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EQUITABLE AND SUSTAINABLE WASH SERVICES:  
FUTURE CHALLENGES IN A RAPIDLY CHANGING WORLD

# Water accessibility and hand washing during the Covid-19 pandemic: a Case of 25 public transport stations in Ghana

H.O. Botchway, B.E. Odame-Boafo & P. Acheampong

*Ghana*

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## Background

The Coronavirus disease 2019 (COVID-19) has spread to over 200 countries with overwhelming rates of viral transmission. Although infections in sub-Saharan Africa have been low, the records of COVID-19 cases have been quickening. The provision of safe water and hygienic conditions is essential for preventing and protecting human health during all infectious disease outbreaks, including COVID-19.

As part of a new hand hygiene campaign, WHO recommends that all public buildings must make provision for hand washing facilities in front of their premises. The public transport system in Ghana is largely informal and privately managed by independent operator unions. They are crowded during rush hours, making them hotspot zones for covid-19 transmission due to the nonadherence of social distance. In the buses, passengers are seated close to each other which poses another threat. In Ghana, the management of urban water supply is the mandate of Ghana Water Company Limited (GWCL). However, in public areas such as transport stations, the onus lies on the owner or the transport station management to ensure supply of water to the property.

This research aims to investigate the relationship between water accessibility in public places, such as transport stations, for handwashing and the spread of covid 19. Twenty-Five (25) public transportation stations were selected across three cities; Accra, Kumasi, and Tamale for this investigation.

## Methodology, results and discussion

The team observed, interacted, and administered questionnaires to passengers, vendors and station operators for data collection. Data were collected twice a week between October 2020 and February 2021 during rush hour times: 6:00 am-9:00 am; 12:00–2:00 pm and 4:00 pm-6:00 pm. The observation lasted at least one hour at each station. During this period, the observer monitors the availability of handwashing facilities, source of water and cleanliness, availability of soap, frequency of handwashing by passengers and station operators. The questionnaires captured questions on people's understanding of Covid 19, its mode of transmission, prevention and control.

Descriptive statistics were used to summarize the availability of water in handwashing facilities and usage of the facility. The analysis showed that the main handwashing facility available was a Veronica bucket with receptacles for collecting wastewater. Out of the 25 stations sampled, fifteen (15) of them representing 60% usually have water in the handwashing facilities in the mornings, with no further refill during the day. The remaining 40% did not have water or had a damaged handwashing facility. The data further revealed that 90% of people who patronize the station do not wash their hands with the facility provided. Out of this percentage, 25 % have an alternative of using an alcohol-based sanitizer, another 30 % used non-alcoholic-based sanitizers and the remaining 45% do not use any form of hand cleansing material.

From the data obtained, the team established that the reason why 90% of people do not use the facility at the station is due to the unavailability of water and the unkempt nature of the facilities. The data also indicates that out of this 90%, 75% are still able to transmit the virus at various points. The transmission could be

through constantly touching seats and door handles in the car without sanitizing their hands before or after boarding.

A good number of these stations have at least one Veronica Bucket (donated by private organizations or government) with occasional flowing water and soap. While the availability of the washing facility is recommendable, passengers were not seen using these facilities. This indicates that it is not sufficient to provide handwashing facilities without enforcing usage. From our investigations, the lack of water for handwashing was because station management could not afford the services of private tankers for constant water supply throughout the day. They indicated that prices of water shot up due to demands during the season and since the free water directive did not cover commercial areas, there was little they could do.

### **Lessons, conclusion and recommendation**

One of the key lessons from this study is that enforcing mandatory hand hygiene will only work if the government together with sector stake-holder provides financial incentives and technical support for transport operators to install and enforce hand washing. In addition, the study highlights a gap in the management of water at the transport stations. There seems to be no authority ensuring that these public places have water throughout the day or that they are connected to the national pipeline before a permit is given for operation.

From the data obtained, it can be concluded that the provision on handwashing facilities at public areas does not necessarily translate to the management of covid-19. In addition, it was noted that this approach addresses the problem partially for the short term but may not be sustainable in the long term.

It is recommended that communication campaigns be carried out at these public places to educate people about the virus. It is also recommended that transport operators and managers be trained in constructing low-cost handwashing stations. There is also the need for both government and private sectors to provide financial incentives for these operators and water supply operators to prevent disruption of services.

Based on these findings, it is recommended that awareness creation should aim to elevate COVID-19 risk perception among transportation operators and passengers. State and private sector support and guidance should be provided to transport operators and stations to enforce handwashing, wearing of PPEs, and social distancing. Also, the most compliant stations could be used as best practice models, so that lessons and practices from best-performing stations could be used to improve the situation in poorly performing stations. Furthermore, it is recommended that a guideline is developed for public areas with regards to the number of handwashing stations to be mounted per facility based on approved criteria. Finally, there is the need to assess the risk posed by these public places and rapidly implement the necessary measures at the appropriate scale to reduce both COVID-19 transmission and economic, public and social impacts.

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### **Contact details**

Harriet is an environmental engineer with 8 years of professional experience in WASH and Environmental and resource management in both rural and urban Ghana. She currently consults for WSUP on the impact of COVID-19 communications on behavior change and TREND on sanitation marketing in rural areas.

**Harriet Onita Botchway:** PLOT 10 AshaleyBotwe. Tel: +233261631299  
Email: [harrietbotchway@live.com](mailto:harrietbotchway@live.com)

BOTCHWAY, ODAME-BOAFO & ACHEAMPONG

**Bessy Ewoenam Odame Boafo:** TL 2955, Tamale, Ghana. Tel: +233208551938  
Email: [bessiyawa@gmail.com](mailto:bessiyawa@gmail.com)

**Patricia Acheampong:** P.O.BOX 7034, Accra-North. Tel:+233553237257  
Email: [acheampongpatricia34@yahoo.com](mailto:acheampongpatricia34@yahoo.com)