

# The State of Water, Sanitation, & Hygiene (WASH) in Cameroon

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# Conflict of interest

- No conflict of interest

# Introduction/Context

- Infection Prevention & Control, Water, Sanitation & Hygiene (IPC/WASH) are the foundation of quality health care and cornerstone for universal health care and multiple health interventions like hand hygiene, environmental cleaning and disinfections, antimicrobial stewardship, clean hospitals etc
- Every health care facility needs necessary and functional IPC/WASH services to provide essential and quality health services

# Global context

- Nearly half the world's population lives without a safe toilet
- At least 2 billion people still use a drinking water source contaminated with feces
- Only 50% of the health facilities have hand washing facilities.
- 2.3 billion people lack basic hygiene services, including soap and water at home. This includes 670 million people with no handwashing facilities at all.
- In 28 countries, at least 1 in 4 people have no handwashing facility at home.
- Lack of adequate sanitation facilities for girls reaching puberty makes them more likely to miss school than boys

# Definition of Infection Prevention & Control

According to WHO, “infection prevention and control (IPC) is a scientific approach and practical solution designed to prevent harm caused by infection to patients and health workers. It is grounded in infectious diseases, epidemiology, social science, and health system strengthening. IPC occupies a unique position in the field of patient safety and quality universal health coverage since it is relevant to health workers and patients at every single health care encounter.”

# WASH

- WASH stands for Water, Sanitation & Hygiene
- WASH is essential to providing equitable and quality healthcare, protecting healthcare workers and patients from infections, and preventing the spread of infectious diseases.
- Depends on sustainable access to safe water and improved sanitation facilities to ensure quality of care.
- It is the cornerstone of any infection prevention and control (IPC) program
- The absence of or poor compliance with WASH standards can lead to healthcare associated infections (HAIs)
- Increased infection and disease rates translate into a greater need for and use of antibiotics, and increased risk of AMR

Source: [https://www.globalwaters.org/sites/default/files/usaid\\_water\\_health\\_systems\\_tb\\_12\\_508.pdf](https://www.globalwaters.org/sites/default/files/usaid_water_health_systems_tb_12_508.pdf), July 28, 2022

# Importance of WASH

- Health workers and patients require provision of water, sanitation, waste management, hygiene, and environmental cleaning infrastructure and services across all parts of a facility.
- Effective WASH lead to
  - Reductions in HAIs & mortality
  - Cost savings
  - Reductions in antibiotic use and antimicrobial resistance (AMR).

Source: [https://www.globalwaters.org/sites/default/files/usaid\\_water\\_health\\_systems\\_tb\\_12\\_508.pdf](https://www.globalwaters.org/sites/default/files/usaid_water_health_systems_tb_12_508.pdf), July 28, 2022

# Basic WASH Standards

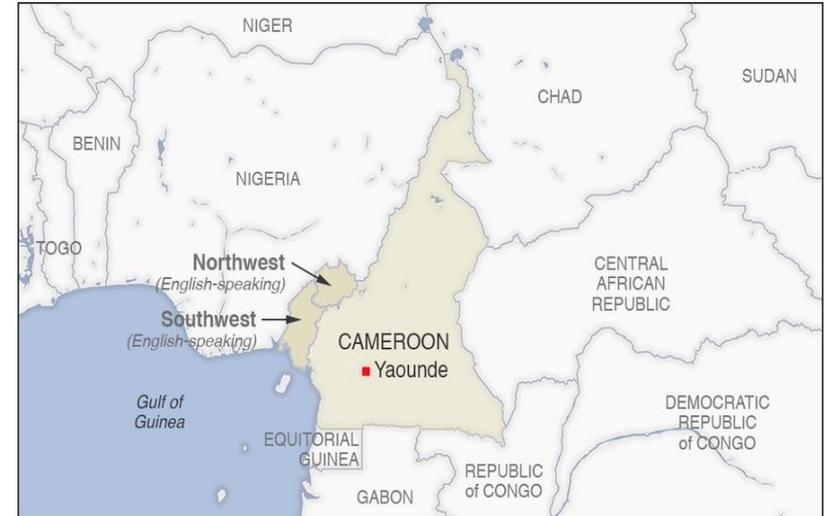
## UNICEF/WHO JOINT MONITORING PROGRAMME BASIC WASH SERVICE LEVEL FOR HCFs

	 <b>WATER</b>	 <b>SANITATION</b>	 <b>HYGIENE</b>	 <b>WASTE MANAGEMENT</b>	 <b>ENVIRONMENTAL CLEANING</b>
<b>BASIC SERVICE</b>	Water is available from an improved source on the premises.	Improved sanitation facilities are usable, with at least one toilet dedicated to staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility.	Functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) are available at points of care, and within five metres of toilets.	Waste is safely segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely.	Basic protocols are available and all staff with cleaning responsibilities have received training.

