Access to water and sanitation in obstetric facilities in 14 Western and Central African Countries: A review of Emergency Obstetric and Newborn Care needs assessments

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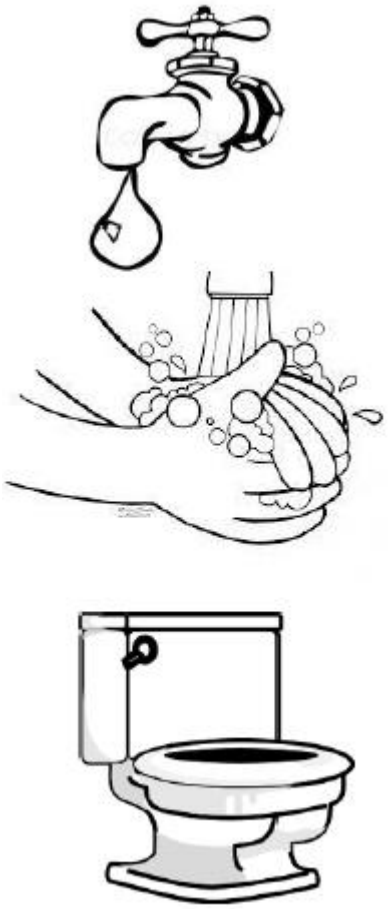
Outline of the presentation

1. Providing quality EmONC service
2. Importance of WASH
3. Methodology
4. Results (water supplies in obstetric facilities)
5. Discussions
6. Conclusions



