



Annual Review

April 2013-March 2014



A PARTNERSHIP FOR CLEAN SAFE BIRTH IN LOW INCOME COUNTRIES



Opening Message

2013 has been a year of many achievements for The Soapbox Collaborative and our partners as we work together towards our shared mission of saving a million lives with clean, safe care at birth.

We credit these many successes to our supporters, dedicated team of staff and our overseas colleagues who are working tirelessly in extremely challenging environments. Over the course of the year we have been privileged to work across both Africa and Asia to support sustainable and simple solutions in quality improvement in maternity units.

Highlights of our activities include a partnership in Zimbabwe with ZimHealth and the Rimuka Clinic to provide equipment and training for staff in infection prevention and control, partnering with WaterAid to carry out action research in Zanzibar, and similar work in India and Bangladesh in partnership with the University of Aberdeen and local partners. These research initiatives have generated evidence to inform future actions to improve maternal and newborn health by Soapbox.

In partnership with the Horizons Trust Gambia, we have been supporting hygiene priorities in maternal health facilities in The Gambia and we look forward to developing this further. In The Gambia, with the support of the Medical Research Council, we have also been assessing the feasibility of Clean Birth Kits to improve the quality of care where there is a shortage of basic supplies, such as gloves and soap.

We anticipate strengthening further our team in order that we can meet the increasing scale and range of our activities. We are extremely grateful to the University of Aberdeen for the generous support given to us and the work of Soapbox throughout the year and also to the London School of Hygiene and Tropical Medicine.

There is no doubt that ensuring clean, safe care at birth will help accelerate progress towards Millennium Development Goals 4 & 5 and beyond. It will also help to catalyse wider improvements in the quality of maternity care, increase demand for care, and protect health workers. Soapbox celebrates the progress that has been made in some countries in reducing infection related maternal and newborn mortality, and we strive with our partners and colleagues to ensure that in the 21st century, clean delivery becomes universally available and a basic human right.

Mr A Cumming
Trustee

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Our Partners



About Soapbox

The primary purpose of Soapbox is to enable mothers and babies in developing countries to benefit from clean, respectful care at birth in health facilities.

Soapbox activities are driven by local needs in-country and are intended to be catalytic. All support either technical or financial provided by Soapbox is based on a thorough assessment of the current local situation, specific needs of the would-be beneficiary and options for sustaining improvement beyond the input of Soapbox.

Since it received start-up funding in 2012, Soapbox has been active in seven countries: India, Bangladesh, Zanzibar, The Gambia, Zimbabwe, Malawi and Sierra Leone. Various collaborative partnerships have been formed to support Soapbox activities in the focus countries. This has followed considerable groundwork during the inception phase where a number of country visits were undertaken.

Soapbox supports activities of two main types: Soapbox action, action orientated work to improve practises and environments and awareness, and Soapbox know-how, studies to improve understanding of clean care at birth. Under these dual themes six priorities for funding have been identified: training; facility strengthening; advocacy; monitoring and evaluation; innovation and evidence generation.

Soapbox action has supported training by working with in-country groups to strengthen knowledge and practises of health care workers and hygiene assistants. One such example is the Maternal Cleanliness Champions Initiative (MCCi) in The Gambia which has embraced the Soapbox-led programme focusing on infection prevention control in maternity units.

Soapbox action has also allocated funding for improvements to maternal health facilities by addressing shortfalls in equipment and supplies. One such example is the ZimHealth

collaboration with Rimuka Maternity Clinic in Zimbabwe.

Soapbox know-how is working with partners to generate evidence to strengthen knowledge on childbirth infections and effective interventions, examples include “Wash and Clean”, a project to address the conditions and effects of water, sanitation and hygiene (WASH) in health facilities in India and Bangladesh. A second example is an assessment to support the Ministry of Health in Zanzibar in collaboration with WaterAid to inform and strengthen strategy and plans to improve quality of care on maternity units.