Source: [https://www.globalwaters.org/sites/default/files/usaid\\_water\\_health\\_systems\\_tb\\_12\\_508.pdf](https://www.globalwaters.org/sites/default/files/usaid_water_health_systems_tb_12_508.pdf), July 28, 2022

# The Cameroon Health System

- 10 regional delegations of health
- 181 health districts
- >5000 health facilities
  - 2,260 public health facilities
  - 4 general hospitals
  - 3 central hospitals
  - 14 regional hospitals
  - 164 district hospitals
  - 155 sub-division medical centres (CMA)
  - 1,920 integrated health
  - Private clinics & Faith Based facilities



# Objectives

To evaluate the availability of WASH services in selected health facilities in Cameroon

To identify key gaps in provision of services.

To use findings for advocacy

# Methodology

Period:  
November 29 to  
December 31,  
2020

Design: Cross  
sectional.  
Convenient  
sampling was  
done based  
proximity to the  
monitor due to  
limited funding

Access  
permission was  
obtained from  
the head of each  
facility on arrival,  
no facility  
refused access

Hospitals,  
integrated health  
centers and  
health posts were  
included

Data collected by  
trained WASH  
monitors, by  
visual inspection  
, using  
WHO/UNICEF  
tools

The staff from  
the facility was  
given on-the-spot  
orientation on  
how to complete  
the form

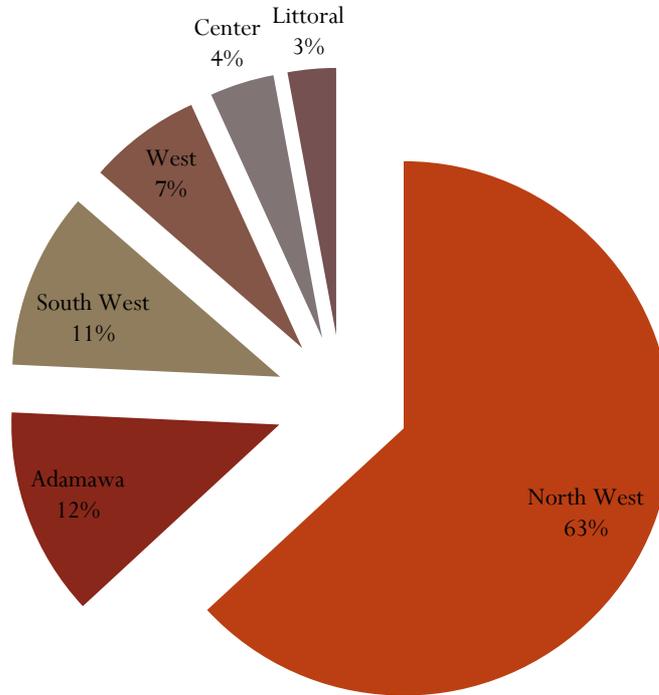
# Methodology Cont.

- Two observers; one trained monitor and a staff from each facility independently completed the form and compared their scores at the end of the exercise to minimize bias.
- Where there were gross disparity, the monitor and the staff discussed and agreed on a common score for that indicator
- WASH was graded on a score of 1-3, 1 being indicator not met, 2 being indicator partially met and 3 being indicator fully met.
- Only indicators that were fully met were used to calculate WASH coverage for each domain.

# Results

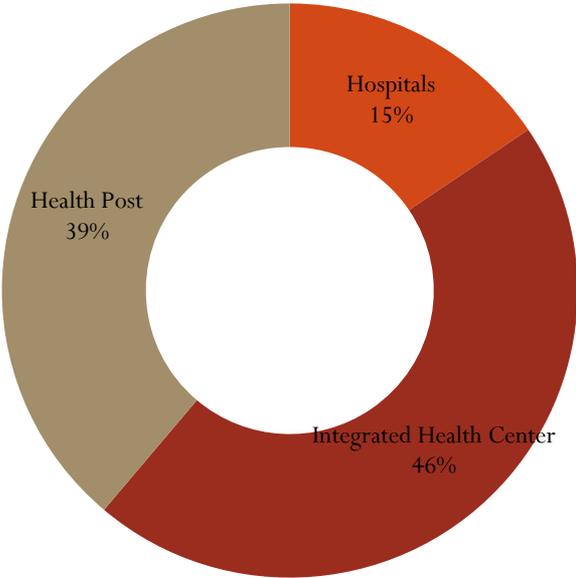
- 103 health facilities from 35 health districts in six regions assessed including
  - 16 hospitals
  - 47 Integrated health centers
  - 40 health posts

