITISATION OF CLEANLINESS IN THE PHC WARDS, FLOORS AND ENVIRONMENT.



6.0 Qualitative Results

were some reasons cited for non-attendance of health facilities.

The reason why we go to chemist is some of us don't have enough money to access the facility. But sometimes when we even want to come, they (health workers) close by four, so we don't have access to it, that's why we have to go the chemist.

– Female community member, Chikuku FCT

Number one is financial reasons, because when they go to the Primary Health Care center the lowest amount, they will be charged for the treatment of common malaria will be over three thousand naira. And if you look at the economic situation in the country now, so many people are poor, and they don't have the money to go to the Primary Health Care. That is why they go to the chemist where they spend between N200 or N300 for medical care. – Youth leader, Chanchaga Niger state

6.5 Common reasons for visiting health facilities

The basic service components of PHC include maternal and child health care, including family planning, immunisation against the major infectious diseases, health education, proper nutrition, basic sanitation, provision of essential drugs, etc. In Niger State and FCT, some of the common reasons why respondents visit the PHCs are malaria, antenatal, diarrhoea, typhoid, and ulcer.

The most common illness is malaria, fever. Malaria sickness that's fever, affects the young, the old and little children... and then cholera

– Female community member, Dakwa FCT

At times the most illness that people get encounter with is malaria. Sometimes malaria fever, typhoid fever. That is the most common disease that affects our people.

– Youth leader Pandagi, FCT

The major problem we have in sickness is malaria, typhoid and others. We get sick in time of raining season.

– Youth leader Kontagora, Niger state

“

The most common illness is malaria.

It affects the young, the old and the little children.

FEMALE COMMUNITY MEMBER DAKWA, FCT ON THE COMMON REASONS WHY RESPONDENTS VISIT PHCS



7.0 Discussion of Results

7.0 Discussion of Results



» Our results 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.

Adequacy and quality of WASH facilities are medical requirements that are essential for effective and efficient healing in the PHCs, as the facilities are needed for cleaning of wards, linen, medical equipment, toilets, food preparation, cleaning of patients, delivery and other maternity services, hand washing of personnel, patients and visitors, re-hydration, surgical processes, proper disposal of excreta, proper disposal of solid waste (including healthcare/medical waste), as well as cleanliness of environment among others²⁹.

The availability of WASH services, in primary healthcare settings where they are often absent, supports core universal health care aspects of quality, equity, and dignity for all people. Basic WASH services in health care facilities are fundamental to providing quality care and for ensuring that primary health commitments are achieved. It can also improve health outcomes at the community level.

WASH services in PHCs involve components which provide adequate water points for safe drinking; monitoring of water quality; protection of water sources; promotion of personal and environmental hygiene; and provision of proper excreta disposal.

Not only does the lack of WASH services in health care facilities compromise patient safety and dignity, it can also exacerbate the spread of antimicrobial-resistant infections and undermine global efforts to improve child and maternal health³⁰.

Critical as WASH facilities are to PHCs, outcomes from this assessment showed that there are gaps to be filled in the PHCs this study visited. Our results revealed that most PHCs assessed do not meet the WASH requirements

²⁹Technical Guide for Water, Sanitation and Hygiene (WASH) in PHC Centres in Nigeria 2020 (Retrieved from http://www.washpmp.com/files/report_file/1_58b98380-bd58-4453-abca-4e30176f89ae.pdf on 13th December 2020)

³⁰Water, Sanitation and Hygiene in Health Care Facilities: Practical Steps to Achieve Universal Access. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO (Retrieved from <https://www.unicef.org/media/51591/file/WASH-in-health-care-facilities-practical-steps-2019%20.pdf> on 18th December 2020)

7.0 Discussion of Results



as stipulated in the Technical Guide for WASH services in PHCs by the National Primary Health Care Development Agency. These lapses in WASH facilities have ripple effects on health outcomes and health seeking behaviour of the community members.

Multiple health workers during this study said that they had to take patients to houses near the clinic to use toilet services because these were lacking or insufficient in the PHC. This raises risk of wider transmission of infection from immunocompromised patients to hosts.

Another consequence of limited WASH facilities is open defecation. Respondents admitted to patients having to go in bushes and uncompleted buildings near the clinic facilities. This just widens and worsens the cycle of infection in communities.

