WASH in Healthcare Facilities in Ghana; Status & National WASH Costed Strategy

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OUTLINE

01 INTRODUCTION

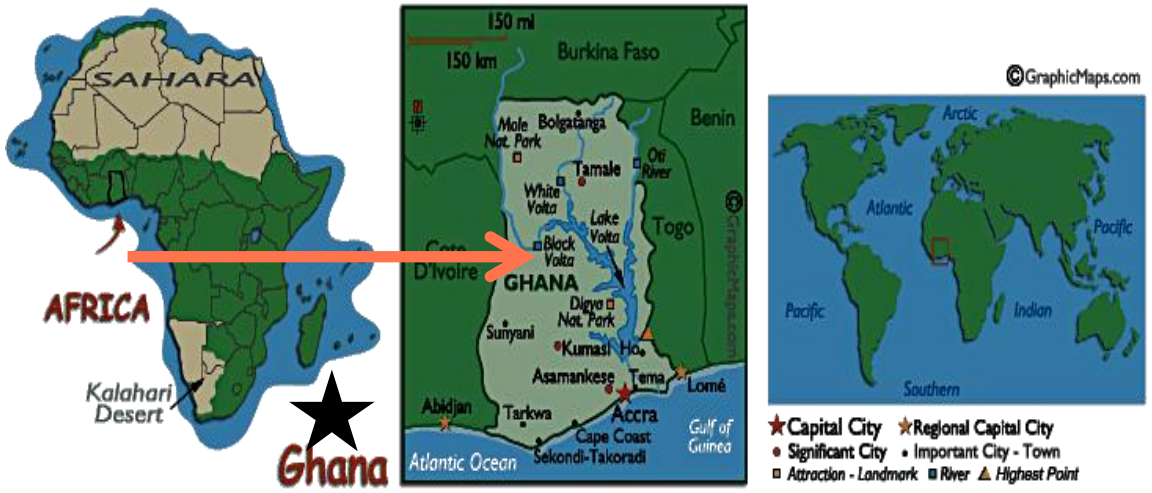
02 STATUS OF WASH

03 COUNTRY EFFORTS ON WASH FINANCING

04 CHALLENGES

05 REFLECTIONS

Introduction: Ghana Profile



- Land area: 239,000 square kilo metres
- Border countries: Burkina Faso 549 km, Cote d'Ivoire 668 km, Togo 877 km
- Total Population : >30 million*
- Ten (+6) regions , 216 (+ 38) = 254 districts
- Life Expectancy at Birth: 63.4 (M:F 62.5 : 64.4) years

HEALTHSECTOR

Vision: A healthy population for national development

Mission: Work towards the achievement of healthy lives for all people livingin Ghana through an enabling policy framework that recognizes, empowers and brings together, in a coordinated manner, all stakeholders

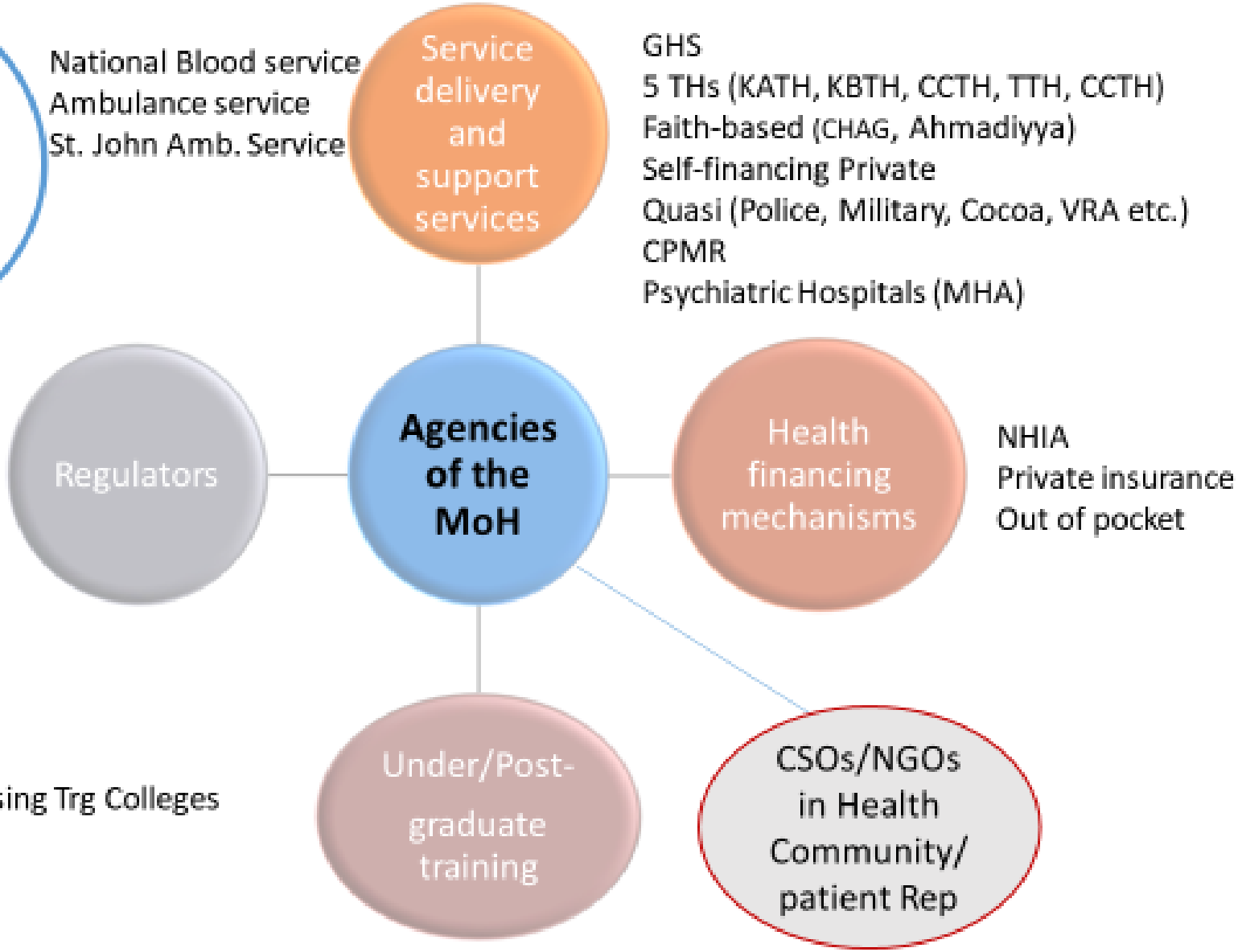
Goal: To promote, restore and maintain good health for all people living in Ghana.