Communication and advocacy

Soapbox is raising awareness of the importance of clean care at birth by employing a range of communication tools including regular use of social media, https://twitter.com/soapbox_collab (so far there are 55 followers), www.facebook.com/pages/the-soapbox-collaborative/431541280253327 a website, www.soapboxcollaborative.org, a quarterly e-newsletter, viral video (currently in development) podcast interviews, photo library, seminars and a series of public engagement events including:

From local to global: addressing the 21st Century challenges of sepsis; World Sepsis Day (2012) poster-stand and leaflet displays presence. Participants from NHS Grampian and University of Aberdeen

Soapbox and Take one Action co-hosted “**Sister**” an Edinburgh Film Festival pre-release film documentary with a panel discussion on global maternal health at University of Aberdeen

Keep it Clean Aberdeen - a stand to demonstrate hand-washing techniques at the University’s May Festival in 2013

International Women’s Day Conference “**Inspiring Women; it’s a (Wo)man’s world**”; poster stand and leaflet display, March 2014

WASH & CLEAN on the Labour Ward: a situation analysis in India and Bangladesh

In May 2013 the Soapbox Collaborative and Impact, University of Aberdeen formed an alliance with the Public Health Foundation of India following a successful bid for funds from Sanitation and Hygiene Applied Research for Equity (SHARE) and the Water Supply and Sanitation Collaborative Council (WSSCC). The funding was provided to address the conditions and effects of water, sanitation and hygiene (WASH) in health facilities in India, particularly around childbirth. The comparison study, based in Bangladesh and conducted by BRAC, is funded solely by Soapbox to allow for the evaluation of findings across contexts.

The WASH & CLEAN Project

The 18 month WASH & CLEAN project started in June 2013 with the objective of developing a suite of tools to undertake situation analyses of the determinants, processes and effectiveness of cleaning practises on labour wards in India & Bangladesh. The work has involved the development and application of a number of novel research methods for capturing evidence on cleanliness and the relationship to WASH conditions in health facilities. These have included the use of 'photo elicitation' – asking participants to react to photographic prompts; generating debate and insights not gained through more traditional 'direct questioning' methods of data collection; simple microbiology methods to determine the difference between 'visually clean' and 'microbiologically clean', and the involvement of ward cleaners in data collection, an often neglected, but critical, stakeholder group in terms of infection prevention and control.

Testing of the tools

The WASH & CLEAN Toolkit is divided in to six modules targeting different stakeholders and elements of infection prevention and control. They include interviews with management, doctors and midwives, cleaning staff and

recently delivered women, a 'Facility Needs Assessment' questionnaire and a 'Walkthrough Checklist'.

The Formative Phase involved the application of the modules and associated tools in two health facilities in India and two in Bangladesh between December 2013 and January 2014.



Following the completion of the Formative Phase data collection a remote three day workshop was held at the end of January with participation from the teams from India, Bangladesh and Aberdeen. The workshop was a great success with adjustments made to the tools based on the findings from the Formative Phase resulting in streamlined, shortened versions of the tools. These are now being applied in the current Situation Analysis Phase in the eight facilities in Bangladesh and seven facilities in India. Data collection is due to finish in May 2014.

Findings

Preliminary data analysis from the Formative Phase has provided fascinating results and undoubtedly proved the value of the WASH & CLEAN project. We eagerly await data arriving from the current Situation Analysis phase after which we will be involved in report writing, production of the Toolkit for distribution and several large dissemination events.

Hospital Project in Zimbabwe

Soapbox was recently invited to take part in a handover ceremony by officials of Kadoma City Municipality in Zimbabwe for its role in an infection control project in the City.

The charity contributed to the purchase of essential new medical and cleaning equipment and organised a refresher infection, prevention and control (IPC) workshop for health workers and cleaners at the Rimuka Maternity Hospital in Kadoma.

The purpose of the event was to celebrate the handing over of equipment to the hospital. Soapbox associate, Tendai Mhlanga, was working for Soapbox in Zimbabwe at the time and was able to attend the event on behalf of Soapbox.