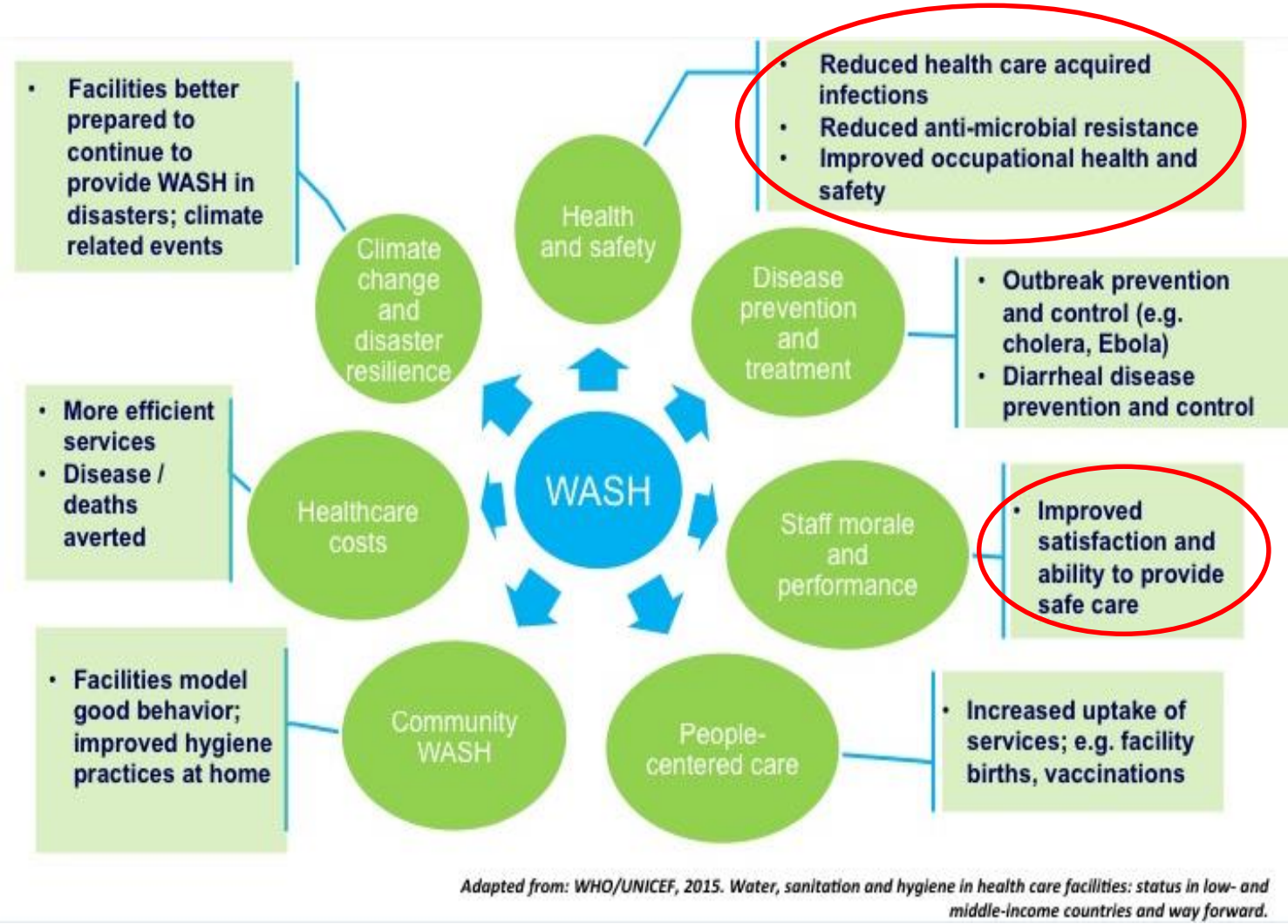
Providing quality EmONC services

- Maternal and neonatal mortality have decreased significantly in West and Central Africa (WCA) since 1990 (MMR: from 1000 to 590; NMR: 49 to 32) but rates remain very high. No country achieved MDG5

- Provision of the 7 signal functions defining Emergency Obstetric & Neonatal Care* remains low as revealed by National Emergency Obstetric and Newborn Care Needs Assessments (EmONC NA)

- Globally, sepsis is responsible for 15% of maternal and neonatal mortality; tetanus for 2% of neonatal mortality