*Projected from 2010 Census LE: Life expectancy

Overview of the Health Sector- Agencies of the MoH

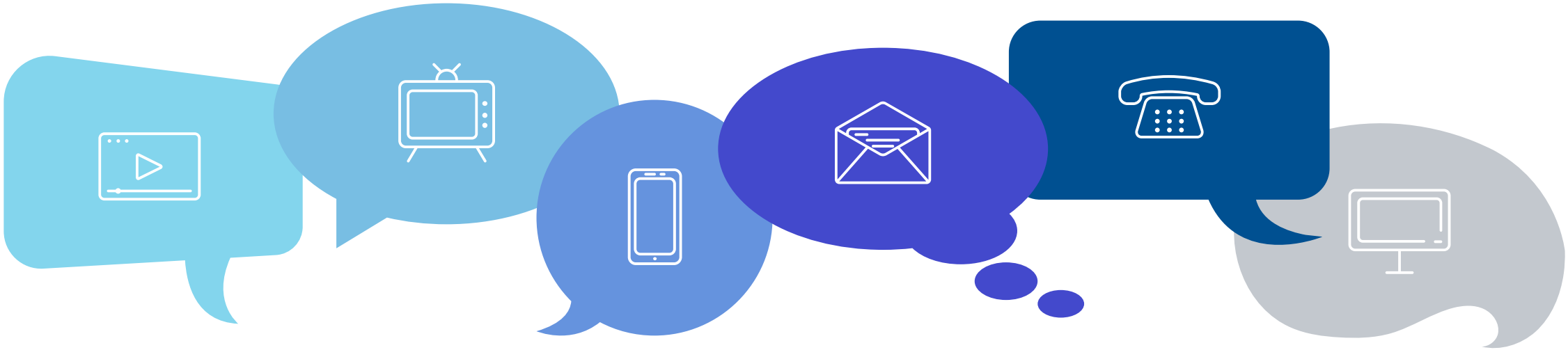
Ghana's Health system is Pluralistic

- Orthodox
- Traditional & Alternative
- Public
- Private



INTRODUCTION-STAKEHOLDER VOICES

WASH in Healthcare Facilities 2021



POLICY MAKERS

We are doing well but a lot remains to be done- more funding and data needed

POLICY IMPLEMENTERS

We are committed to improve WASH in healthcare facilities but we lack logistics.

FRONTLINE PROVIDERS

Our directors are doing well but more leadership and political commitment needed

FUNDERS

WASH is very critical; we have done a lot but there remains more funding gaps exist.

PATIENTS

Sometimes washrooms are locked and you have to pay, micro economic of WASH

An analysis of WASH database using routine data

Analysis of routine DHIMS data Q3 2021

BACKGROUND

WASH is essential for providing high quality and safe care, protecting frontline, care seekers and patients and prevents avoidable deaths. It is pre-requisite to IPC and preventing the spread of AMR pathogens. It is fundamental to health security, necessary for Primary Health Care, human rights, dignity, social justice and gender issues. It is top priority for women receiving maternal care, and critical for health and environmental SDGs. Gaps in WASH especially during the pandemic reveal inequities and a threat to #Leaving no one behind.

Objectives

To determine
The performance
Of WASH/IPC
systems In HCFs
across all 16
regions of Ghana
at all levels of
care

Methods

Literature reviews
Desk reviews
Extraction of
routine data from
DHIMS,
conducted
descriptive
analysis.

QUALITY ASSURANCE

Task team meetings
Extensive data cleaning
Triangulation
Stakeholder validation
Analysis aligned to JMP WASH ladder to make the results internationally relevant beyond national usefulness.

WASH in Global Health

5.7-8.4 million people die each year from poor QoC in LMIC
15% patients get an infection during hospital stay
Infections with unclean births account for 26% of neonatal deaths and 11% of maternal deaths....> 1 million in all
In some countries, up to 20% of women get wound infection after C/S and approximately 20% of all cause global deaths are due to sepsis.
50% of HCFs lack basic water services, 63% lack basic sanitation, 26% lack hand hygiene services and 70% lack basic healthcare waste management services

Rationale

In Ghana, several efforts have been made to improve WASH in HCFs and yet the status of WASH in HCFs remains unknown during the pandemic. Previous works e.g. WaterAid Ghana, Ashinyo et al, assessed the status of WASH in HCF in selected regions however, these did not provide a national picture

World Health Organization

	CHPS	Maternity Home	Clinic	Polyclinic	Health Centre	Hospital	Sum
Ahafo	54	2	5	0	20	10	91
Ashanti	18	0	1	1	10	43	73
Bono	31	3	17	1	30	15	97
Bono East	85	2	6	0	24	14	131
Central	165	12	30	8	40	29	284
Eastern	105	1	11	0	28	18	163
Greater Accra	39	15	78	19	29	73	253
North East	47	0	5	1	14	4	71
Northern	161	2	16	2	44	19	244
Oti	39	0	1	0	14	6	60
Savannah	57	2	7	2	11	3	82
Upper East	67	0	1	0	20	8	96
Upper West	116	1	2	3	44	7	173
Volta	102	4	9	1	50	17	183
Western	191	6	28	0	32	27	284
Western North	94	12	12	0	19	16	153
Sum	1,371	62	229	38	429	**309**	2,438

