

# BRIEFING NOTE

## SHARE at AfricaSan 4

(25th - 27th May 2015, Senegal)



### Summary

In May 2015, the SHARE Consortium attended and participated in AfricaSan 4 held in Dakar, Senegal. This briefing note documents SHARE's participation at AfricaSan 4, specifically summarising a one-of-a-kind session we convened on WASH and maternal and newborn health (MNH) and three on hygiene-related behaviour change at which SHARE researchers presented.

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**Photo:**

Credit: Joanna  
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## Background

The AfricaSan Conference held in May 2015 was convened by the Government of Senegal and organised by the African Ministers' Council on Water, and was the fourth conference of its kind. It brought together nearly 1000 sanitation professionals from government agencies, civil society, donors/development banks, multilaterals, research organisations and the private sector to ensure continued momentum and prioritisation of sanitation throughout Africa.

In light of the Millennium Development Goals' (MDGs) imminent deadline and the new, universal focus of the Sustainable Development Goals (SDGs), AfricaSan 4's theme was '*Making Sanitation for All a Reality in Africa*'. Hygiene was also firmly on the agenda, with several hygiene-specific discussions taking place.

One of the key ways AfricaSan aims to assist African countries achieve universal access to improved sanitation and beneficial hygiene-related behaviour change is through providing a platform for sharing new evidence that could inform national strategies, policies and programmes.

This is where SHARE came in. We convened a unique 'learning exchange' session on the relationship between WASH and MNH which brought together global experts from both sectors to discuss new research indicating the centrality of WASH to MNH outcomes. SHARE researchers were also delighted to be invited to present at three learning exchanges on hygiene behaviour change.

Our contribution to AfricaSan 4 is outlined in greater detail below.

### **SHARE's Session: *What Does WASH Have to Do with MNH?***

Of all the MDGs, the maternal health and sanitation targets are among the farthest off track. Existing MNH approaches pay insufficient attention to the contribution of WASH on MNH outcomes, despite this connection being well established historically. With this in mind and to help continue to raise the profile of this issue, on the afternoon of 26<sup>th</sup> May SHARE, together with the Soapbox Collaborative, UNICEF, WaterAid, and the Water Supply and Sanitation Collaborative Council (WSSCC), held an event on the linkages between WASH and MNH.

The session, which brought together a range of WASH and related sector actors and was extremely well attended, presented the state of the evidence on the impact of WASH on MNH as well as research on WASH coverage and status in birth settings. It also discussed the new [Global Strategy on the Partnership for Maternal, Newborn & Child Health \(PMNCH\)](#) as one potential framework through which adequate attention can be given to the role of WASH as a preventive measure for tackling maternal and newborn mortality and morbidity.

Lizette Burgers, UNICEF Senior Advisor on WASH and the Session Chair, opened by stressing the wholly inadequate provision of WASH in healthcare facilities in low and middle-income countries brought to light by the recent [WHO-UNICEF report \(2015\)](#), and highlighted the new emphasis given to this topic in the proposed SDGs - with their focus on WASH beyond the household and universal access by 2030.

Oona Campbell, Professor of Epidemiology and Reproductive Health at the London School of Hygiene and Tropical Medicine (LSHTM), shared a conceptual framework (Campbell, 2014), which, through the first systematic evaluation of its kind, identified 77 mechanisms linking WASH to MNH. Professor Campbell then zoomed in on one of these - the impact of WASH on maternal mortality. She presented findings of a systematic review on the topic (Benova *et al.*, 2014a) that shows evidence of association of substantial magnitude between sanitation and maternal mortality and between water and maternal mortality. In particular, meta-analysis of adjusted estimates in individual level studies indicated that women in households with poor sanitation were three times more likely to die than those with adequate sanitation access. Professor Campbell went on to share research carried out by the LSHTM team using existing data sets on WASH access and maternal mortality in Afghanistan, Pakistan and Bangladesh to assess this question of impact themselves. In Afghanistan, for which findings have been published, the research has shown a similar association, with mothers living in households with poor sanitation 2.25 times more likely to die than those with adequate sanitation (Gon *et al.*, 2014), although this association was not statistically significant given the small sample available in the dataset.

Having looked systematically at WASH impact on maternal mortality and exposed the shockingly low levels of WASH coverage in birth settings, the team described a study that assessed the level of appreciation given in national level policy documents to the vital and basic importance of appropriate WASH in health care facilities in Bangladesh. The review found that only passing reference to this link was made by WASH sector documents. However, Professor Campbell also highlighted that the most recent policy documents do indeed recognise the importance of WASH in facility settings of births and that there has been fast progress since this research took place in global and regional discussions and attention paid to the issue by researchers, activists, programmes and policy-makers.