## Distribution of Health Facilities by Region



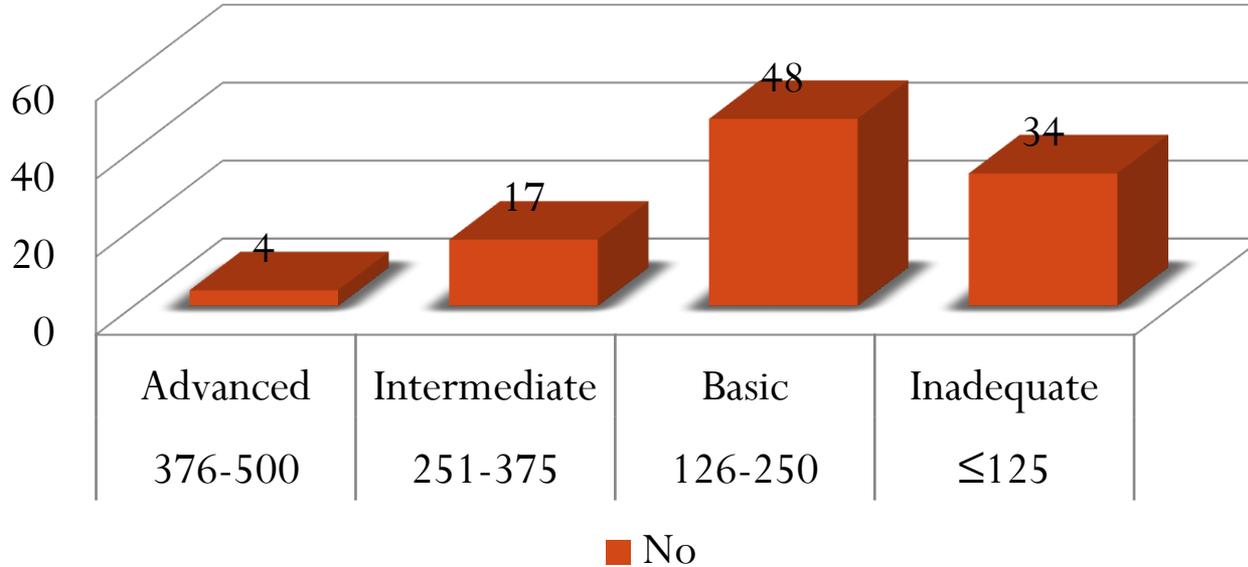
Most of the health facilities were found in the NWR because most of monitors were based there

# Distribution of health facilities by type



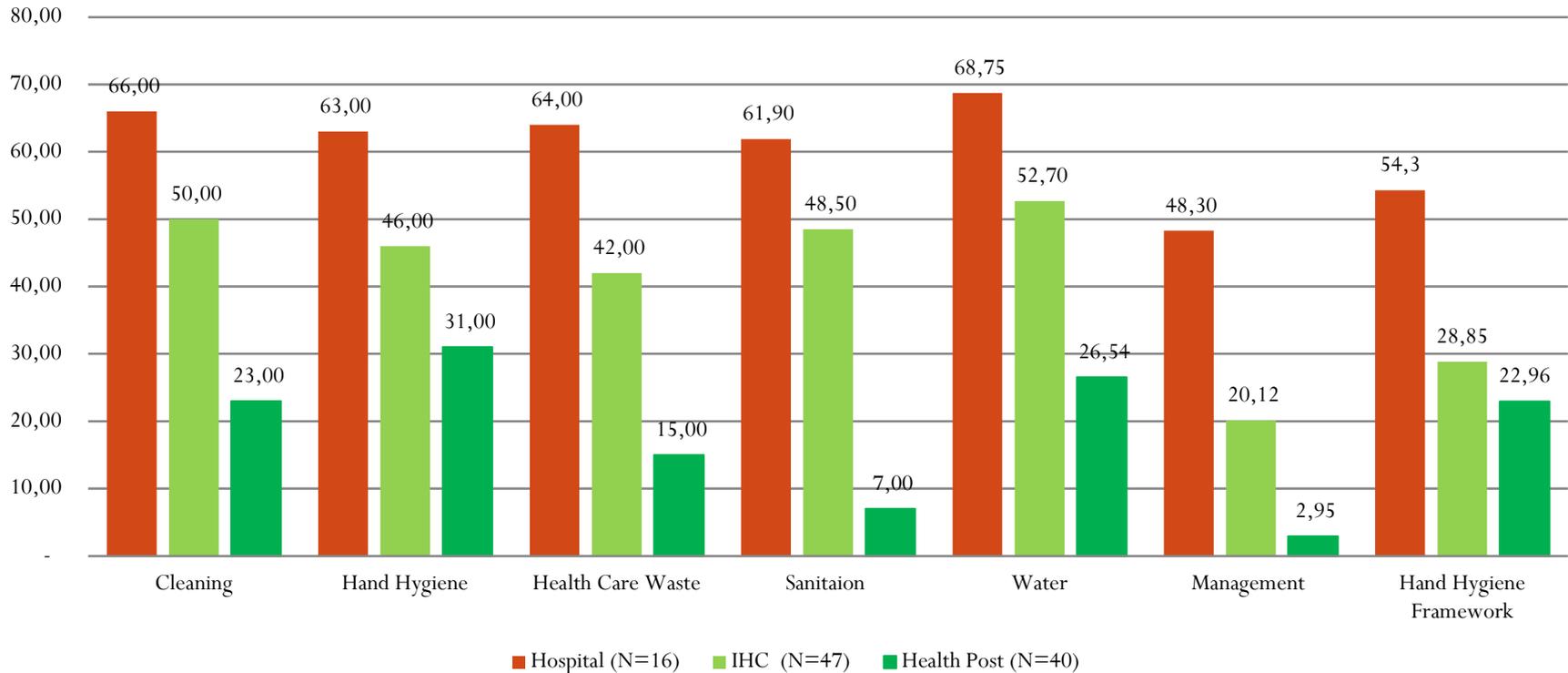
Majority of the health facilities were integrated health centers followed by health posts