"making a difference to the lives of Kadoma City Residents"

The event was attended by a number of high profile figures including church leaders, politicians, including the Minister of Health, UN officials, local dignitaries, the media and members of the general public.

The audience enjoyed a packed programme of entertainment which comprised of music, dancing and speeches, followed by a celebratory lunch for invited guests.

Tendai was presented with a shield from Kadoma City who commended Soapbox for its contribution to "making a difference to the lives of Kadoma City Residents".

Following the ceremony there have been enquiries from two other localities for similar training and for a continuation of links between Kadoma City, the District Hospital and Soapbox.

"You think you know all about infection control but when I attended the [Infection Prevention and Control] training it opened my eyes and I realised I didn't know."

Infection Prevention & Control Training Participant, Zimbabwe

"Before training we lacked the confidence to perform hygiene practises in the workplace."

Infection Prevention & Control Training Participant, Zimbabwe

"We see nurses washing their hands when we are attended to...we see the cleaners wearing plastic aprons and gloves when mopping floors...we are taught hygienic practises."

Mother, Zimbabwe

Maternity Cleanliness Champions Initiative (MCCi) in the Gambia

Progress has been made in the Gambia towards the maternal and child health Millennium Development Goals. However, the country is still off target to achieving the set reductions in maternal and child deaths.

The Gambia lacks a national policy for Quality Improvement or Infection Prevention Control (IPC), wide variations exist in current practises in health facilities. The Ministry of Health in the Gambia recognises the need to revitalise efforts to tackle preventable deaths among mothers and babies, and is currently strengthening a number of its key strategies and policies.

The “Maternity Cleanliness Champions Initiative” (MCCi) is one such strategy supported by the government and is the outcome of discussions between the Soapbox Collaborative, the Horizons Trust (a Gambia based charity), and the Gambian Ministry of Health. In February 2013 the three organisations agreed to work together to create the MCCi programme to help reduce health-care associated infections in childbirth and related maternal and newborn deaths in Gambia.

MCCi Workshops

The Gambia is the first country in sub-Saharan Africa to embrace the Soapbox-led programme which has a focused set of activities around IPC on maternity units. The introduction of the programme in the Gambia started with a two day orientation workshop in June 2013 to engage with key stakeholders at regional and health facility levels. It helped the six participating facilities to identify and target many of their existing challenges with regard to infection prevention and control (IPC). Common challenges included lack of training and knowledge around IPC, resource shortages and poor cleaning and maintenance of delivery beds.

In March 2014 Professor Wendy Graham, in partnership with the Horizons Trust Gambia and the Ministry of Health, hosted the second

MCCi workshop and update meeting. The meeting allowed representatives from the participating six Western Region healthcare facilities to share their experiences and challenges in providing clean care at birth and discuss some of the proposed next steps for the MCCi.

Progress made since June 2013

Since the first MCCi workshop in mid-2013 several of the participating facilities were able to revise and strengthen their existing hygiene policies and increase the availability of essential equipment. Cleaning of delivery beds across all facilities improved while three facilities were also able to either replace or repair a number of their delivery beds. Several facilities reported an improvement in overall cleaning of labour wards and increased hand hygiene, training in IPC was also reported by two facilities.



Remaining challenges reported by facilities included poor staff attitudes and behaviour related to IPC practise, a remaining inadequate number of delivery beds, and poor ongoing supply of gloves, cleaning products and delivery instruments.

MCCi Next Steps

The next steps for the MCCi have focused on the initiative’s fourth objective – to identify effective and affordable interventions to sustain impact on healthcare associated infections. Interest has been expressed around the provision of clean birth kits for facility delivery to address shortfalls in supplies and to support best practises.

