



COLLABORATIVE ... Saving a million lives with clean safe care at birth

Soap Matters

Issue one
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Quick Facts

An estimated one million maternal and newborn deaths occur each year in developing countries owing to unhygienic practices and environments¹

According to WHO, 80% of all viral infections are the direct or indirect result of poor hygiene²

Researchers in London estimate that if hands were washed regularly, a million deaths could be prevented every year³

Healthcare-associated infections are responsible for 75% of deaths among hospital-born babies in South-east Asia and Sub-Saharan Africa⁴



Welcome to *Soap Matters*, the first edition of *The Soapbox Collaborative quarterly newsletter*.

The Soapbox Collaborative is a new evidence-based charity whose mission is to deliver action and knowledge to prevent healthcare-associated infections at birth among mothers and babies in developing countries. Soapbox is currently hosted by the Impact unit at the University of Aberdeen in Scotland, UK.

Every year, an estimated one million mothers and babies die as a result of infections caused primarily by unhygienic environments and practices at the time of birth. Almost 100% of these deaths are



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preventable with low-cost interventions such as hand washing, sterilization of equipment, appropriate use of antibiotics and antiseptics, and staff training.

A massive effort to reduce deaths and ill-health from delivery-related infections is long overdue. Although there are already many organisations working to improve the health and survival of women and children in developing countries, none have had an explicit focus on cleanliness and hygiene in maternity units. Soapbox aims to help fill this gap.

As its name suggests, The Soapbox Collaborative is working with local, national and international partners to identify the challenges and needs of health facilities and to support sustainable improvements to enable the provision of clean safe care at birth. In parallel with this, it is also important to continue to improve understanding of the burden, determinants and effective solutions for healthcare-associated infections at birth. Strengthening the knowledge base is thus also a key priority for Soapbox. To find out more, visit our new website:

www.soapboxcollaborative.org



Useful publications:

Blencowe, H. et al (2011) Clean birth and postnatal care practices to reduce neonatal deaths from sepsis and tetanus: a systematic review of Delphi estimation of mortality effect. *BMC Public Health* 11 (Suppl 3): S11

Hussein, J. et al (2011) A review of health system infection control measures in developing countries: what can be learned to reduce maternal mortality. *Globalization and Health* 7: 14

Making Pregnancy Safer (2009) Assessment tool for the quality of hospital care for mothers and newborn babies. WHO: Denmark

Velu, P. et al (2011) Epidemiology and aetiology of maternal bacterial and viral infections in low- and middle-income countries. *Journal of Global Health* 1: 2

World Health Organization (2009) WHO Guidelines on Hand Hygiene in Health Care. WHO: Geneva

Soapbox in The Gambia—February 2013

During a recent visit to The Gambia, Professor Wendy Graham and fellow Soapbox Trustee, Mr Alec Cumming were warmly welcomed by Her Excellency the Vice-President and Minister of Women's Affairs, Aja Dr Isatou Njie-Saidy. Soapbox and representatives of the Horizons Trust UK and Horizons Trust Gambia (including Professor James N'Dow from the University of Aberdeen) are preparing to work with the Ministry of Health and Social Welfare to help reduce maternal and newborn deaths in the country. During the visit Professor Graham indicated that Soapbox and the Horizons Trust will embark on a programme of activities this year to help raise cleanliness standards in selected maternity units across The Gambia.

The Rimuka Maternity Home case study in Zimbabwe

Zimbabwe is facing big challenges in maternal health, with an average of 570 maternal deaths occurring per 100,000 live births every year compared to just 12 maternal deaths per 100,000 live births in the UK⁵. The Zimbabwe Network for Health (ZimHealth) is a non-governmental, non-profit association mobilising support for health services in Zimbabwe. In 2012 the Soapbox Collaborative invited ZimHealth to identify a health facility to submit a proposal to assist in the provision of clean delivery care. Out of a number of

applicants, ZimHealth selected Rimuka Maternity Home to complete a formal application. Rimuka Maternity Home is the only public maternity home in the township of Rimuka, Kadoma, serving an estimated population of 60,000. In 2011 over one thousand deliveries took place in the 12 bed home. However, providing clean safe care at delivery has been hampered by a critical lack of basic medical equipment and poor infrastructure.

In 2012 the Kadoma City Health Department, in collaboration with ZimHealth, established an infection control project running until mid-2013. This project is

also working with Rimuka Maternity Home to implement renovations, repairs and redecoration and to improve their daily water supply. Undertaking this essential maintenance has prepared the Home for the provision of new equipment bought using funds provided by Soapbox.