MONITORING & EVALUATION

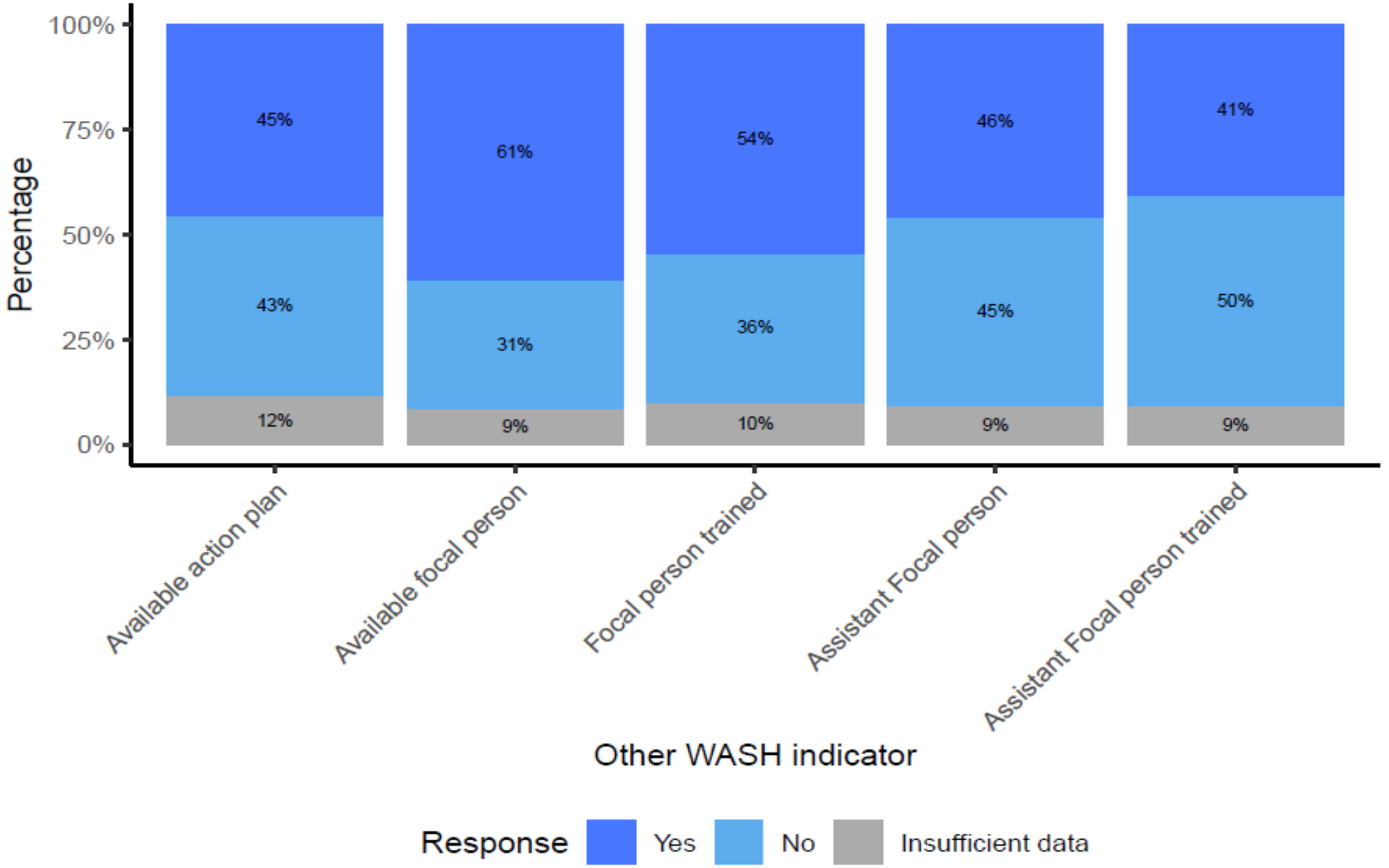
WASH IN HCFs

PREVIOUS INDICATORS

- ✓ Availability of focal person
- ✓ Availability of assistant focal person
- ✓ Availability of action plans
- ✓ Proportion of facilities with basic, limited or no water services
- ✓ Proportion of health facilities with basic, limited or no sanitation services.
- ✓ Proportion of health facilities with basic, limited or no hygiene services
- ✓ Proportion of health facilities with basic, limited or no waste management services. .