Introduction – Importance of WASH

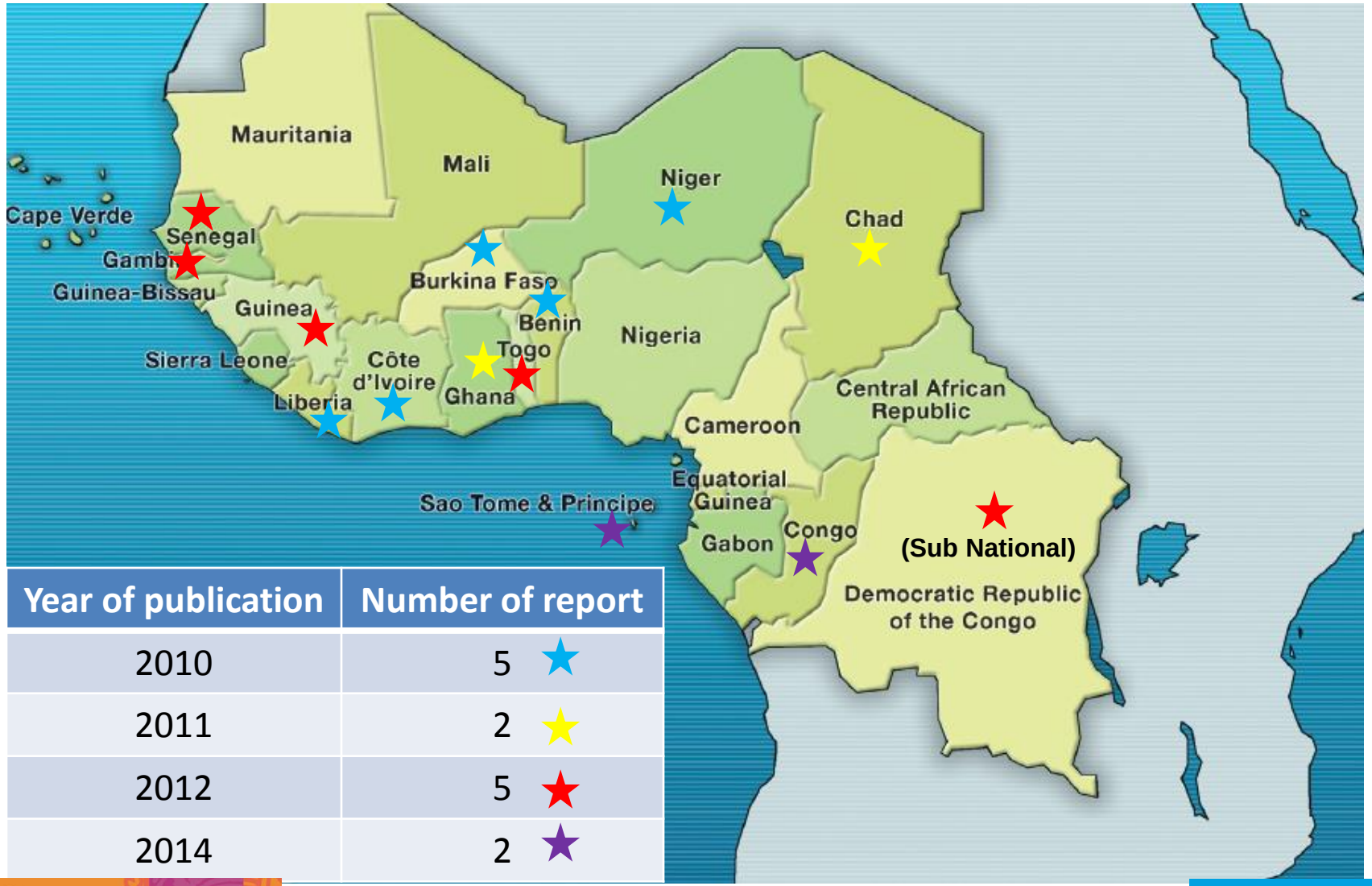


Adapted from: WHO/UNICEF, 2015. Water, sanitation and hygiene in health care facilities: status in low- and middle-income countries and way forward.

Methodology

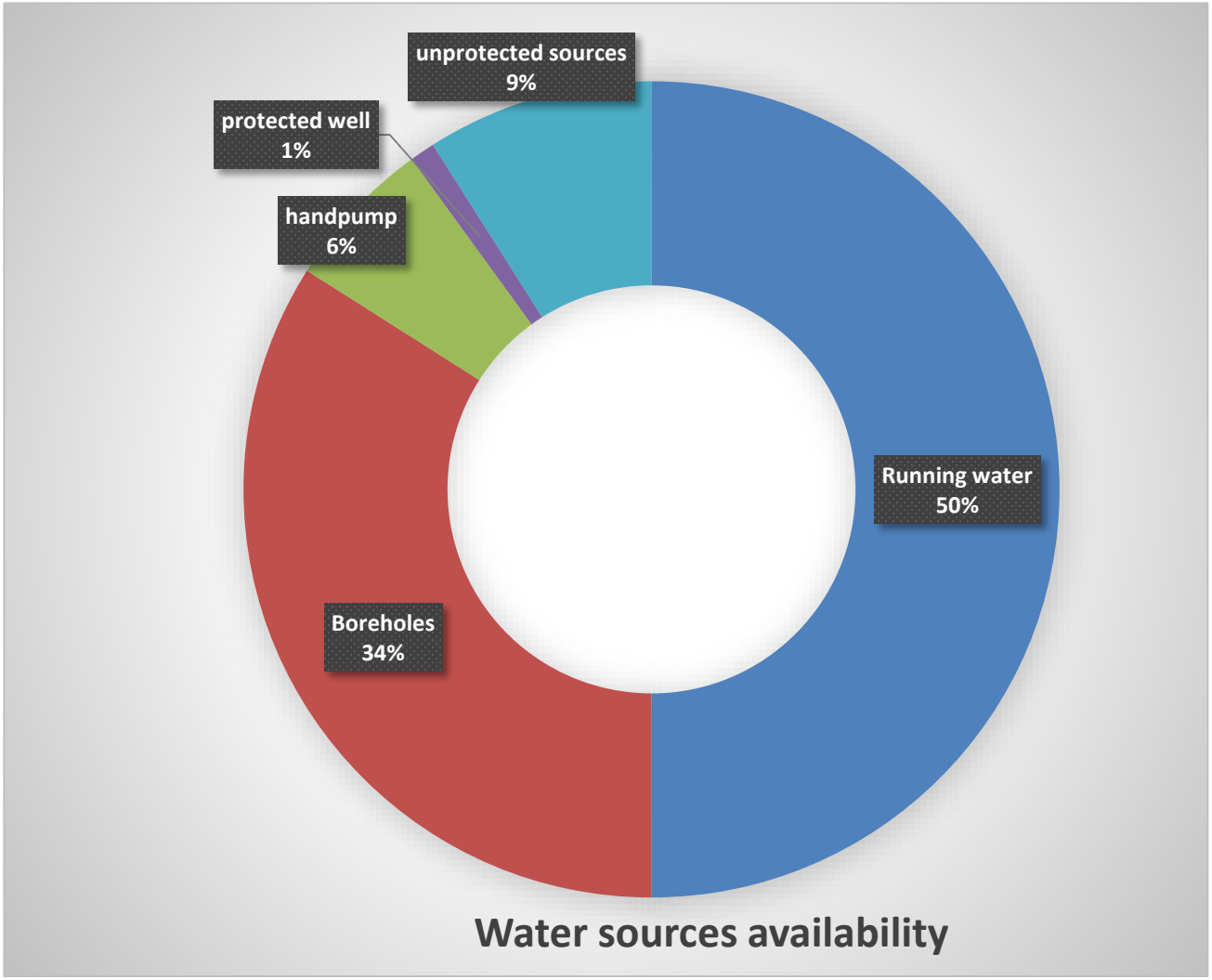
- Review of EmONC NA reports from 14 Western and Central African countries, carried out since 2010
- Available Water Sanitation and Hygiene (WASH) information was collected, organized and analysed
- We compiled information representing **8,207** maternities and **2,102,740** deliveries