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Events

TAKE ONE ACTION! An Edinburgh Film Festival pre-release exclusive comes to Aberdeen 1st March

Take one Action and the Soapbox Collaborative are co-hosting *SISTER*, a ground-breaking film documentary on global maternal health. Lack of transport, communication, education and investment in healthcare mean that developing countries like Ethiopia, Cambodia and Haiti have higher than average maternal mortality rates. With tenderness, incredible access and a real-life cast of heroes *SISTER* tells the unheard story of three health workers exploring how they and their colleagues find hope and meaning against all the odds. A panel discussion will accompany the screening with special guests Dame Anne Begg, MP for Aberdeen South, Ann Gloag of the Gloag Foundation and Mr Humza Yousaf, Scottish Minister for External Affairs and International Development. Professor Wendy Graham and Dr Hilary Homans from the University of Aberdeen will also be taking part. **MacRobert Lecture Theatre, Kings College, University of Aberdeen, from 5.30pm Friday, 1st March.**

A message from Wendy Graham, Professor of Obstetric Epidemiology at the University of Aberdeen and one of the founders of The Soapbox Collaborative.

"It is an honour and a privilege to help create a new initiative for a hugely-important cause—the lives and well-being of mothers and babies in low-income countries. Making a difference requires what I call the "Three P's": partnership, passion and perseverance. By working in collaboration with organisations in country, Soapbox will practice the "Three P's" and so help to catalyze real and sustainable improvements in clean safe birth for mothers and babies. In this 21st century there should be zero tolerance of deaths from healthcare-associated infections at birth. Do join us in this movement for change!"



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World Hand Washing Day, 5th May 2013 "SAVE LIVES: Clean Your Hands"

The World Health Organization's (WHO) global annual hand washing campaign takes place on May 5th. WHO are calling for health facilities to be part of a global movement to improve hand hygiene by registering on-line. 15,304 health-care facilities from around the globe have already registered. http://www.who.int/gpsc/5may/EN_PSP_GPSC1_5May_2013/en/index.html

Keep it Clean Aberdeen: 10th-12th May 2013

Soapbox is working with scientists to stage a series of events during the University of Aberdeen's May Festival. The "Keep it Clean Aberdeen" event will showcase how Aberdeen, & especially the University of Aberdeen, has contributed to improving public health & hygiene from 1795 to the modern day & will provide health education around hand-hygiene. In the midst of all the excitement, there will be eye-catching poster displays, a workshop for schools & roving hand-washing demonstrators!

Making the most of Soapbox funding

NEEDS ASSESSMENT TOOL

Supporting health facilities to assess their own needs in terms of improving the provision of clean care at birth is one of the priorities of Soapbox. Such assessments can also help to inform applications for funds to the Collaborative from facilities or organisations. The experts assisting the set-up of Soapbox have been working in the field of

maternal health for many years and fully recognise the importance of such self-assessments.

A Labour and Delivery Unit Needs Assessment Tool for infection prevention and control has thus been developed based on a number of existing instruments. Questions included in the Soapbox tool explore issues of overcrowding (*How often do you have more women in labour than you have beds?*); training needs (*Is training on infection prevention provided to non-medical staff not involved in direct patient care e.g. maintenance, cleaning, kitchen staff*); and in relation to the facility as a whole (*Is there a person/team responsible for conducting infection control activities?*).

Once a tool like this has been developed it is necessary to test its reliability and feasibility with the 'people in the know' - maternal health professionals with first hand experience of labour and delivery units in developing countries. In addition to feedback from our own team members, the tool has been reviewed by obstetricians, nurses and



A woman lies in a clinic with her newborn infant in Jos, Nigeria. A Nigerian woman will have an average of 6.5 children in her lifetime (Courtesy of Photoshare)

midwives from a number of countries and has recently been piloted in The Gambia. We have received very valuable feedback and with the relevant adjustments made, the Labour and Delivery Unit Assessment Tool will now be shared with health facilities and organisations applying for Soapbox funds.

The results of such assessments can also serve as a baseline measure from which health facilities can monitor and evaluate their own progress in addressing infection prevention and control and improving the provision of clean delivery care to all mothers and babies.

Respondent Information	
Name	Facility
Occupation	Date
Facility Type (mark one answer in the relevant column)	
Health Centre	Public
Maternity Home	Private
District Hospital	
Tertiary/Referral Hospital	
Other (please specify)	
Labour and Delivery Information	
1. What is the average number of deliveries per week?	Deliveries:
2. How many beds are in the delivery area today?	Beds:
3. How often does the number of women exceed the number of	Never[2]