NEW ADDITIONAL INDICATORS

- ✓ Urban /Rural distribution
- ✓ Proportion of all staff trained
- ✓ Proportion of doctors trained
- ✓ Proportion of cleaners and waste management staff trained
- ✓ Budget allocated
- ✓ Budget approved
- ✓ Budget spent
- ✓ Gender in WASH- menstrual hygiene, governance & function
- ✓ WASH/IPC committees
- ✓ Availability of PPEs for all categories of staff
- ✓ Healthcare associated infections- 4 areas
- ✓ Environmental cleaning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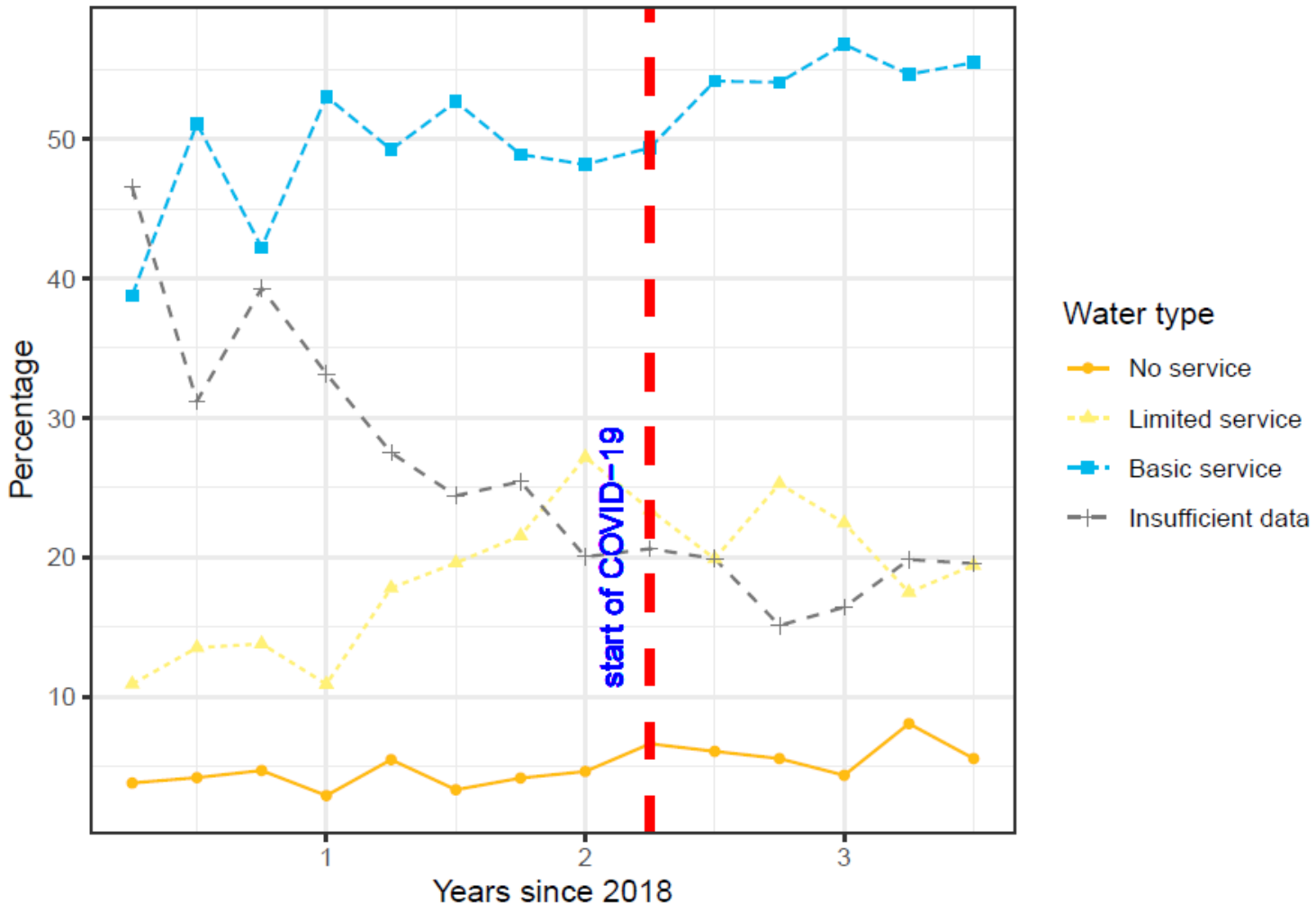
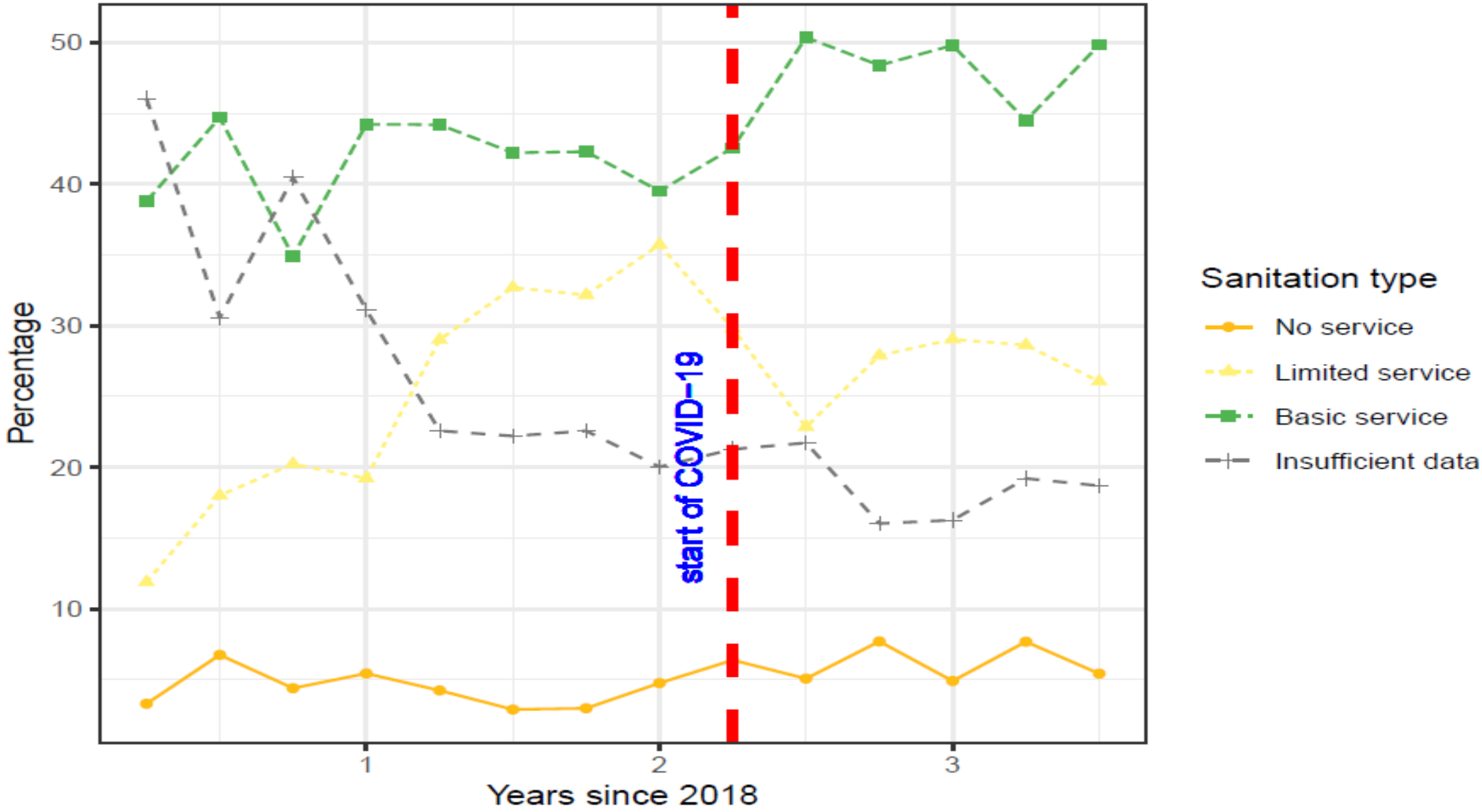
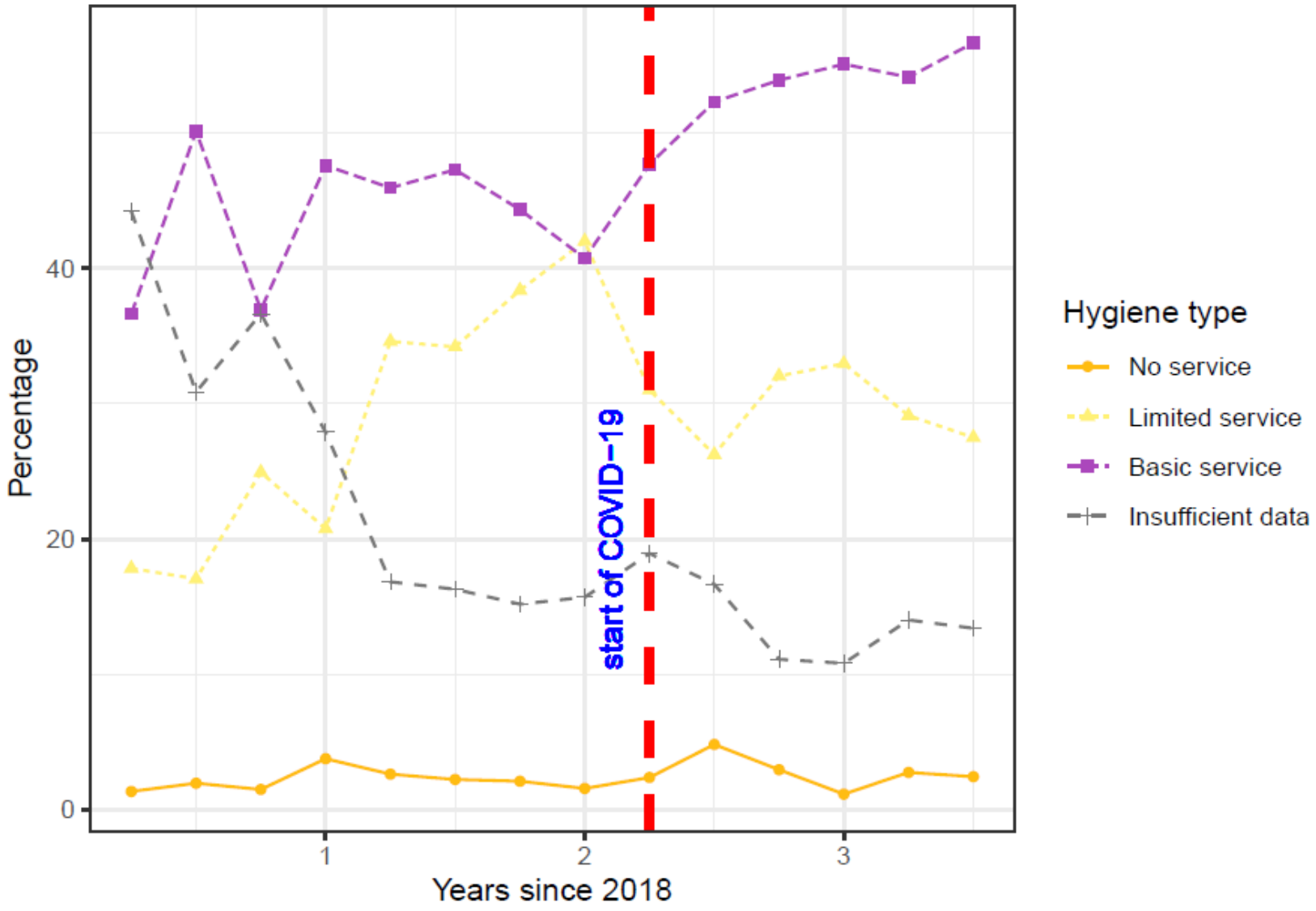
Percentage
45%
43%
12%
61%
31%
9%
54%
36%
10%
46%
45%
9%
41%
50%
9%
Available action plan
Available focal person
Focal person trained
Assistant Focal person
Assistant Focal person trained
Other WASH indicator
Response
Yes
No
Insufficient data