With the impact of WASH on maternal mortality established, Dr Lenka Benova (LSHTM) and Dr Catherine Kahabuka (Tanzanian health systems consultant) presented research on WASH coverage and, where possible, status in birth settings in Tanzania. Dr Benova drew on secondary data (Demographic Health Surveys and Service Provision Assessment Surveys) to highlight that less than one third of all births (domestic and facility) took place in a WASH-safe environment in Tanzania (Benova *et al.*, 2014b). Dr Kahabuka shared a needs assessment (Ali *et al.*, 2015) examining the standards of WASH, infection prevention control and solid waste management across Zanzibar's 37 maternity units, commissioned by the Government of Zanzibar. The number of toilets in relation to number of clients, as well as toilet maintenance emerged as a major issue across the surveyed units, with 75% of units reporting an insufficient number of toilets, and only 12% of the observed toilets having a functioning flushing system. Dr Kahabuka also reported on the quality improvement workshop that followed the assessment, where findings were used by the Ministry of Health to identify key areas for action.

Having summarised the available evidence – showing plausible biological and social mechanisms linking WASH with MNH, suggesting an association between poor WASH and higher maternal mortality, indicating a high burden of poor WASH in birth facilities, and demonstrating that opportunities exist for improved synergy within the policy domain – the session then progressed to discussing opportunities for joined-up thinking.

One such opportunity identified was the Every Woman, Every Child ‘Global Strategy for Women’s, Children’s and Adolescents’ Health’. Water and sanitation is one of the key priority areas for the future, being part of the resilient health systems element of the new strategy, as well as a key social and environmental determinant to consider. Maty Dia, of the PMNCH, joined the session to announce a consultation on the draft strategy and to call on WASH sector professionals to input.

The session concluded with discussion on recommended actions to help improve WASH access and maintenance at birth settings and, through this, reduce maternal mortality:

1. **Research:** The issue that further research is needed to systematically assess the impact of WASH on other areas of MNH was highlighted, and a call was made for operational research on how best to incorporate WASH into efforts to improve MNH.
2. **Policy-making:** Appropriate consideration for the importance of WASH in birth settings must be reflected in national policies and strategies across all sectors involved. This point was raised by an audience member from Tanzania, who stressed the need for collaboration, including financial investment, from the multiple ministries involved nationally.
3. **Resourcing:** There must be appropriate financial and human resourcing at the facility level to ensure WASH maintenance and upkeep.
4. **Accountability:** A clear designation of roles and responsibilities in terms of WASH provision beyond the household is necessary across sectors.
5. **Monitoring:** Efforts should be strengthened to create harmonization of indicators, data collection and reporting requirements on WASH in birth settings.
6. **Looking beyond water and sanitation equipment:** We need to understand hygiene behaviours (of women, health staff and cleaners), and also other elements of WASH – liquid/solid waste disposal at facilities (including sharps disposal), food hygiene, perceptions of cleanliness, and other environmental factors in a “total environment” perspective.

### ***Participating in Learning Exchanges:***

#### ***1. Handwashing Behaviour Change Think Tank***

On 25<sup>th</sup> May, SHARE researchers Katie Greenland and Dr Om Prasad Gautam participated in a think tank organised by Layla McCay and Hanna Woodburn from the Global Public-Private Partnership for Handwashing with Soap (PPPHW) to discuss state-of-the-art theory and practice around handwashing behavior change and to identify current challenges and research directions.

Specific examples of several different determinants of behaviour and how they have been used to design innovative behaviour change campaigns or to think about behaviour change were elucidated by the four speakers:

- Katie Greenland, of SHARE/LSHTM, presented four campaigns developed at LSHTM, some of which were supported by SHARE, that have centred on changing

behaviour using emotional motivators such as ‘disgust’ and ‘nurture’ rather than health messaging

- Om Prasad Gautam, of SHARE/LSHTM and WaterAid, described a [successful food hygiene intervention in Nepal funded by SHARE](#) that manipulated the ‘setting’ (kitchen) environment to facilitate behaviour change
- David Neal, of Catalyst Behavioral Sciences, presented remotely on the science of habit and outlined six principles for how new habits are forged
- Yolande Coombes, of the World Bank, described the development of a handwashing station and the importance of creating an enabling physical environment to encourage handwashing with soap.

This interesting session was well-attended and concluded with an extended period of lively discussion that debated the challenge of sustaining behaviour change over time, issues in water-scarce settings, whether children and men respond to the same triggers as women and the practicalities of scale-up of hardware and software interventions.

The main message that emerged from this session was that the sector needs to continue to invest in developing and testing innovative behaviour change interventions that are grounded in theory about the determinants of behaviour.

## *2. Moving Hygiene Improvement to Scale*

The challenge of scaling up interventions was a recurring theme at AfricaSan and the focus of a second bi-lingual PPPHW-convened session which took place on 27<sup>th</sup> May and in which SHARE researchers participated.