Zanzibar: Improving WASH and Maternal Health

In a bid to reach the Millennium Development Goal of a 75% reduction in the maternal mortality ratio (MMR) between 1990 and 2015, a policy of free maternal health care in Zanzibar, Tanzania was put into place by the Government, health strategies were incorporated to increase the number of skilled birth attendants at birth especially in remote and rural areas. However, with a current MMR of 221 maternal deaths per 100,000 live births, Zanzibar is off track to reaching its maternal mortality goal of reducing maternal deaths by 75% between 1990 and 2015. While maternal and child health services are available in all health care facilities in Zanzibar, contributing to the slow reduction in MMR is the poor quality of services due to lack of equipment, underqualified staff and poor infection prevention.

Soapbox is currently working in partnership with WaterAid, the Zanzibar Ministry of Health and Pemba Public Health Laboratory who together, are managing a water, sanitation and hygiene (WASH) project to improve health service quality and WASH conditions in a bid to contribute to efforts to reduce maternal and newborn infection and improve maternal health in Zanzibar.

In collaboration with WaterAid, Soapbox has been working on the adaptation of the WASH & CLEAN tools (see page X) for application across eight facilities in Zanzibar. Another thirty-one facilities will complete the Facility Needs Assessment Tool only. Application of the tools, with Soapbox support, will take place in April 2014.

Soapbox is a key technical advisor in the partnership between Soapbox, WaterAid and the Zanzibar Ministry of Health, providing expertise in the design and audit of the data collection tools as well as advice and training on the collection of baseline data.



Statistics

- ***Around 45% of Zanzibar's population live below the poverty line.***
- ***221 maternal deaths per 100,000 live births.***
- ***Of the health facilities that conducted deliveries in Tanzania, 56% were not water and sanitation safe.***

Financial Information

The Soapbox Collaborative summary accounts for the year to 31st March 2014
(a full version of these accounts is available)

	£
Income	
Donations	200,059
Investment income	14,651
Total income	214,710
Expenditure	
Project support to countries	27,111
Travel to countries	5,530
Salaries	43,732
Other costs	11,911
Total expenditure	88,284
Net surplus for the year	126,426

The Origins of Soapbox

Professor Wendy Graham has been the driving force behind The Soapbox Collaborative and is a Professor of Obstetric Epidemiology at the University of Aberdeen in Scotland. She trained at Sheffield and then Oxford University, and has specialist interests in the reduction and the measurement of maternal mortality. Professor Graham has undertaken collaborative research in many countries, with partnerships currently in Bangladesh, Ethiopia, The Gambia, Ghana, India and Zimbabwe.

Professor Graham undertakes innovative research to inform and influence policy, governance and practise, improve quality of care and strengthen capacity for maternal and child health in low and middle income countries with Immpact at the University of Aberdeen. She has also served on expert panels and committees for many international organisations, partnerships and initiatives, and has recently completed a four-year secondment with the UK Department for International Development.

With the financial support of a local benefactor the charity was registered with OSCR in 2012. We are grateful to our benefactor, who is a retired nurse and midwife and a trustee of The Soapbox Collaborative. She was born in upper Deeside to a family with a long tradition of farming. The hard work, determination and commitment required of such farming families prepared her well for her chosen career in nursing and midwifery – a career spanning almost 40 years.

She began her nurse training at Aberdeen Royal Infirmary (ARI) in 1940, qualifying in 1943. Once qualified, she moved on to complete one year of midwifery training at Aberdeen Maternity Hospital. As a staff midwife she had the opportunity to work with the esteemed Professor of Obstetrics and Gynaecology, Sir Dugald Baird, and remembers him as a genuine, conscientious and compassionate man. In 1947, she moved back to general nursing and became a ward sister on the professorial surgical unit in ARI, where she learnt first-hand the crucial importance of asepsis and good hygiene practises. She continued her career by training as a Public Health Nurse, qualifying in 1960. She served the community of Aberdeen City in this capacity for over ten years, retiring in 1981. We are grateful that her experience as a midwife in Scotland has helped create The Soapbox Collaborative and extend the benefits of clean safe birth to women in the poorest parts of the world.

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