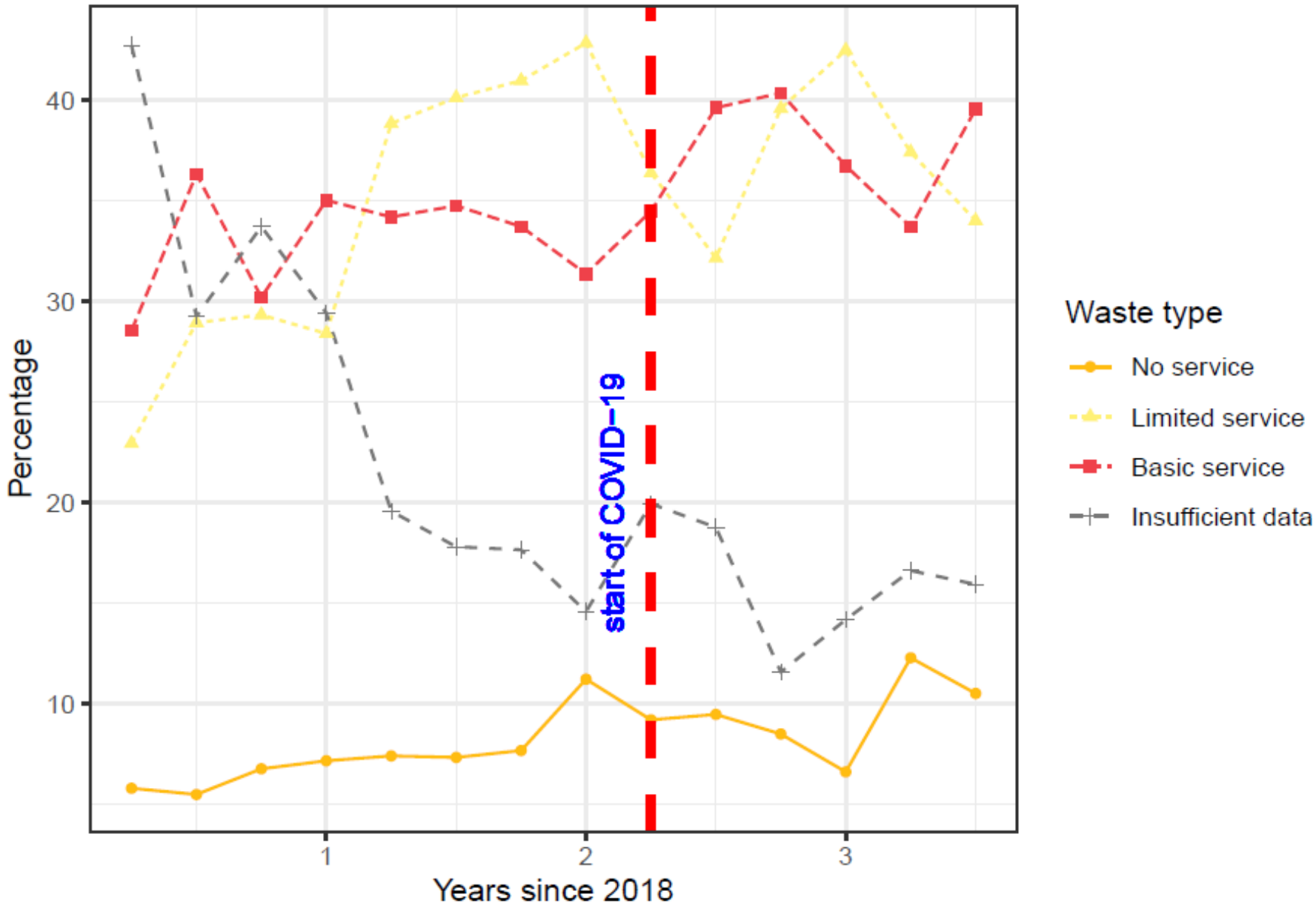
Water-treands




50
40
30
20
10
Percentage
1
2
3
Years since 2018
start of COVID−19
Sanitation type
No service
Limited service
Basic service
Insufficient data

Hygiene trends

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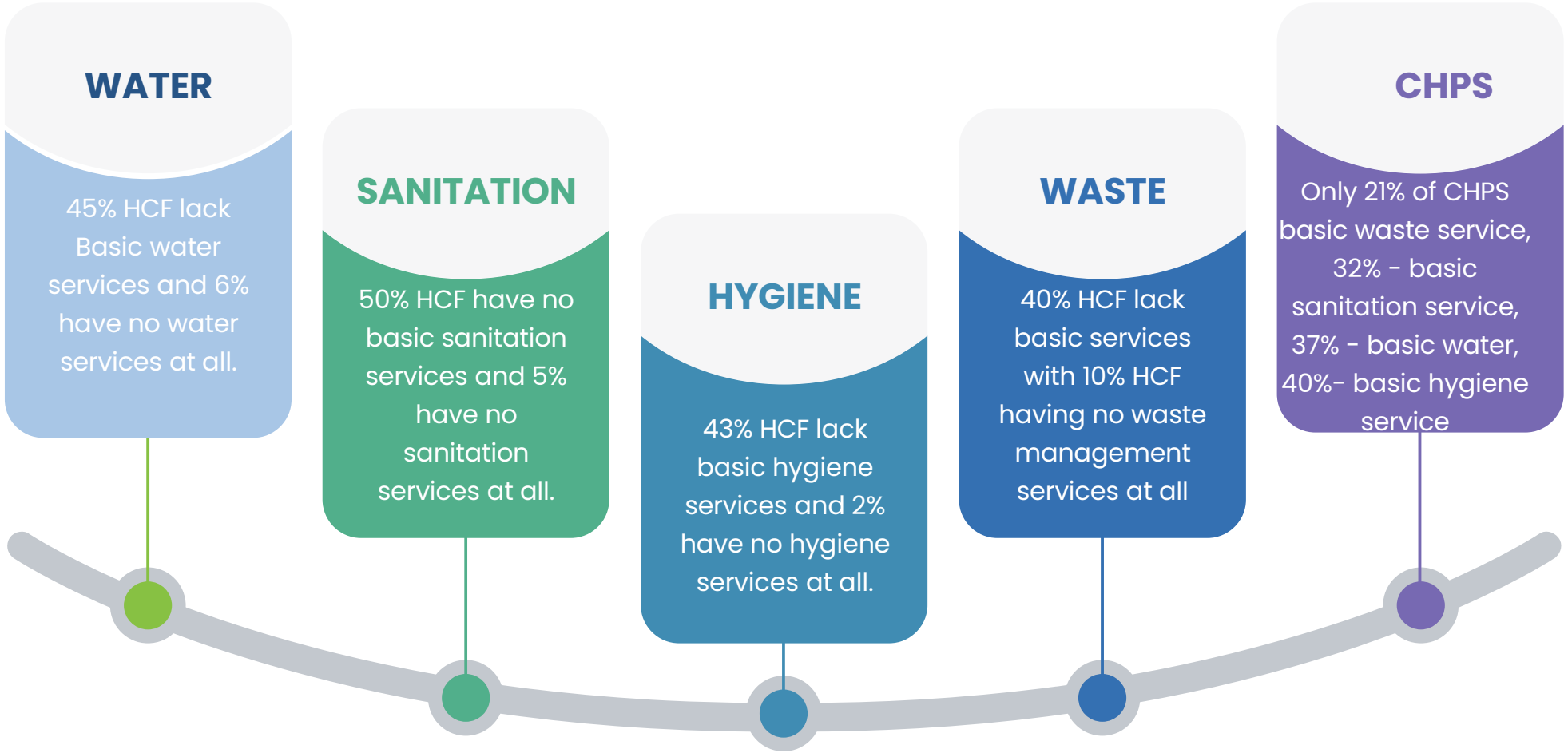
KEY HIGHLIGHT; NATIONAL