The study revealed that some of the common illnesses bringing people to health facilities are cholera, typhoid and other highly communicable diseases whose transmission is sped up by lack of access to WASH and open defecation

Hand hygiene has been established as one of the most important factors to reduce infections. It is impossible to achieve adequate hand hygiene without adequate WASH facilities in PHCs. With inadequate WASH facilities, hand hygiene at PHCs is bound to be grossly sub-optimal. This would mean that from health worker/health facility to patient and patient to patient infection rate are increase.

8.0 Recommendations and Conclusion

8.0 Recommendations and Conclusion



Evidence-generating studies such as this are recommended to create a true picture and an increased sense of urgency for strengthened WASH services in Nigeria.

8.1 Recommendations

The findings from this study help map out some evidence-based recommendations to improve WASH in PHCs. Our recommendations focus on improving the quality and availability of routine evidence around state of WASH in PHCs around the country, strengthening national standards and accountability mechanisms, improving the actual infrastructure and maintenance needed for WASH services, and improve capacity of health workforce to carry out proper WASH practices and share learning with fellow health workers and policy makers.

Evidence-generating studies such as this are recommended to create a true picture and an increased sense of urgency for strengthened WASH services in Nigeria. Large and diverse as the health system is, data is one trusted road map to influence decisions and influence evidence-based allocation of resources in a where needs are infinite, but resources are limited. Further research on the true state of WASH in PHCs and challenges to implementing best practices will help identify unique cultural and geographical issues and areas where there are gaps in government's service delivery. Evidence will also help policymakers and policy influencers to set

8.0 Recommendations and Conclusion

targets and define a roadmap to achieving optimum WASH services in all PHCs across the country. The goal is to leave no one behind

National guidelines exist both for minimum standards of care for PHCs as well as WASH in PHCs. The challenges identified lie not in availability of quality guidelines but in accountability towards complete implementation of these guidelines. The health workforce needs to be strengthened to know, understand and implement these guidelines in their routine delivery of health services.

A theme which featured loudly from this research was the dilapidation and/or unavailability of infrastructure. Finance deployment to improve infrastructure and drive continuous maintenance of WASH facilities in PHCs is a key recommendation.

A major challenge in FCT is that some PHCs still pay for water out of their pockets. A recommendation from this study is multisectoral between primary health care board and FCT water board so that PHCs are prioritised for connection to pipe-borne water.

A key recommendation from this study is that FCT Primary Health Care Board needs to ensure that all PHCs regularly treat their water sources, as none of the facilities visited treat their water before use.

The technical guide for WASH in PHCs does not outline the frequency with which PHCs should treat stored water sources, it is recommended that this is included.

» *A major challenge in FCT is that some PHCs still pay for water out of their pockets.*

A recommendation from this study is multisectoral between primary health care board and FCT Water Board so that PHCs are prioritised for connection to pipe-borne water.

8.0 Recommendations and Conclusion

Although all facilities visited in FCT have visible handwashing stations positioned at strategic points Health care workers at PHCs in FCT need to regularly mandate other staff and visitors to wash their hands before service.

A quarter of the facilities visited in FCT had some visible dirt and solid waste in surroundings. Adequate waste management facilities should be provided in the PHCs for the use of patients, staff and visitors.

All the PHCs visited in FCT for this study did not regularly follow Infection, Prevention and Control (IPC) protocols. As PHCs are usually the first point of call to seek healthcare, it is critically important that all PHCs should visible IPC charts and mandate strictly following these plans.

Of the facilities assessed in FCT for this study, almost half had only one toilet. This falls short of the minimum standards for PHCs in Nigeria which states that there should be at least functional separate male and female toilet facilities with water supply within the premises. FCT primary health care board has regulatory and infrastructural oversight over PHCs and should ensure no PHC is left below minimum standards for toilet facilities.

More than half of the facilities in Niger state do not have access to functional water sources within the facilities and it takes them over 15 minutes to get water. Niger primary health care board, water board the health facilities themselves must understand the health risks this poses and provide onsite water sources for all PHCs.

» More than half of the facilities in Niger state do not have access to functional water sources within the facilities and it takes them over 15 minutes to get water.

The Niger State Primary Health Care Board, the Water Board and the health facilities themselves must understand the health risks this poses and provide onsite water sources for all PHCs.

8.0 Recommendations and Conclusion

More than half of facilities who has water sources onsite in Niger experienced interruptions to their water source mostly caused by power outage. Again, a multisectoral collaboration between Niger State Primary Health Care Board should ensure PHCs are always connected to the national grid and other regular alternative power sources.

