

*Socio - cultural norms, water, hygiene and COVID -19 in
Nigeria*

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INTRODUCTION

Water, Sanitation and Hygiene (WASH) is essential for slowing down the spread of COVID-19 based on its effectiveness as a barrier to its transmission. For example, frequent and proper hand washing with soap under running water is one of the most important measures that can be used to prevent the spread of the COVID-19 virus (SWA, 2020). Reliable water and sanitation services in both private and public spaces, including schools, offices, markets, health care facilities (HCF) and households are critical to maintaining hygiene (including hand hygiene, laundering, cleaning and disinfection). Ensuring services such as running water is continuously available is critical to the desired triumph over COVID -19.

Given the broad public exposure occasioned by the ubiquitous social culture of a hand-shaking and touching of surfaces in the course of day – to- day living, campaigns, through both media and otherwise, suggests that regular hand washing be practiced, in addition to wearing face masks and social distancing – maintaining 6ft or 2m distance from others. These were considered precautionary safeguards against COVID -19 spread. This is fully consistent with the public health practice foundation of emphasizing disease prevention (Hrudey, 2009). Also, the control or containment of known risks to public health is one of the most powerful ways to improve public health security since these threats constitute the vast majority of events with a potential to cause public health emergencies which fall within the scope of the International Health Regulations of the World Health Organization (WHO, 2005).

To mitigate COVID -19 and retard community spread, a tailored effort to control its mode of transmission from human-to-human and reduce its adverse effects on people's health and well-being is important. However, the combination of Nigeria's limited access to WASH services, weak health systems, the expanding health needs of its growing populations, corruption and ongoing conflicts in the North East etc. are a great concern for the country's emerging zoonoses preparedness and response.

With an ever expanding population, growing poverty and sprawling informal sector and a very rapid rate of urbanization, the scale of the risk is much influenced by poverty, the quality of housing and infrastructure and the level of preparation of the city's population and key emergency services. For example, a significant number of people who live in Lagos State are poor and are accommodated in slums. Housing conditions are poor and there's overcrowding and a lack of basic services. Olajide (2015) reported that about 80% of the residents of Sari-Iganmu live in one room with an average of seven people. An average of seven households share toilet and bathroom facilities with no running water. It is not surprising that Lagos accounts for a large number (49%) of the confirmed cases in Nigeria.

RECOMMENDATIONS

There is need for adequate access to safe, equitable and adequate access to water

The coronavirus outbreak is reminding the world that water, sanitation, and hygiene are fundamental pillars of public and personal health. These critical services play a vital role in disease prevention as governments, utilities, and healthcare facilities respond to the pandemic. The first task for the FCT Water Board is to keep the water flowing and manage for climate extremes especially drought and flood, especially at this time of emergency. Other options available to the FCT water board includes;

- To develop business continuity plans for operations to address decreasing revenue from user fees and reduced personnel.
- To monitor supply chains (for critical inputs, like chlorine for water treatment, or fuel for continued pumping) and potential impacts on services.
- To provide training for operation of infrastructure, water treatment plants, chlorination dispensers, water points and water storage infrastructure.
- To address service provider financing gaps through disaster-sensitive procedures for fiscal transfers and/or renegotiation of loan terms during the crisis period.

- To establish or strengthen financing mechanisms/facilities to support the local private sector/NGOs in delivering safe water to unconnected population.
- To invest in increasing water availability through development of water schemes and associated technical assistance for operations and management.
- To prepare action plans aimed at increasing access to safe water supply outside of the areas served by piped networks through contracts with local private sector or community-based organizations, as appropriate and based on the context of the Abuja area.

Priorities for WASH within public and private health care facilities should focus largely on:

- Behavior Change Communication (BCC) to ensure health care workers understands the risk of COVID-19 and adopt frequent hand washing with soap.
- Continued water services, particularly as the increase in patients due to COVID-19 is projected to increase the burden on Health Care Facilities (HCF); and
- Preventing and controlling infections in health facilities (IPC), through the expansion of WASH services, behaviors, and products such as soap.