WASH in Healthcare Facilities 2021



Key efforts

- **POLICY:** National WASH/IPC Policy and technical guidelines, National costed strategy, AMR/patient safety, HAIs all related programs
- **TRAINING CONTENT**: Tailor-made modules for clinical staff, non-clinical, mortuary workers and administrative staff
- **TOOLS**; Adapted WASH-FIT, standardized job aids & protocols.
- **MONITORING**; Quarterly reporting in DHIMS on JMP indicators, field assessments, surveys, compliance assessments
- **CAPACITY BUILDING;** Public and Private healthcare facilities
- **IINTEGRATION ACROSS PROGRAMS** eg. Neglected tropical diseases (Schistosomiasis), WHO Quality of care Network, Nutrition program in COVID response, AMR One Health, Cholera Eradication plan etc
- **COMMUNITY INVOLVEMENT**; Construction of boreholes and other infrastructure, and provision of WASH logistics
- **RESEARCH**; wastewater surveillance in COVID-19, Healthcare worker safety, risk assessment.
- **Opportunities in WASH economics**

Ghana's National WASH Costed Strategy

- **The national WASH in HCF strategy revolves around four key areas. These are as follows**:
  - ❑ Minimum Standards and Guidelines for WASH in HCF
  - ❑ Infrastructure and Costing for WASH
  - ❑ Human Resources for WASH
  - ❑ Funding and Sustainability for WASH
- . The objectives of the National Strategy for WASH-IPC in HCF are as follows:
  1. 1. To provide the context and legal framework for WASH in HCFs in Ghana.

  2. To provide a framework for sustainable implementation of national guidelines and standards for WASH in HCFs at all levels.

  3. To integrate WASH in HCF into the existing M&E system of the Ministry of Health and other related sectors like Local Government and the National WASH M&E systems.

  4. To provide a Strategy for Sustainability & Scaling-up to meet National, Regional and Global Targets.

Country Efforts: WASH Funding

- Ghana has a National costed WASH strategy.
- The methodology adopted for costing is the Life Cycle Cost Approach (LCCA), which considers all costs including all capital/investment costs, replacement/ rehabilitation costs and recurrent expenditure (for operation and maintenance and other expenses).
- In Ghana, domestic funds constitute about 89% of healthcare financing (NHA, 2016). However, about 90% of WASH services is donor funded
- Sustainable financing model depends largely on domestic funding for the continuous delivery of WASH services in healthcare facilities.
- Strategy therefore highlights Funding sources to include:
  - Internally Generated Funds
  - Local assemblies (MMDAs)
  - Development partners
  - NGOS
  - Private sector financing.

No.	Water supply costing: Item	Lifespan (years)	Unit Cost (GHS)
1	Water Supply		
1.1	Drilling & mechanisation of borehole withhandpump	5	25,000.00
1.2	Drilling of borehole, mechanisation and installation with solar pump, solar panel &accessories, overhead pump and plumbing	10	140,000.00
1.3	Drilling of borehole, mechanisation and installation of electromechanical pump & accessories, overhead pump and plumbing	10	110,000.00
1.4	Provision of a hand pump only & installation	5	8,500.00
1.5	Provision of plumbing works	20	7,000.00
1.6	Pipe connection less than 1km	20	2,500.00
1.7	Pipe connection between than 1-5km	20	6,000.00
1.8	Storage tank (10,000 litres) and 3m stand	20	22,000.00
1.9	Storage tank (5,000 litres) and 2.5m stand	20	17,500.00

No.	Toilets and Urinals: Item	Lifespan (years)	Unit Cost (GHS)
2	Toilets and Urinals		
2.1	Construction of 2-unit water closet	20	18,000.00
2.2	Construction of 2-unit KVIP	15	16,000.00
2.3	Construction of 2-unit toilet with biologicaltreatment	15	16,000.00
2.4	Construction of 10-unit water closet	20	110,000.00
2.5	Construction of 10-unit KVIP	15	80,000.00
2.6	Construction of 10-unit toilet with biologicaltreatment	15	90,000.00
2.7	Construction of urinal for Health Centre/CHPScompound	15	7,500.00
2.8	Construction of urinal for bigger healthcarefacilities	15	12,000.00

No.	Handwashing Item	Lifespan (years)	Unit Cost (GHS)
3	Handwashing		
3.1	Construction of a basin/sink and plumbing works(1-2No.)	20	2,500.00
3.2	Construction of a basin/sink and plumbing works(3-5No.)	20	4,000.00
3.3	Provision of Veronica buckets with stand (Type 1)	2	800.00
3.4	Provision of Veronica buckets with stand (Type 2)	2	600.00

No.	Environmental Sanitation: Item	Lifespan (years)	Unit Cost (GHS)
4	Environmental Sanitation		
4.1	Provision of refuse bins 240litre	5	400.00
4.2	Provision of refuse bins 120litre	5	300.00
4.3	Construction of drainage works (0.5 to 1km)	20	7,500.00
4.4	Construction of drainage works (1km to 2.5km)	20	12,500.00
4.5	Basic Incinerator	20	10,000-100,000

No.	Operation and maintenance and recurrent cost: Item	Period	Cat. B - Unit Cost (GHS)	Cat. C - Unit Cost (GHS)
5	O&M and Recurrent Costs			
5.1	Refuse disposal	Monthly	100	
5.2	Utilities (water & electricity)	Monthly	300-1,000	100-500
5.3	Printing of Hygiene PromotionMaterials	Periodic	2,500-10,000	2,000
5.4	Hygiene Promotion	Quarterly	1,500-5,000	500-2,500
5.5	Cost of cleaning/janitorial services	Monthly	1,000-5,000	500-1,000
5.6	Weeding and general environmental cleanliness	Monthly	1,000-3,000	500-1,500
5.7	Basic O&M of WASH facilities	Bi-annual	3,000-8,000	2,000-5,000
5.8	Basic repairs	Annual	5,000-20,000	3,000-7,500
5.9	Other miscellaneous costs	Annual	5,000-30,000	2,000-10,000