Almost half of PHCs assessed in this study had stagnant water within and around the facility grounds. This is clearly a risk for hospital infections with malaria and other diseases. Health Facility Heads need to ensure continuous clear-out of stagnant water in and around the facilities.

Less than half of all the facilities assessed in Niger practice any of the infectious waste disposal methods which include burying, refuse pit, send to primary healthcare board or municipal waste disposal. The Health Facility In-Charge needs to also ensure compliance to proper infectious waste disposal methods.

Over 70% of the facilities assessed do not have access to running water in the toilets, this is breeding grounds for transmission of infectious diseases. Local governments in Niger State need to urgently prioritise pipe-borne water connection to PHCs in the state.

Summarily, research is needed to generate evidence for effective WASH services in PHCs. Research will influence allocation of resources, demand for better services and will help health workers, policy makers and other stakeholders to share learning to drive change.

» *Over 70% of the facilities assessed do not have access to running water in the toilets, this is breeding grounds for transmission of infectious diseases.*

Local governments in Niger State need to urgently prioritise pipe-borne water connection to PHCs in the state.

8.0 Recommendations and Conclusion

8.2 Conclusion

The Sustainable Development Goal (SDG) six calls for the elimination of open defecation and universal access to drinking water, sanitation, and hygiene (WASH) that are safely managed services both at the household-level and in institutional settings, including schools, health-care facilities (HCFs), workplaces, and other public spaces. This study accessed PHCs in FCT and Niger state and revealed challenges in WASH facilities faced by these PHCs. It is clear that there are gaps in WASH facilities across PHCs and achieving the minimum standards set by the NPHCDA's template. The resultant ripple effect cuts across health seeking behaviour, widespread community transmission of infectious diseases, poor utilisation and thus degradation of other facilities in health centres. Assessments and recommendation of WASH in PHCs such as this are critical to identifying specific challenges in achieving WASH minimum standards and understanding how to meet these challenges.

» *This study accessed PHCs in FCT and Niger state and revealed challenges in WASH facilities faced by these PHCs.*

It is clear that there are gaps in WASH facilities across PHCs and achieving the minimum standards set by the NPHCDA's template..

9.0

Appendices

9.1 Optimum standards

The optimal standards of water, sanitation, and hygiene services as described by the guidelines on Water, Sanitation and Hygiene services in primary health care centres of the National Primary Health Care Development Agency (NPHCDA) recommends that there should be adequate water supply through provision of borehole with motorised pump and pipes to fill the tank automatically; provision of borehole/deep well with hand pump; and installation of rainwater harvester. The guide estimates that an average of 1,960 to 2,160 litres of water per day is required in a PHC. Additionally, the water for drinking, handwashing and cleaning must be safe and free of any contamination. The guide also recommends that enough adequate, accessible, appropriate, and safe sanitation facilities are provided for patients, staff, and visitors. There should be at least one toilet each for female staff and male staff, and one each for female patients and male patients. The latrines/toilet should be ventilated improved pit (VIP) latrine for rural and peri-urban PHCs, pour-flush toilet for urban and peri-urban PHCs and water closet toilet for urban PHCs. The guide further recommends that facility waste should be managed by making provision of general pit, for composting of waste and burying of ash from incinerators, sharp pit, for managing sharp waste objects; and incinerator, for burning of combustible waste.

9.2 Community members (FGD and KII)

FGD Respondents – Female community members

KII Respondents – Male community leader and male youth leader

1. When people fall sick in this community where do they first seek care?
(Probe for why)
2. What are the major illnesses members of this community visit the health facility for?
3. How far (i.e. distance) do you live from the health facility?
4. What infrastructure is available in your health facility?
(Probe for toilets, water, fence, beds etc.)

9.0 Appendices

5. Describe the toilets in the health facility?
(Probe for quality, access and privacy)
6. Describe the source of water in the health facility
(Probe for quality, availability and accessibility)
7. Describe the cleanliness of the health facility
(Probe for waste disposal, general sanitation, frequency of cleaning)
8. What would you like to improve in terms of toilets, water and cleanliness of the health facility?

9.3 Health Facility -in-charge (KII)

1. When people fall sick in this community where do they first seek care?
(Probe for why)
2. What are the major illnesses members of this community visit the health facility for?
3. What's the farthest distance from which community members come to the facility?
4. What are the services provided at the facility?
5. What infrastructure is available in your health facility?
(Probe for toilets, water, fence, beds etc)
6. Describe the toilets in the health facility?
(Probe for quality, access and privacy)
7. Describe the source of water in the health facility
(Probe for quality, availability and accessibility)
8. Describe the process of keeping the health facility clean.
(Probe for waste disposal, general sanitation, frequency of cleaning)
9. What would you like to improve in terms of toilets, water and cleanliness of the health facility?