Improved public health awareness and disease containment in communities and neighborhoods through risk communication and community engagement and construction and maintenance of hygiene facilities

The impact of hygiene promotion and washing of hands with soap has wide health implications, as hands are vectors that can transport disease agents from humans to humans, directly or indirectly. Because COVID-19 can be transmitted by contacting infective droplets and touching our noses, mouths, and eyes (or vice-versa), hand washing with soap is identified as one of the most critical actions for stopping its spread. Furthermore, the ability to wash hands contributes to maintaining human dignity, rights, mental health, safety and security of an affected population. Access to, and implementation of, appropriate hand washing practices technologies are recognized as significant barriers to the uptake of effective hand washing practices in emergencies. Other key aspects of these include,

- Risk Communication: Messaging should primarily be conducted at household level through door-to-door messaging, maintaining the required distance between hygiene promoter and household member. Posters and leaflets should be installed in strategic and public spaces such as community meeting centers, schools, water collection points, latrines, and bathing spaces.

- Production of Information, Education and Communication (IEC) materials: Tailor-made IEC materials should be developed and translated into local languages to aid the awareness and sensitization. Government should provide grants to local NGOs and CSOs to enable them to distribute approved IEC materials.
- Capacity-building of community volunteers, community health workers, community members; and sensitization of field staff, hygiene promoters/community volunteers/community leaders: Government should provide grants to local NGOs and CSOs as a network of hygiene promoters, as well as constituting the workforce necessary for the implementation of the hygiene promotion interventions.
- Provision of protective equipment, sanitation and hygiene materials and tools to community groups and CSOs. This should be done to encourage a translation of theory to practice as pertain to sanitation and hygiene practices.

People in Nigeria should have access to basic hygiene items

Progress in improving the quality of hygiene practices in Nigeria has been held back by the low prioritization by federal and state governments, as well as a lack of a coherent approach that addresses both demand and supply side barriers. The sector has failed to develop and deliver an effective behavior change campaign to impact existing poor hygiene practices. In addition, supply side strategies to develop and harness the delivery power of the private sector and adopt more innovative approaches to financing hygiene at both the upstream and downstream levels have resulted in missed opportunities to change the prevailing consequences.

Hygiene promotion activities should be complemented with access to basic hygiene items, which are key items in the prevention of disease outbreak and facilitation of improved hygiene practices of affected and at-risk populations during emergencies. Hygiene items are required to maintain proper hygiene practices and promote health and well-being. Items should include soap, hygiene kits (stick brush, toothbrushes, tooth pastes, bathing soaps, towels, sanitary pads, sanitary towels, nail cutters, hair combs, hair clippers, broom, mop, cleaning disinfectant, detergent, bucket with lid, chlorine, aqua tabs - distributed at household level); cleaning supplies for latrines, home and health facility disinfection, and plastic kettles (distributed to community people and groups).

CONCLUSION

It is important to ensure universal adoption of effective hand washing practices, eliminating inequalities and inequities, and addressing the needs of the most vulnerable to COVID-19 – the elderly, people with disabilities, young people aged 21-40 years, and those living in precarious situations, such as in informal settlements, refugee camps, detention centers, homeless people, as well as those people whose livelihoods are limited or destroyed by measures put in place to stop the spread of the virus, and women who shoulder the vast majority of unpaid care work in crisis. These measures are critical, not just to protect these vulnerable populations from COVID-19 and prevent further spread, but also to prevent other infectious diseases that proliferate when water, sanitation and hygiene services are disrupted. As a first step, the Government of Nigeria is required to show leadership for effective WASH, within the urban communities, and even the health facilities through which health services are rendered to members of the community. What is required therefore are response plans that prioritize the availability of running water and soap for improved hygiene practices with eased access to hand washing stations. There is need to work collaboratively with all stakeholders in a coordinated manner to improve availability of running water and soap – each actor, whether public, private, donor or civil society has something to offer. Coordinated action is more effective, including urgent immediate action to establish hand washing facilities within health care facilities and at entrance points to public or private commercial buildings and public transport facilities.