REGION	Construction, Provision and Rehabilitation of WASH Facilities					
	Final Disposable of Solid Waste	Sanitation Facility	Hygiene Services/ Handwashing	Waste Management System	Water Supply	Sub-Total
ASHANTI	5,781,864.84	17,450,454.84	886,564.73	1,080,849.29	5,908,444.78	31,108,178.48
AHAFO	917,427.35	2,768,920.59	140,674.12	171,501.88	937,512.21	4,936,036.15
BONO	1,948,157.31	5,879,803.85	298,721.54	364,184.31	1,990,807.50	10,481,674.50
BONO EAST	1,346,865.33	4,065,022.83	206,522.17	251,780.09	1,376,351.68	7,246,542.10
CENTRAL	1,135,964.16	3,428,494.42	174,183.55	212,354.68	1,160,833.35	6,111,830.16
EASTERN	3,170,948.23	9,570,353.23	486,218.71	592,770.19	3,240,368.47	17,060,658.82
GREATER ACCRA	2,290,874.13	6,914,169.84	351,272.17	428,251.05	2,341,027.28	12,325,594.46
NORTH EAST	1,166,693.08	3,521,238.46	178,895.38	218,099.08	1,192,235.00	6,277,161.00
NORTHERN	805,794.47	2,431,997.37	123,556.84	150,633.47	823,435.39	4,335,417.55
SAVANNAH	657,862.07	1,985,517.24	100,873.56	122,979.31	672,264.37	3,539,496.55
OTI	2,356,694.12	7,112,823.53	361,364.71	440,555.29	2,408,288.24	12,679,725.88
UPPER EAST	2,900,502.71	8,754,111.86	444,749.83	542,213.69	2,964,002.20	15,605,580.31
UPPER WEST	1,027,793.66	3,102,021.13	157,597.18	192,133.52	1,050,294.72	5,529,840.21
VOLTA	1,611,317.57	4,863,175.68	247,072.07	301,216.22	1,646,593.47	8,669,375.00
WESTERN	1,224,739.46	3,696,430.36	187,795.95	228,950.14	1,251,552.17	6,589,468.09
WESTERN NORTH	1,932,820.33	5,833,514.75	296,369.84	361,317.25	1,975,134.75	10,399,156.92
TOTAL	30,276,318.81	91,378,049.96	4,642,432.36	5,659,789.46	30,939,145.58	162,895,736.18

REGION	Annual Operation and Maintenance Costs					
	Final Disposable of Solid Waste	Sanitation Facility	Hygiene Services/ Handwashing	Waste Manage-ment System	Water Supply	Sub-Total
ASHANTI	3,111,624.00	9,785,832.00	3,788,064.00	4,216,476.00	6,899,688.00	27,801,684.00
AHAFO	361,008.00	1,135,344.00	439,488.00	489,192.00	800,496.00	3,225,528.00
BONO	879,336.00	2,765,448.00	1,070,496.00	1,191,564.00	1,949,832.00	7,856,676.00
BONO EAST	717,048.00	2,255,064.00	872,928.00	971,652.00	1,589,976.00	6,406,668.00
CENTRAL	1,294,992.00	4,072,656.00	1,576,512.00	1,754,808.00	2,871,504.00	11,570,472.00
EASTERN	2,275,344.00	7,155,792.00	2,769,984.00	3,083,256.00	5,045,328.00	20,329,704.00
GREATER ACCRA	2,505,528.00	7,879,704.00	3,050,208.00	3,395,172.00	5,555,736.00	22,386,348.00
NORTH EAST	263,304.00	828,072.00	320,544.00	356,796.00	583,848.00	2,352,564.00
NORTHERN	885,960.00	2,786,280.00	1,078,560.00	1,200,540.00	1,964,520.00	7,915,860.00
SAVANNAH	331,200.00	1,041,600.00	403,200.00	448,800.00	734,400.00	2,959,200.00
OTI	463,680.00	1,458,240.00	564,480.00	628,320.00	1,028,160.00	4,142,880.00
UPPER EAST	990,288.00	3,114,384.00	1,205,568.00	1,341,912.00	2,195,856.00	8,848,008.00
UPPER WEST	844,560.00	2,656,080.00	1,028,160.00	1,144,440.00	1,872,720.00	7,545,960.00
VOLTA	1,035,000.00	3,255,000.00	1,260,000.00	1,402,500.00	2,295,000.00	9,247,500.00
WESTERN	1,190,664.00	3,744,552.00	1,449,504.00	1,613,436.00	2,640,168.00	10,638,324.00
WESTERN NORTH	682,272.00	2,145,696.00	830,592.00	924,528.00	1,512,864.00	6,095,952.00
TOTAL	17,831,808.00	56,079,744.00	21,708,288.00	24,163,392.00	39,540,096.00	159,323,328.00

CHALLENGES

1. Poor systems coordination- multiple tools and duplication of efforts threatens program efficiency
2. Bottlenecks with WASH logistics procurement- need for 'pulled procurement'- to improve quality and efficiency
3. Non-availability of DATA on WASH to make a strong economic case

- Data completeness and capture into reporting DHIMS <70%
- Human Resource; Inadequate cleaning and waste management staff, poor participation of some professionals of multidisciplinary teams can threaten progress on WASH
- Operational difficulties- vehicles, laptops for focal persons at all levels

Some Contextual reflections

- Need to emphasize that economic gains must not only be monitory but health gains for each unit of investment in WASH such as DALYs
- Private sector role as profit making vrs. government as non-profit
- Funding gaps remain a critical challenge to National strategy implementation and may be underestimated…inadequate data
- WASH in global health inequities
- Stakeholder mapping and roles
- Community contribution to WASH need to be

Over 20 Partners

- WHO
- UNICEF- COVID
- Africa CDC
- WORLD VISION
- WATERAID
- USAID -GLOBAL COMMUNITIES
- USAID – JHPIEGO
- USAID- BREAKTHROUGH ACTION
- JICA
- CRS
- IRC
- EMORY UNIVERSITY
- ICAN
- PATH
- MoSWR
- CONIWAS
- KOFIH
- KOICA

Acknowledgement

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- MoSWR
- Ghana Water Company
- All Development Partners