9.0 Appendices

9.4 Assessment of WASH Services in PHCs in FCT and Niger State

Assessment Date: ___ / ___ / _____

FACILITY IDENTIFICATION AND DEMOGRAPHY			
	QUESTIONS	OPTIONS	INSTRUCTIONS
	Name of State		
	Name of LGA		
	Name of Ward		
	Name of Health Facility		
	Type of health facility	1. Health Post (500) 2. Primary Health Clinic (2,000 – 5,000) 3. Primary Health Centre (10,000 – 20,000)	
	Name of Interviewer		
	Name of Interviewee		
	Position of Interviewee		
	Phone number of Interviewee		
1. WATER			
1.0	What is the main water source of this health facility?	1. Piped water (Waterboard) 2. Borehole 3. Protected hand-dug well (cement collar or platform, with lid/cover). 4. Unprotected hand dug well (no cement top, no lid/cover). 5. Rainwater harvest. 6. Tanker truck 7. Protected spring 8. Unprotected spring 9. Surface water 10. Do not know 11. Other (specify)	<i>If water is available from multiple sources, record the main source used in the outpatient area</i>

9.0 Appendices

9.4 Assessment of WASH Services in PHCs in FCT and Niger State

2.0	Can the main water source be accessed on facility premises? This means either the source is onsite or there is a tap onsite.	<ol style="list-style-type: none"> 1. No, more than 500m outside the facility grounds. 2. No, but it is available within 500m of the facility 3. Yes, within the grounds of the facility. 	<p><i>If it is not available on the health facility grounds, confirm if it is within 500m</i></p> <p><i>If 'Yes, within the grounds of the facility', skip to 5.0</i></p>
3.0	How is water from the main source typically brought on-site?	<ol style="list-style-type: none"> 1. A caretaker goes to get water 2. A paid water vendor brings water to the health facility 3. Someone from the health facility goes to get water 4. A community volunteer goes to get water 5. Other 	<i>Select the method used most often</i>
4.0	How long does it take to bring water on-site (In the health facility) in minutes?	<ol style="list-style-type: none"> 1. Less than 15mins 2. 15- 30 minutes 3. 30mins – 1 hours 4. More than 1 hour 5. Don't Know 	
5.0	How is water from the main source used?	<ol style="list-style-type: none"> 1. Handwashing 2. Drinking 3. Cleaning 4. Bathing 5. Cooking 6. Equipment sterilization 7. Toilet use 8. Laundry 	<i>Select all that apply</i>
6.0	Is water from the main source free of charge or is there a cost?	<ol style="list-style-type: none"> 1. Yes 2. No 	<i>If 'The water is free of charge', skip to 8.0</i>

9.0 Appendices

9.4 Assessment of WASH Services in PHCs in FCT and Niger State

7.0	Who pays for the water?	<ol style="list-style-type: none"> 1. The health facility's budget 2. A private company 3. The local government 4. Patients/Patient's relatives pay for water 5. Other (please specify) 	
8.0	Are there ever interruptions at the water source? This means times when water is not accessible at the source.	<ol style="list-style-type: none"> 1. Yes 2. No 	<p><i>If 'yes', confirm that water is available 24 hours a day every day of the year</i></p> <p><i>If 'No', skip to 10.0</i></p>
9.0	What are the reasons that water is sometimes not available?	<ol style="list-style-type: none"> 1. Low water table 2. Locked /Restricted access 3. Power outage 4. Seasonal availability 5. Inability to pay 6. Mechanical breakdown 7. Planned construction 1. Other (<i>Please specify</i>) 	
10.0	Does this water source ever have seasonal water shortages?	<ol style="list-style-type: none"> 1. Yes 2. No 	
11.0	Is water treated at the health facility before usage?	<ol style="list-style-type: none"> 1. Yes 2. No 	
12.0	When last was water treated in this facility before usage?	<ol style="list-style-type: none"> 1. 3 months 2. 6 months 3. 9 months 4. 1 year 5. Others (<i>Please specify</i>) 	
13.0	Do you regularly store water? <i>This includes water stored in point-of-use containers, polytanks, or other containers.</i>	<ol style="list-style-type: none"> 1. Yes 2. No 	