## Classification of health facilities according to Framework Score



33% of the health facilities were inadequate with 60% of them being health posts

# WASH Coverage in Cameroon by type of facility (N=103)



# Water supply

- Standard:
  - Water is available from an improved source on the premises and piped to all service delivery areas
  - Etc

## Reality

61% (63 out of 103)  
facilities had water  
within the facility



23% ( 24 out of  
103) facilities had  
no water at all

# Hand hygiene

## Standard

- Hand hygiene stations should be available at all point of care and waste disposal sites
- Etc

## Reality

- Only 56% (58/103) had functional hand hygiene stations at all points of care
- 10,7% (11/103) had no functional hand hygiene station at all.
- 69% (71/103) facilities have no functioning hand hygiene stations at waste disposal sites

# Sanitation

## Standard:

- Sufficient number of improved toilets or latrines are available, and separated according to staff and patient; male and female, with menstrual hygiene facilities
- At least one toilet accessible for people with limited mobility.
- Functioning hand hygiene stations at latrines
- Etc

## Reality

Only 35%(36/103)  
facilities had basic  
sanitation services

58% (60/103) facilities  
do not have toilets with  
menstrual hygiene  
management systems

71.84% (74/103)  
facilities do not have any  
toilet adapted for people  
with limited mobility

# Toilets in PHC not meeting IPC/WASH standards



# Waste Management

## Standard

- A trained person is responsible for health waste
- Waste is safely segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely.
- Protocols or SOPs for waste management are in place
- Etc

## Reality

- Only 35,44% (36/103) facilities have basic waste services
- 46 out of 103 facilities do not have any person directly responsible for waste management
- 17 facilities do not sort waste at all
- 81 facilities do not have protocol or SOP for safe waste management

# Environmental Cleaning and disinfection

## Standard

- Basic protocols are available and all staff with cleaning responsibilities have received training.
- PPE are available for cleaning and waste management
- Records of cleaning are available and signed by the house keepers each day
- Etc

## Reality

- Only 43 out of 103 facilities (42%) meet minimum standards
- 14 facilities do not have sufficient cleaning material
- 22 facilities do not have Personal protective equipment
- 35 facilities had no insecticide-treated nets over the beds
- 71 facilities had no record or checklists
- 10 facilities did not have sufficient natural ventilation
- 22 facilities do not have adequate spacing between beds

# Management

## Standard

- There is adequate budget for WASH infrastructure and operations
- Cleaning and maintenance staff are adequate
- Audit of hand hygiene and cleaning keeping supplies are done regularly
- There are written job descriptions and performance appraisals are done at least yearly
- Etc

## Reality

- Up to 81 out 103 facilities had no annual planned budget for house keeping
- 72 facilities do not conduct regular ward-based audits of hand hygiene supplies
- 46 facilities had no form of IPC orientation for new personnel
- 40 facilities do not have trained House Keepers
- 49 facilities do not have a dedicated WASH or IPC focal person
- 44 facilities had no job description for house keepers and performance appraisals are not done

# Conclusion

WASH coverage in Cameroon is unacceptably low in many health facilities

The situation is worst in health posts and integrated health centers than in the hospitals

Assessing more facilities could give a better picture of the WASH situation in Cameroon

There is need to prioritize WASH in health facilities in Cameroon

# Questions for discussion

- What is the implication of these findings on IPC, HAI, AMR, and the quality of care?
- What is the state of WASH in your facility, region, & country?
- How can we improve WASH in your facility, region, & country?

# Acknowledgements

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