Katie Greenland, of SHARE/LSHTM, opened the discussion with an introduction on the current state of hygiene and why interventions in the community, schools and health care settings need to be scaled-up to achieve universal, adequate and equitable handwashing and menstrual hygiene management. She described challenges associated with measuring the impact of hygiene promotion interventions and called for the sector to continue to develop and rigorously evaluate interventions that can be delivered and measured at scale.

Anila Gopal, of Unilever, followed with an account of a private sector experience in implementing the Lifebuoy ‘School of 5’ handwashing campaign at scale which added a new perspective to the morning’s talks. It was clear that large, multinational companies have greater capacity to roll-out intervention packages in multiple countries simultaneously than almost any other type of organisation. Nevertheless, the importance of collaboration and cost-sharing with government and other stakeholders were presented as crucial for ensuring accountability and realising programme objectives at scale.

The importance of partnership with other organisations was also reflected upon by the other two speakers in this session: Dr. Ousmane Touré from the National Institute of Research in Public Health in Mali and Chimwemwe Nyimbawas from UNICEF Malawi, who outlined their experiences implementing food hygiene interventions in Mali and beyond and delivering community-led total sanitation programmes in Malawi, respectively.

It was clear from [all of the presentations](#) and resulting discussion that achieving sustained behaviour change on a large scale is challenging. Much still needs to be done to improve the interventions on offer as well as to improve intersectoral collaboration and roll-out at scale. AfricaSan 4 also saw the launch of Unilever's handwashing campaign in Senegal that is backed by the celebrated musician Youssou Dour. Celebrity-endorsement is another powerful driver of change.

### *3. Just Poo It!*

On 27<sup>th</sup> May, SHARE researchers Katie Greenland and Dr Om Prasad Gautam also participated in a session organised by WASH United, SHARE/LSHTM, Speak up Africa, WaterAid and WSSCC that discussed how innovative awareness and behaviour change campaigns around sanitation and hygiene can be created.

Nearly 60 people turned out to hear about different methodologies that have been used to develop successful awareness raising and behaviour change campaigns. Specific, practical examples of designing, implementing and evaluating hygiene interventions were also outlined:

- Om Prasad Gautam, of SHARE/LSHTM & WaterAid, summarised the 'Behaviour Centred Design' (BCD) approach used in the [SHARE-funded food hygiene campaign carried out in Nepal](#)
- Katie Greenland, of SHARE/LSHTM, also presented on the BCD approach and referenced the ['Super Amma' hand-washing campaign conducted in India](#)
- Saskia Castelein, of WSSCC, shared her experiences from the UN's social-media based global campaign to end open defecation
- Yacinde Djibo, of Speak up Africa, described an innovative 'malaria prevention programme' that engaged communities with a campaign featuring famous footballers
- Yolande Coombes, of the World Bank, explained how the 'Focus on Opportunity, Ability and Motivation (FOAM) framework can be used to design behaviour change interventions

The presentations elicited a fascinating discussion, a resounding take-away of which was that collaboration between experts from different fields – including outside of the WASH sector (e.g. with creative experts) – is integral for ensuring the success of awareness raising and behaviour change interventions. Three further key messages emerged from the session:

1. Understand your target audience: use formative research to ascertain what you already know and what you do not know yet
2. Being an expert in WASH does not mean you are a communication expert too: reaching out creative teams is crucial for designing innovative campaigns
3. Make it simple, innovative and be ready to tweak your campaigns to ensure future scalability. Monitor and evaluate throughout so you can react and adapt your campaign as needed.

## Next Steps

For further information, please visit [www.sharereresearch.org](http://www.sharereresearch.org) where you can download presentations from the WASH and MNH session we convened and register for monthly updates on our sanitation and hygiene related activities and research.

Visit <http://globalhandwashing.org/resources/scaling-up-hygiene-a-ppphw-event-at-africasan4/> to download presentations from the 'Moving Hygiene Improvement to Scale' session.

## References

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## Research for sanitation and hygiene solutions

The SHARE Research Consortium comprises five organisations that have come together to generate rigorous and relevant research for use in the field of sanitation and hygiene. The purpose is to join together the energy and resources of the five partners in order to make a real difference to the lives of people all over the world who struggle with the realities of poor sanitation and hygiene.

SHARE is led by the London School of Hygiene and Tropical Medicine (LSHTM) and includes the following partners:

- Centre for Infectious Disease Research, Zambia
- Great Lakes University of Kisumu, Kenya
- International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B)
- International Institute for Environment and Development (IIED)
- Mwanza Interventions Trial Unit, Tanzania
- Shack/Slum Dwellers International (SDI)
- University of Malawi (College of Medicine and Polytechnic)
- WaterAid

The SHARE core team work from LSHTM.

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