9.0 Appendices

9.4 Assessment of WASH Services in PHCs in FCT and Niger State

14.0	What is the total storage capacity in liters of your high-capacity water storage containers?	<ol style="list-style-type: none"> 1. 50L 2. 100L 3. 200L 4. 500L 5. 1000L 6. Others (Please specify) 	Add up the storage capacity for all high capacity storage containers currently being used.
2.	HYGIENE		
15.0	Are there any toilets/latrines at this healthcare facility that are currently being used?	<ol style="list-style-type: none"> 1. Yes 2. No 	This includes any sanitation facility (i.e. latrines, pour-flush toilets) that the healthcare facility has responsibility for If 'No', continue to 20.0
16.0	Are they separate toilets for Male and female toilets?	<ol style="list-style-type: none"> 1. Yes 2. No 	Observe that they are well labelled
17.0	How many toilets?	<ol style="list-style-type: none"> 1. 2 2. 3 3. 4 4. 5 7. Others (Please specify) 	Confirm the number and type of toilet
18.0	Is there water supply in the toilets?	<ol style="list-style-type: none"> 1. Yes 2. No 	
19.0	Is the toilet for patients and staff separated?	<ol style="list-style-type: none"> 1. Yes 2. No 	
20.0	Does this facility have Infection, Prevention and Control (IPC) protocols?	<ol style="list-style-type: none"> 1. Yes 2. No 	Please cite the documents
21.0	Are the IPC protocols regularly followed?	<ol style="list-style-type: none"> 1. Yes 2. No 	
22.0	Is there a dedicated cleaner at the facility	<ol style="list-style-type: none"> 1. Yes 2. No 	

9.0 Appendices

9.4 Assessment of WASH Services in PHCs in FCT and Niger State

23.0	Are there handwashing stations positioned in strategic points in this facility?	1. Yes 2. No	Walk around to observe Strategic points could mean entrance to the facility, wards, laboratory.
24.0	Are there prompts to mandate handwashing in this facility?	1. Yes 2. No	Observe if there are posters or persons stationed to ensure that people wash there hands
3.	SANITATION		
25.0	Are SOPs or Protocols available to manage and dispose healthcare waste properly?	1 Yes 2 No	Please cite the document. Protocols should: 1. Include step-by-step techniques for specific tasks, such as cleaning a floor, cleaning a sink, and cleaning a spillage of blood or body fluids 2. Specify responsibility for cleaning tasks and frequency for which they are performed
26.0	Where do you dispose infectious waste?	1. On-site 2. Off-site	
27.0	What method of waste disposal do you use?	1. Burying, 2. Refuse pit 3. Incineration (burning) 4. Send to Primary Healthcare Board 5. Private waste disposal company 6. Municipal waste disposal 7. Others (<i>Please specify</i>)	Observe around the facility

9.0 Appendices

9.4 Assessment of WASH Services in PHCs in FCT and Niger State

28.0	Where do you dispose Sharp wastes?	1. On-site 2. Off-site	
29.0	What method of waste disposal do you use?	1. Burying, 2. Refuse pit 3. Incineration (burning) 4. Send to Primary Healthcare Board 5. Private waste disposal company 6. Municipal waste disposal 7. Others (<i>Please specify</i>)	
30.0	Where do you dispose other wastes?	3. On-site 1. Off-site	
31.0	What method of waste disposal do you use?	8. Burying, 9. Refuse pit 10. Incineration (burning) 11. Send to Primary Healthcare Board 12. Private waste disposal company 13. Municipal waste disposal 1. Others (<i>Please specify</i>)	
32.0	Are the floors and environments FREE from visible dirt and clear of all solid and liquid waste?	1. Yes 2. No	Observe around the facility
33.0	Is the exterior of the facility well-fenced (does it have a functional gate and does the fence prohibit animals from entering the facility grounds)?	3. Yes 4. No	Observe around the facility
34.0	Is facility compound or grounds around the facility free from stagnant water?	5. Yes 6. No	Observe around the facility



Nigeria Health Watch uses informed advocacy and communication to influence health policy and seek better health and access to healthcare in Nigeria. We seek to amplify some of the great work happening in the health sector, challenge the bad, and create a space for positive ideas and action. Through its various platforms, Nigeria Health Watch provides informed commentary and in-depth analysis of health issues in Nigeria, always in good conscience. We are not afraid to take on the difficult topics that many commentators choose to ignore. Our reach is wider than ever and our “voice” is recognised across the sector as a strong advocate for the improvement of the health of our people.

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