Methodology



Year of publication	Number of report
2010	5 ★
2011	2 ★
2012	5 ★
2014	2 ★

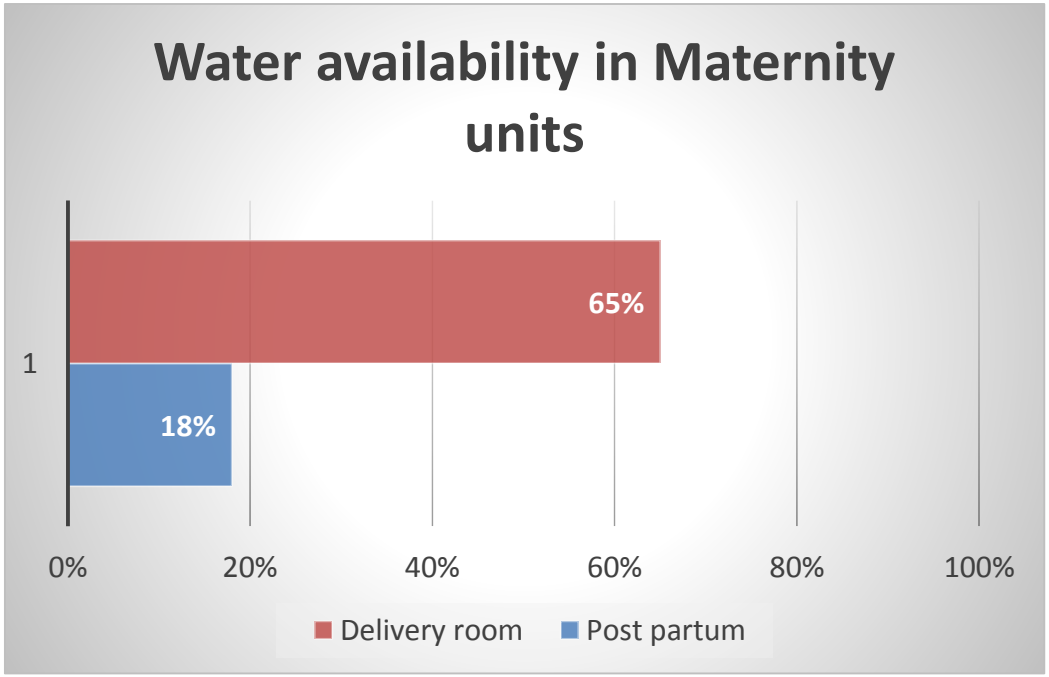
Water supply in maternity wards



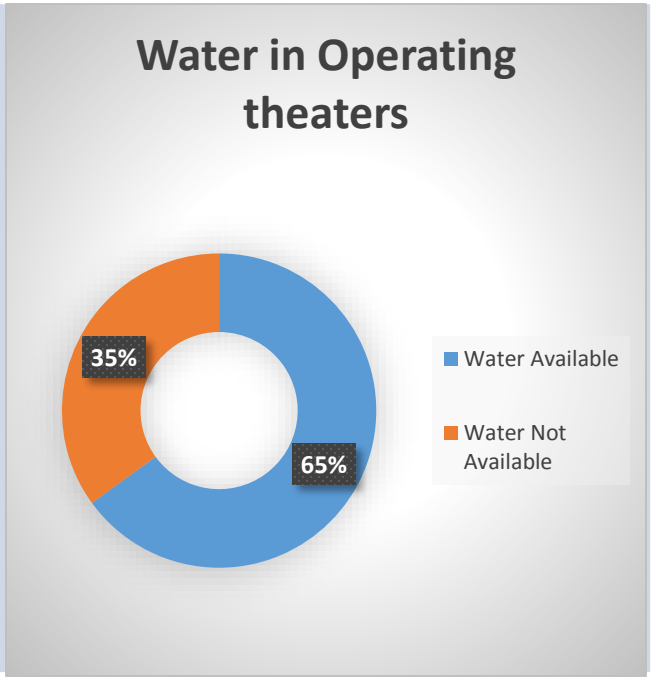
Water availability (By types of sources)	Highest country coverage	Lowest country coverage
Overall (all types)	100%	54%
Running water	80%	11%
Boreholes	78%	11%
Hand pump	84%	3%
Protected well	6%	3%
Unprotected sources	33%	3%

Disparities in maternity units

Data from 7 countries (4,087 maternities with 1,265,980 deliveries)



Data from six countries (3 223 maternities with 1,132,881 deliveries)



Data was not available regarding the situation in ANC rooms and Intensive Care Units

Limitations

- The available data from EmONC NA is purely descriptive as is therefore our review
- The data from the EmONC NA studies are not consistent across countries yielding some degree of uncertainty about the real type of water source; definitions are not systematically provided in the reports
- Associations with clinical outcomes could not be made due to the lack of access to databases

Discussion

Very limited data are available on the status of water, sanitation and hygiene in maternity wards in WCAR

- Final SPA reports are available on the website for only 2 countries in the WCAR region (Ghana - 2002 and Senegal -2012-2013 ; 2014)
- Comparisons across surveys are difficult because of the lack of harmonization of definitions

Most maternity wards (91%) had a *protected* water source but only 50% were reported to have running water

- The absence of water sources in 35% of operating theatres is worrisome, as is the quality of the water in the 65% with “some” source of water
- Data from SPA/SARA/SDI in 54 countries show that globally 62% (and 58% in Africa over 23 countries) of *all* health care facilities have an improved water source *within 500 m*(1)

Discussion

- But there is no evidence that these water sources meet WHO minimum standards of Water Sanitation and Hygiene in health care facilities.
  - Visual cleanliness does not show the whole picture : a recent situation analysis of hygiene in maternity wards in India and Bangladesh suggest that the reliance on visual inspection is necessary but not sufficient and consistent implementation of IPC standards is critical regardless of the appearance of “visual” cleanliness.(2)

- A recent study in Tanzania found that women who rated their local primary care centres as poor quality were more likely to bypass them to deliver in hospitals; **upgrading or renovating the clinics reduced bypassing by 60%.** (3)

Conclusion

- The results are alarming with regards to quality of care (Health and safety; staff morale and performance; attractiveness and comfort for community).
- They reveal the need for better addressing this essential component of quality maternal and newborn care
- This situation has the potential to cause great harm to mothers and newborns
- The lack of data is a barrier towards better understanding and addressing the situation
- We acknowledge that some improvements may have occurred since the data were published

Acknowledgements

- Columbia University/ Averting Maternal Death and Disabilty Programme which designed and implemented most of the EmONC NA and which have been very helpful in providing some NA reports

- Colleagues from AMDD who helped us get some of the reports

THANK YOU

“Water-borne diseases are not caused by a lack of antibiotics but by dirty water, and by the political, social, and economic forces that fail to make clean water available to all”

- WHO Commission on the Social Determinants of Health (2008)

For more information, please contact

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